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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FLORIDA ANIMAL FRIEND INC		D Employer identification number 05-0613880
		Number and street (or P O box, if mail is not delivered to street address) 13153 NORTH DALE MABRY HIGHWAY No 105	Room/suite	E Telephone number (866) 303-3222
		City or town, state or country, and ZIP + 4 TAMPA, FL 33618		F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting method ☒ Cash ☐ Accrual Other (specify) H	
I Website: WWW.FLORIDAANIMALFRIEND.org		H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-Exempt status (check only one)—☒ 501(c)(3) ☐ 4947(a)(1) or ☐ 527			

K Check ☒ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 470,680

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	458,381
	2	Program service revenue including government fees and contracts						2	
	3	Membership dues and assessments						3	
	4	Investment income						4	2,989
	5a	Gross amount from sale of assets other than inventory				5a			
	b	Less cost or other basis and sales expenses				5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here						6c	
	a	Gross revenue (not including \$ _ of contributions reported on line 1)				6a			
	b	Less direct expenses other than fundraising expenses				6b			
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				6c				
7a	Gross sales of inventory, less returns and allowances				7a		7c		
b	Less cost of goods sold				7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c				
8	Other revenue (describe						8	9,310	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						9	470,680	
Expenses	10	Grants and similar amounts paid (attach schedule)						10	442,690
	11	Benefits paid to or for members						11	
	12	Salaries, other compensation, and employee benefits						12	
	13	Professional fees and other payments to independent contractors						13	1,534
	14	Occupancy, rent, utilities, and maintenance						14	
	15	Printing, publications, postage, and shipping						15	258
	16	Other expenses (describe						16	43,661
	17	Total expenses. Add lines 10 through 16						17	488,143
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	-17,463
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	569,091
	20	Other changes in net assets or fund balances (attach explanation)						20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20						21	551,628

Part II Balance Sheets —If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ	
(See the instructions for Part II)	
22 Cash, savings, and investments	569,091
23 Land and buildings	23
24 Other assets (describe)	0 24 1,485
25 Total assets	569,091 25 551,628
26 Total liabilities (describe)	0 26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	569,091 27 551,628

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? IT IS OUR MISSION TO HELP SAVE THE LIVES OF COUNTLESS UNWANTED CATS AND DOGS BY SUPPORTING ORGANIZATIONS THAT OFFER FREE OR LOW-COST SPAY AND NEUTER SERVICES ACROSS THE STATE OF FLORIDA FLORIDA ANIMAL FRIEND IS AN ORGANIZATION DEVOTED TO ALL ANIMALS IN THE STATE OF FLORIDA WE STRIVE TO REDUCE THE PET OVERPOPULATION PROBLEM BY INCREASING AWARENESS OF PROGRAMS THAT ARE AVAILABLE TO PET OWNERS AND HOMELESS PETS THESE PROGRAMS ARE FUNDED THROUGH SALES OF THE OFFICIAL FLORIDA ANIMAL FRIEND SPAY AND NEUTER LICENSE PLATE THE FUNDS ALLOCATED TO THESE SPAY AND NEUTER PROGRAMS GO TOWARDS INCREASING THE NUMBER OF ALTERATION SURGERIES CONDUCTED AT NON-PROFIT AND MUNICIPAL AGENCIES ACROSS FLORIDA AN INCREASE IN THE NUMBER OF THESE SURGERIES GREATLY REDUCES PET OVERPOPULATION AND ULTIMATELY SAVES THE LIVES OF COUNTLESS HOMELESS CATS AND DOGS FROM BEING PUT TO SLEEP EACH YEAR			
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 PROVIDE ASSISTANCE TO OTHER GOVERNMENTAL AGENCIES AND NON-PROFIT ORGANIZATIONS FOR THE ADVANCEMENT AND SUPPORT OF SPAY AND NEUTER PROGRAMS (Grants \$ 442,690) If this amount includes foreign grants, check here . . . ☐		28a	442,690
29 (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	442,690

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ FL		
42a	The organization's books are in care of ▶ MS LOIS KOSTROSKI Telephone no ▶ (813) 960-3757 13153 N DALE MABRY HWY 105 Located at ▶ TAMPA, FL ZIP + 4 ▶ 33618		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
	POMPANO BEACH, FL 330607541				(954) 781-8800
May the IRS discuss this return with the preparer shown above? See instructions					

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization FLORIDA ANIMAL FRIEND INC	Employer identification number 05-0613880
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	236,076	320,886	441,852	452,114	458,381	1,909,309
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	236,076	320,886	441,852	452,114	458,381	1,909,309
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						1,909,309

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	236,076		441,852	452,114	458,381	1,909,309
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				5,848	2,989	8,837
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets					9,310	9,310
11 Total support (Add lines 7 through 10)						1,927,456

12

Gross receipts from related activities, etc (See instructions)

12

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	99 060 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	99 600 %

16a

33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b

33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 05-0613880
Name: FLORIDA ANIMAL FRIEND INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ERNEST GODFREY DVM 13153 N DALE MABRY HWY STE 105 TAMPA,FL 33618	PRESIDENT 5 00	0	0	0
JENNIFER HOBGOOD PHD 13153 N DALE MABRY HWY STE 105 TAMPA,FL 33618	PRESIDENT-ELECT 5 00	0	0	0
LOIS KOSTROSKI 13153 N DALE MABRY HWY STE 105 TAMPA,FL 33618	SECRETARY & TREASURER 5 00	0	0	0
LAURA BEVAN 13153 N DALE MABRY HWY STE 105 TAMPA,FL 33618	DIRECTOR 5 00	0	0	0
LARRY DEE 13153 N DALE MABRY HWY STE 105 TAMPA,FL 33618	DIRECTOR 5 00	0	0	0
JILL LANCON 13153 N DALE MABRY HWY STE 105 TAMPA,FL 33618	DIRECTOR 5 00	0	0	0
ELLEN TAYLOR 13153 N DALE MABRY HWY STE 105 TAMPA,FL 33618	DIRECTOR 5 00	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** FLORIDA ANIMAL FRIEND INC**EIN:** 05-0613880

