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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Open to Public
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

<input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FRIENDS OF BOSTON'S HOMELESS, INC. C/O LONG ISLAND SHELTER	D Employer identification number 22-2866770
	Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 220648	Room/suite
	City or town, state or country, and ZIP + 4 BOSTON, MA 02122	E Telephone number (617) 534-2526
	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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	

I Website: ► **WWW.FOBH.ORG**J Tax-exempt status (check only one) — 501(c)(3) ► (insert no) 4947(a)(1) or 527K 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 ► **\$ 406,130.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	355,352.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	3,738.
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 ► <input type="checkbox"/>		
a Gross revenue (not including \$ 203,119. of contributions reported on line 1)	6a	47,040.
b Less: direct expenses other than fundraising expenses	6b	42,380.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	4,660.
7a Gross sales of inventory, less returns and allowances	7a	
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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	363,750.
10 Grants and similar amounts paid (attach schedule)	10	248,760.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	137,585.
13 Professional fees and other payments to independent contractors	13	10,500.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	4,553.
16 Other expenses (describe ►)	16	25,178.
17 Total expenses. Add lines 10 through 16	17	426,576.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-62,826.
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	260,615.
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	197,789.

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.)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	261,615.	22 234,227.
23 Land and buildings	23	
24 Other assets (describe ► OTHER ASSETS)	1,000.	24 1,000.
25 Total assets	262,615.	25 235,227.
26 Total liabilities (describe ► SEE STATEMENT 2)	2,000.	26 37,438.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	260,615.	27 197,789.

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02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2009)

FRIENDS OF BOSTON'S HOMELESS, INC.
C/O LONG ISLAND SHELTER

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Part V Other Information (Note the statement requirements in the instructions for Part V)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 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.

Yes	No
33	X
34	X

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?
 b If "Yes," has it filed a tax return on Form 990-T for this year?

35a	X
35b	N/A

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

37a	0.
38a	X

b Did the organization file Form 1120-POL for this year?

38a	X
38b	N/A

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?

38b	N/A
39a	N/A

39 Section 501(c)(7) organizations. Enter:

39a	N/A
39b	N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

39b	N/A
40a	0.

section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

40a	X
40b	X

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	X
40c	0.

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

40c	0.
40d	0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

40d	0.
40e	X

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

41 List the states with which a copy of this return is filed. ► MA

42a The organization's books are in care of ► THE CORPORATION Telephone no. ► (617) 534-2526
 Located at ► P.O. BOX 220648, BOSTON, MA ZIP + 4 ► 02122

42a	02122
42b	X

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)?

42b	X
42c	X

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

42c	X
43	0.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

43	0.
44	X

If "Yes," enter the name of the foreign country: ►

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	N/A
44	X

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

44	X
45	X

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	X
Form 990-EZ (2009)	

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 02-08-10

FRIENDS OF BOSTON'S HOMELESS, INC.

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C/O LONG ISLAND SHELTER

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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

	Yes	No
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	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	
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 NONE	(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

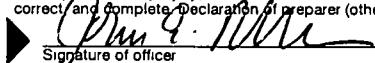
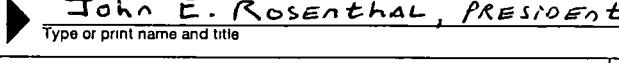
f Total number of other employees paid over \$100,000 ► _____

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."

NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

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		
	 		
	Date 12-9-10		
Paid Preparer's Use Only	Preparer's signature 	Date 12/02/10	Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (See instr.)		
	Firm's name (or yours if self-employed). PKF, P.C. address and ZIP + 4 265 FRANKLIN STREET BOSTON, MA 02110		
	EIN  Phone no. (617) 753-9985		

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2009)

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02-08-10

12201202 801071 6862-000

2009.05000 FRIENDS OF BOSTON'S HOMELES 6862-001

Public Charity Status and Public Support

2009

**Open to Public
Inspection**

Name of the organization	FRIENDS OF BOSTON'S HOMELESS, INC. C/O LONG ISLAND SHELTER	Employer identification number 22-2866770
--------------------------	---------------------------------------------------------------	----------------------------------------------

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 described in 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 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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

I HAVE

For more information on the Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

FRIENDS OF BOSTON'S HOMELESS, INC.

Schedule A (Form 990 or 990-EZ) 2009 C/O LONG ISLAND SHELTER

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Part II Support Schedule for Organizations Described in Sections 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")	381,282.	419,243.	462,567.	457,769.	563,671.	2284532.
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	381,282.	419,243.	462,567.	457,769.	563,671.	2284532.
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)						168,772.
6 Public support. Subtract line 5 from line 4						2115760.

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	381,282.	419,243.	462,567.	457,769.	563,671.	2284532.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,283.	10,711.	8,426.	5,647.	3,738.	30,805.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2315337.
12 Gross receipts from related activities, etc (see instructions)				12		190,470.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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	91.38	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.61	%
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	► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a 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	► <input type="checkbox"/>		
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	► <input type="checkbox"/>		
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	► <input type="checkbox"/>		
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	► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts 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						
c Add lines 7a and 7b						
8 Public 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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 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 ►

b 33 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 ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

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

DS OF BOSTON'S HOMELESS, INC.

Name of the organization **FRIENDS OF BOSTON'S HOMELESS, INC.** Employer identification number
C/O LONG ISLAND SHELTER **22-2866770**

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

FRIENDS OF BOSTON'S HOMELESS, INC.

