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For **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

C Name of organization**Friends of Indianapolis AC & C Foundation, Inc.**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

7543 Pinesprings, E. Drive

City or town, state or country, and ZIP + 4

Indianapolis, IN 46256**D** Employer identification number**32-0099654****E** Telephone number**317-849-4833****F** Group Exemption
Number ►**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**H** Check ☒ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).**I** Website: ► **friendsofindyacc.org****J** Tax-exempt status
(check only one)☒ 501(c)(3)☐ 501(c) ()

(insert no)

☐ 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 \$50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

56,184**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	51,184
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	5,000
	5b	Less: cost or other basis and sales expenses	5b	1,974
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	3,026
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
	c	Less: direct expenses gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	54,210
	10	Grants and similar amounts paid (list in Schedule O) See Schedule O	10	40,500
	11	Benefits paid to or for members	11	0
Net Assets	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	194
	15	Printing, publications, postage, and shipping	15	631
	16	Other expenses (describe in Schedule O) See Schedule O	16	5,028
	17	Total expenses. Add lines 10 through 16	17	46,353
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,857
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	51,284	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	59,141	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Part I Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	51,302	22	58,263
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	3,936	24	1,518
25 Total assets	55,238	25	59,781
26 Total liabilities (describe in Schedule O)	3,954	26	640
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,284	27	59,141

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? Supplement Indpls Animal Care & Control

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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 Donated funding for emergency animal situations including surgeries, vaccines & other specialized veterinary care on stricken animals.		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	19,689
29 Donated monies & supplies to Indpls Animal Care & Control to fund animal relocation expenses, control & adoption expenses, employee training expenses & other animal care related programs & expenses.		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	18,255
30 Helped to fund various facility improvements of Indianapolis Animal Care & Control.		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	1,179
31 Other program services (describe on Schedule O) <u>Maintenance, etc. of a spay/neuter trailer.</u>		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	1,377
32 Total program service expenses (add lines 28a through 31a)	32	40,500

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this 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
Timothy A. Haley	President			
2326 N. Pennsylvania Street 46205	10 Hrs	0	0	0
Erin A. Clancy	Vice President			
405 E. 43rd Street 46205	10 Hrs	0	0	0
Michael L. Shinn	Treasurer			
7543 Pinesprings, East Drive 46256	16 Hrs	0	0	0
Amber L. Myers	Secretary			
5441 Floating Leaf Drive 46237	10 Hrs	0	0	0
Luis A. Correa	Board Member			
5129 Brookstone Ct. 46268	8 Hrs	0	0	0
Teri Kendrick	Board Member			
5237 N. Park Avenue 46220	8 Hrs	0	0	0
Kathryn P. Koehler	Board Member			
4762 Pennington Ct. 46254	10 Hrs	0	0	0
Andrea Sangster	Board Member			
7816 Wincombe Blvd 46240	8 Hrs	0	0	0
Kelly P. Smith	Board Member			
7808 Almond Drive 46237	10 Hrs	0	0	0
Steve Talley	Board Member			
5444 E. 40th Street 46226	10 Hrs	0	0	0

**Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		X
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?		X
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 tax year covered by this return? . . .		X
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		X
41 List the states with which a copy of this return is filed. ▶ Indiana		
42a The organization's books are in care of ▶ Michael L. Shinn Telephone no ▶ 317-849-4833		
Located at ▶ 7543 Pinesprings, E. Dr. Indianapolis, IN ZIP + 4 ▶ 46256		
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)?	Yes	No
If "Yes," enter the name of the foreign country ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b 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 - no employees.	N/A	0.00	0.00	0.00

f Total number of other employees paid over \$100,000 **None.**

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.	N/A	N/A

d Total number of other independent contractors receiving over \$100,000 **None**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ☒ Yes ☐ No

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

Sign Here	Signature of officer <i>Michael L. Shinn</i>		Date 05/11/2011		
	Type or print name and title Michael L. Shinn, Treasurer				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no.	
	Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

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

2010

Open to Public
Inspection

Name of the organization

Friends of Indianapolis AC & C Foundation, Inc.