Item No.	1
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	ALAUQA ANIMAL REFUGE
Donee's Address	914 WHITFIELD ROAD FREEPORT, FL 32439
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	2
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	CATS - CAN
Donee's Address	PO BOX 622543 OVIEDO, FL 32762
Amount (FMV)	20,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	3
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	CATPALS INC
Donee's Address	PO BOX 1867 DANIA BEACH, FL 33004
Amount (FMV)	9,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	4
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	CITY OF JACKSONVILLE ANIMAL CARE AND CONTROL
Donee's Address	2580 W 1 ST JACKSONVILLE, FL 32254
Amount (FMV)	20,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	5
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	COALITION FOR ANIMAL WELFARE WEST CENTRAL FLORIDA INC
Donee's Address	10955 SPRING STREET LARGO, FL 33774
Amount (FMV)	20,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	6
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	FELINE FOLKS
Donee's Address	1002 BRISTOL GREENS CT SUN CITY CENTER, FL 33573
Amount (FMV)	7,200
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	7
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	FIRST COAST NO MORE HOMELESS PETS INC
Donee's Address	PO BOX 11870 JACKSONVILLE, FL 32239
Amount (FMV)	21,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	8
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	FOR THE LOVE OF CATS INC
Donee's Address	511 ANTILLES COURT MARCO ISLAND, FL 34145
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	9
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	HUMANE SOCIETY OF GREATER MIAMIADOPT-A-PET
Donee's Address	16101 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33610
Amount (FMV)	25,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	10
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	HUMANE SOCIETY OF MANATEE COUNTY
Donee's Address	2515 14 STREET WEST BRADENTON, FL 34205
Amount (FMV)	25,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	11
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	HUMANE SOCIETY OF ST LUCIE COUNTY
Donee's Address	PO BOX 3661 FORT PIERCE, FL 34982
Amount (FMV)	25,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	12
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	HUMANE SOCIETYSPCA OF SUMTER COUNTY INC
Donee's Address	PO BOX 67 LAKE PANASOFKEE, FL 33538
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	13
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	LEE COUNTY ANIMAL SERVICES
Donee's Address	5600 BANNER DRIVE FORT MYERS, FL 33912
Amount (FMV)	25,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	14
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	LEON COUNTY HUMANE SOCIETY
Donee's Address	413 TIMBERLANE ROAD TALLAHASSEE, FL 32312
Amount (FMV)	25,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	15
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	MIAMI-DADE ANIMAL SERVICES
Donee's Address	7401 NW 74 STREET MIAMI, FL 33166
Amount (FMV)	25,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	16
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	PINELLAS COUNTY ANIMAL SERVICES
Donee's Address	12450 ULMERTON ROAD LARGO, FL 33774
Amount (FMV)	20,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	17
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	SHELTERING HANDS INC
Donee's Address	PO BOX 843 WILLISTON, FL 32696
Amount (FMV)	25,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	18
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	SOCIETY OF PREVENTION TO CRUELTY TO ANIMALS TAMPA BAY INC
Donee's Address	9099 130 AVENUE NORTH LARGO, FL 33773
Amount (FMV)	18,965
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	19
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	SPCA OF CENTRAL FLORIDA
Donee's Address	2727 CONROY ROAD ORLANDO, FL 32939
Amount (FMV)	18,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	20
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	ST FRANCIS ANIMAL RESCUE OF VENICE INC
Donee's Address	1925 TAMIAMI TRAIL SOUTH VENICE, FL 34293
Amount (FMV)	15,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	21
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	SUNCOAST HUMANE SOCIETY
Donee's Address	6781 SAN CASA DRIVE ENGLEWOOD, FL 34224
Amount (FMV)	17,475
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	22
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	SUWANEE VALLEY HUMANE SOCIETY
Donee's Address	1156 SE BISBEE LOOP MADISON, FL 32340
Amount (FMV)	15,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	23
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	TALLAHASSEE-LEON COMMUNITY ANIMAL SERVICE CENTER
Donee's Address	1125 EASTERWOOD DRIVE TALLAHASSEE, FL 32311
Amount (FMV)	15,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	24
Class of Activity	WELFARE OF ANIMALS, SPAY, NEUTER, AND MEDICAL TREATMENT
Donee's Name	THE ANIMAL NETWORK INC
Donee's Address	1201 42 ST W BRADENTON, FL 34205
Amount (FMV)	20,550
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

TY 2009 Other Assets Schedule

Name: FLORIDA ANIMAL FRIEND INC

EIN: 05-0613880

Description	Beginning of Year Amount	End of Year Amount
	0	1,485

TY 2009 Other Expenses Schedule

Name: FLORIDA ANIMAL FRIEND INC

EIN: 05-0613880

Description	Amount
GENERAL & ADMINISTRATIVE EXPENSES	1,206
PUBLIC RELATIONS/MARKETING	40,951
INSURANCE	1,504

TY 2009 Other Revenues Schedule

Name: FLORIDA ANIMAL FRIEND INC

EIN: 05-0613880

Description	Amount
PRIOR YEAR GRANT AWARDS REFUNDED	9,310

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: FLORIDA ANIMAL FRIEND INC

EIN: 05-0613880

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.