Schedule G (Form 990 or 990-EZ) 2009

C/O LONG ISLAND SHELTER

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

Revenue	(a) Event #1 BEYOND SHELTER DINNERTOURNAMENT (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
				1
1 Gross receipts	180,834.	55,285.	14,040.	250,159.
2 Less Charitable contributions	164,334.	38,785.		203,119.
3 Gross income (line 1 minus line 2)	16,500.	16,500.	14,040.	47,040.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	21,660.	20,720.		42,380.
10 Direct expense summary Add lines 4 through 9 in column (d)				► (42,380)
11 Net income summary Combine line 3, column (d), and line 10				► 4,660.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue					
2 Cash prizes					
3 Noncash prizes					
4 Rent/facility costs					
5 Other direct expenses					
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d)					► ()
8 Net gaming income summary Combine line 1, column (d), and line 7					►

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain _____

Yes No

9a

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain _____

10a

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

11

12

FRIENDS OF BOSTON'S HOMELESS, INC.
C/O LONG ISLAND SHELTER

Schedule G (Form 990 or 990-EZ) 2009

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13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

	Yes	No
13a	%	
13b	%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
 c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
OFFICE SUPPLIES		4,228.
INSURANCE		2,183.
MISCELLANEOUS		4,657.
PAYROLL TAXES		14,110.
TOTAL TO FORM 990-EZ, LINE 16		25,178.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT 2
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEPOSITS	2,000.	0.
DUE TO AFFILIATE	0.	349.
GRANTS PAYABLE	0.	37,089.
TOTAL TO FORM 990-EZ, LINE 26	2,000.	37,438.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
OPERATING COSTS OF SHELTER CITY OF BOSTON'S HOMELESS SERVICES TOBIN BUILDING BOSTON, MA 02169	NONE	28,707.
EXPANSION OF SERVICES BOSTON PUBLIC HEALTH HOMELESS SERVICES LONG ISLAND SHELTER BOSTON, MA 02122	NONE	142,900.
OPERATING COSTS OF GROUP HOMES FRIENDS DEVELOPMENT CORP ONE BRIDGE STREET NEWTON, MA 02458	BOARD MEMBERS	77,153.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		248,760.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . . [] YES [X] NO

990-EZ PG 2

STATEMENT 5

THE ORGANIZATION RAISES FUNDS WHICH ARE GIVEN TO ORGANIZATIONS TO PROVIDE SHELTER FOR HOMELESS INDIVIDUALS IN THE BOSTON AREA.

FRIENDS OF BOSTON'S HOMELESS

Listing of Officers and Directors at 6/30/10

John Rosenthal
President
Meredith Management Corporation
One Bridge Street
Newton, MA 02158
(617) 965-2200

CHAIRMAN

James Apteker
Proprietor
The State Room
60 State Street
Boston, MA 02109
(617) 731-4800

Edward Blackman
President
The Housing Services Company
841 Parker Street
Boston, MA 02120
(617) 445-5050

Carole Collins
Department of Housing & Community Development
1 Congress Street, 10th Floor
Boston, MA 02202
(617) 727-7127

Manny Costa
President & CEO
Costa Produce
18 Bunker Hill Industrial Park
Charlestown, MA 02129
(617) 241-8410

Ian Crawford
Retired (Todd & Weld)
19 Davis Brook Drive
Natick, MA 01760
(508) 545-2522

Bob Guillemin
83 Church Street
Newton, MA 02458
(617) 244-1860

Robert Haynes
President
Massachusetts/AFL-CIO
389 Main Street
Malden, MA 02148
(781) 324-8230

Fern Kaplan
President
The Kaplan Company
509 Belmont Street
Belmont, MA 02478
(617) 923-8441

Marie Keutmann
Retired (MMA Financial)
68 Birchwood Lane
Lincoln, MA 01773
(781) 259-9076

James Kurland
President
The Communiqué Group
40 Pacella Drive
Dedham, MA 02026
(781) 326-7779

Matthew Lindley
Dir. Brand Engagement and Innovation
SapientNitro
131 Dartmouth Street, 3rd Floor
Boston, MA 02116
617.963.1686

Patrick Lyons
President & CEO
Lyons Group
7 Lansdowne Street
Boston, MA 02215
(617) 262-2605

Paul Martini
President
AJ Martini & Company
339 Pleasant Street
Malden, MA 02148
(781) 322-8400

Gary Matsko, Esq.
Davis, Malm & D'Agostine
1 Boston Place, 37th floor
Boston, MA 02108
(617) 367-2500

Paul McDonough, Jr.
Partner
Goulston & Storrs
400 Atlantic Avenue
Boston, MA 02110
(617) 482-1776

Austin O'Connor
President
The Briar Group
304 Washington Street
Brighton, MA 02135
(617) 789-4111

Katherine Provost
17 Smokey Hill Road
Wayland, MA 01778
(508) 647-5992

Martha Shults
15 Lewis Street
Needham, MA 02492
(781)-455-8956

Marcy Solomon
President
M Design
26 Homestead Street
Waban, MA 02168
(617) 964-1056

Marc Truant
President
Marc Truant & Associates
32 Warren Street
Cambridge, MA 02141
(617) 868-8630

Candice Wolk
57 Francis Avenue
Cambridge, MA 02138
(617) 642-3320

TREASURER

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
	FRIENDS OF BOSTON'S HOMELESS, INC.	22-2866770
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions ONE BRIDGE STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEWTON, MA 02458	

Check type of return to be filed(file a separate application for each return).

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

THE CORPORATION

- The books are in the care of ► **ONE BRIDGE STREET - NEWTON, MA 02458**

Telephone No. ► **(617) 964-8111** FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ►

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until

FEBRUARY 15, 2011, to file the exempt organization return for the organization named above. The extension

is for the organization's return for.

► calendar year _____ or► tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)