Employer identification number

32-0099654

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?

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

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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010



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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	81,194	24,195	79,580	49,100	51,184	285,253
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.	81,194	24,195	79,580	49,100	51,184	285,253
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).						9,453
6 Public support. Subtract line 5 from line 4						275,800

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	81,194	24,195	79,580	49,100	51,184	285,253
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						285,253
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 section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	96.6861%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.9702%
16a 33 1/3% support test - 2010. 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 - 2009. 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		☐
17a 10%-facts-and-circumstances test - 2010. 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 - 2009. 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.) **N/A**

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	0.0000 %
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	0.0000 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2010.** 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 - 2009.** 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 ☐

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions)

N/A

Friends of Indianapolis Animal Care & Control Foundation, Inc.
Form 8734

32-0099654

For Tax Years Beginning November 17, 2003 and Ending December 31, 2007

Page 2, Line 12b - Excess Amounts

Name of Contributor:	Total Contributions	2 % of Column f, line 10	Excess Amount
	\$4,000	(3,204)	\$796
	4,189	(3,204)	985
	5,500	(3,204)	2,296
	7,416	(3,204)	4,212
Line 12b Amount ----->			<u>\$8,289</u>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Friends of Indianapolis AC & C Foundation, Inc.

Employer identification number

32-0099654

Form 990-EZ, Part I, Line 16 - Other Expenses 12/31/2010

Promotional Supplies \$2,957

D & O Liability Insurance 695

Bank & Donation Processing Charges 302

WEB Site & Program User Costs 677

Facility Fees - Fundraising 390

Other Miscellaneous 7

Total Other Expenses \$5,028

Form 990-EZ, Part II, Line 24 - Other Assets B.O.Y. E.O.Y.

Prepaid Expenses \$1,962 \$1,518

Spay Neuter Trailer & Related Equipment 1,974 0

Total Other Assets \$3,936 \$1,518

Form 990-EZ, Part II, Line 26 - Total Liabilities B.O.Y. E.O.Y.

Spay Neuter Van - Note Payable \$3,954 \$0

Adoption Certificate Payables 0 640

Total Liabilities \$3,954 \$640

Support Schedule for Advance Ruling Period

Please refer to the separate instructions for assistance in completing this schedule. For additional help, call IRS Exempt Organizations Customer Services toll free at 1-877-829-5500.

OMB No 1545-1836

For tax years beginning **November 17, 2003** and ending **December 31, 2007**

Print or type. See Specific Instructions.	Name of organization		Employer identification number
	Friends of Indianapolis AC & C Foundation, Inc.		32-0099654
	Number and street (or P.O. box number if mail is not delivered to street address)	Room/Suite	Telephone number
	7543 Pinesprings, E. Drive		317-849-4833
	City or town, state, and ZIP + 4		E-mail address <u>michaelshinn@comcast.net</u>
	Indianapolis, IN 46256		Fax number 317-842-7741

- Note:**
- Get Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), and its separate instructions before you complete this form.
 - If you did not receive any support for a given year, show financial data for the year by indicating -0- or none.
 - Year 1 should reflect support received as of the date legally organized, unless otherwise specified in the determination letter.
 - Organizations that filed Form 990 or 990-EZ will be able to use information reported on Schedule A, Part IV-A, to complete this form.

Calendar year (or fiscal year beginning in) ▶	(a) Year 5 12/31/2007	(b) Year 4 12/31/2006	(c) Year 3 12/31/2005	(d) Year 2 12/31/2004	(e) Year 1 (See Note above.)	(f) Total of Years 1 through 5
1 Gifts, grants, and contributions received (Do not include unusual grants. See line 14.)	24,195	81,194	30,043	22,132	2,630	160,194
2 Membership fees received						
3 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
4 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
5 Net income from unrelated business activities not included in line 4						
6 Tax revenues levied for your benefit and either paid to you or expended on your behalf						
7 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
8 Other income. Attach a schedule. Do not include gain (or loss) from sale of capital assets						
9 Total of lines 1 through 8	24,195	81,194	30,043	22,132	2,630	160,194
10 Line 9 minus line 3	24,195	81,194	30,043	22,132	2,630	160,194
11 Enter 1% of line 9	242	812	300	221	26	

For Paperwork Reduction Act Notice, see page 6 of separate instructions.

Form 8734 (Rev. 1-2004)

12 If you are an organization that normally receives a substantial part of your support from a governmental unit or from the general public, complete lines 12a through 12f. (Sections 509(a)(1) and 170(b)(1)(A)(vi)) **If you want the IRS to compute your public support test as a section 509(a)(1) and 170(b)(1)(A)(vi) organization, complete only lines 12a and 12b.**

a Enter 2% of amount in column (f), line 10	12a	3,204
b Attach a list showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for Year 5 through Year 1 exceeded the amount shown in line 12a. Enter the total of all these excess amounts. <i>See Statement 1</i>	12b	8,289
c Total support for section 509(a)(1) test: Enter line 10, column (f)	12c	160,194
d Add: Amounts from column (f) for lines 4 0 5 0 8 0 12b 8,289	12d	8,289
e Public support (line 12c minus line 12d total)	12e	151,905
f Public support percentage (line 12e (numerator) divided by line 12c (denominator))	12f	94.8256 %

13 If you are an organization that normally receives: (1) more than 33 1/3% of your support from contributions, membership fees, and gross receipts from activities related to your exempt functions, and (2) no more than 33 1/3% of your support from gross investment income and net unrelated business taxable income from businesses acquired by the organization after June 30, 1975, complete lines 13a through 13h. (Section 509(a)(2)) **If you want the IRS to compute your public support test as a section 509(a)(2) organization, complete only lines 13a and 13b.**

a For amounts included in lines 1, 2, and 3 that were received from a "disqualified person," attach a list showing the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:
(Year 5) _____ (Year 4) _____ (Year 3) _____ (Year 2) _____ (Year 1) _____

b For any amount included in line 3 that was received from each person (other than "disqualified persons"), attach a list showing the name of, and amount received for each year, that was more than the larger of (1) the amount on line 11 for the year or (2) \$5,000. (Include in the list organizations as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
(Year 5) _____ (Year 4) _____ (Year 3) _____ (Year 2) _____ (Year 1) _____

c Add: Amounts from column (f) for lines 1 _____ 2 _____
3 _____ 6 _____ 7 _____

d Add: Line 13a total _____ and line 13b total _____	13c	
e Public support (line 13c total minus line 13d total)	13d	
f Total support for section 509(a)(2) test: Enter amount from line 9, column (f).	13e	
g Public support percentage (line 13e (numerator) divided by line 13f (denominator))	13f	
h Investment income percentage (line 4, column (f) (numerator) divided by line 13f (denominator))	13g	0.0000 %
	13h	%

14 Unusual Grants: For an organization described in line 12 or 13 that received any unusual grants during Year 5 through Year 1, attach a list showing for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not include these grants in line 1.**

List the amount of unusual grants excluded for each year below.

(Year 5) _____ 0 (Year 4) _____ 0 (Year 3) _____ 0 (Year 2) _____ 0 (Year 1) _____ 0

15 Please list the name and telephone number of an officer, director, or trustee who can be contacted during business hours if we need more information. If someone other than an officer, director, or trustee will represent the organization, attach a properly completed Form 2848, Power of Attorney

Name Michael L. Shinn

Type or print name and title

Treasurer

Phone. 317-414-8156

Fax Number (if available): 317-842-7741

Please
Sign
Here

I declare under the penalties of perjury that I am authorized to sign this form on behalf of the above organization and that I have examined this form, including the accompanying attachments, and to the best of my knowledge it is true, correct, and complete

Signature of officer, director, or trustee Michael L. Shinn

Date

03/24/2008

Michael L. Shinn

Treasurer

Type or print name and title or authority of signer