Form **990-EZ**

2008

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Short 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)

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 \$1,000,000 and total assets less than \$2,500,000 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.

Ą	ror	the 2008 calend	ar year, c	ir tax year be	eginning	7/01	, 200	8, and er	<u>ıding</u>	6/30			, 2009
<u>B</u>	Chec	k if applicable:	C				_				D Emp	loyeri	identification number
	Addr	ess change Please	s FRTE	ENDS IN C	GENERAL,	TNC					62	-13	383977
	Name	a chance label e	OF 11010	ALBION		11.0.					E Teler		
	Initia	return type.		WILLE, 1									
	Term	ination See Specif	1	.,	110 37203						61	<u>5-3</u>	883-8823
П	Amer	oded return Instru	sc-								E Cro	=	xemption
П	Appli	ication pending	·								Nun	uµ ⊏ aher	>
			1/21		1.40.474.144				C A	tina		_	Cash X Accrual
		• Section 501(c) must a	i(3) organ Hach a c	11ZZTIONS ZNO omnieted Sc	1 494/(a)(i) i hadula A /F/	ionexempi	' Chantable trust QQALE71	5				· ∟	J Cash [A] Accidal
		771451 4	HACIT A C	ompieteu Sci	HEUDIE A (FC	1111 930 OF	330-EZ <i>).</i>			ther (spec			
	Wal	osite: ► <u>HTT</u> P	. / /GHAT	J MACHUTI	TTEUX OD	C /CTUTN	C DUD						ganization is not
										equired to 190-EZ. or	attach :	СПЕ	dule B (Form 990,
		nization type (check							i .				
ĸ	the	ck > if the o	rganizati	on is not a se	ection 509(a)	(3) suppor	ting organization	and its	gross	receipts a	ire norm	ially	not more than
		,000. A return is									e return	١.	
L	Add	l lines 5b, 6b, an	d 7b, to 1	ine 9 to deter	rmine gross	receipts; if	\$1,000,000 or n	nore, file	Form	990			
	ınst	ead of Form 990	<u>-EZ</u>		<u> </u>							► Ş	347,870.
77.5	j.,						sets or Fund						ns for Part I.)
	1	Contributions,	gifts, gra	ints, and simi	ilar amounts	received						1	342,942.
	2	Program service	ce revenu	ue including g	government f	ees and co	ontracts					2	
	3	Membership di	ues and a	assessments.								3	
	4											4	486.
	5	a Gross amount											
		b Less: cost or o	other has	is and sales	eynenses			5 b		•			
R		c Gain or (loss) from										5c	
E	6						ny amount is from g					36	
REVENUE	_							aming, che	CK BEIG				
Ü]	a Gross revenue	(not incl	uding \$		of c	contributions			_			
E							. 			4,4	142.		
		b Less: direct ex											
		c Net income or (los										6с	4,442.
	7	a Gross sales of	inventor	y, less return	is and allowa	inces		7a			j.		
		b Less: cost of g	joods sok	d				<u>7</u> b					
	•	c Gross profit or	(loss) fro	om sales of in	nventory (Su	btract line	7b from line 7a)					7 c	
	8	Other revenue (des	scribe 🟲								-)[8	
;	9	Total revenue	(add line	s 1, 2, 3, 4, !	5c. 6c. 7c. ar	nd 8)					_ ▶	9	347,870.
	10	Grants and sin	nilar amo	unts naid (at	tach schodul	<u>a)</u>		CEE C	ישידעיו	MENT 1	···	10	335,189.
	11						· · · · · · · · · · · · · · · · · · ·						333,163.
E X	12											11	· · · · · · · · · · · · · · · · · · ·
P												12	4 010
E N	13						ractors					13	4,010.
S	14											14	
Š	15	Printing, public	cations, p	ostage, and	shipping			• • • • • • •	• • • • •	. .	·····\	15	
	16	Other expenses (de	escribe >	SEE STAT	EMENT 2) <u> </u>	16	4,623.
	17	Total expense:	s (add lin	es 10 throug	ıh 16)	· · · · · · · · · · · · · · ·						17	343,822.
	18	Excess or (def	icit) for th	ne year (Subf	tract line 17	from line 9) <i></i>		<i>.</i>			18	4,048.
A S S E E T T	19	Net assets or f	fund hala	nces at hegir	nning of year	(from line	27, column (A))	(must a	aree v	with end-of	-vear	1	
ΕŠ	'	figure reported	on prior	year's return	1)		27, coldini (-1))	(must b)	9100 1			19	207,885.
T	20						nation)					20	
S	21						18 through 20					21	211,933.
							(B) are \$2,500,0					_	
					ctions for Pa		(=) a.o 45100010.	-3 0, 1110		Beginning			(B) End of year
22	Cs	ish, savings, and									951.		159,338.
23		nd and buildings								100,	, JUL.	23	137,336.
24	a	her assets (desc	ribo ⇒	CEE CTAT	······································		· · · · · · · · · · · · · · · · · · ·	• • • • • • • •		E7	934.	-	EO EOF
	T-	ilei assets (uesc	410e	OPP SIMI	ънеит Э		,	• • • • • • •				24	58,595.
25		otal assets									885.	-	217, 933.
		it <mark>al liabilities (d</mark> e)				000.		6,000.
_ Z.f	Ne	1 455e15 Of 100d	nalance	ち ロロセンノ ひし	column (H) t	niist aaree	with line 21)		1	707	ጸጸና	27	211 933

Forn	990-EZ (2008) FRIENDS IN GENE	RAL, INC.			52-13	83977 Page 2
_	Statement of Program Se	rvice Accomplishments	s (See the instruction	ons.)		Expenses
Desc	is the organization's primary exempt purpose? SE cribe what was achieved in carrying out the ribe the services provided, the number of ram title.	E STATEMENT 5 ne organization's exempt purp f persons benefited, or other	oses. In a clear and corelevant information for	oncise manner, each	and 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts; optional others.)
	SEE STATEMENT 6	nis amount includes foreign g			 -	
29	OTHER MISCELLANEOUS GRANT PROGRAMS AND NEEDS OF NAS	S GRANTS FOR OTH	ER MISCELLANEO	<u>us</u>		02,331.
30	(Grants \$ 252,720.) If th	nis amount includes foreign g			29 a	252,908.
31	Other program services (attach schedule				30 a	
22	(Grants \$) If th	is amount includes foreign gr	rants, check here	<u></u>	31 a	}
32 1931	Total program service expenses (add li	nes 28a through 31a)			▶ 32	335,439.
21,141	List of Officers, Directors	(b) Title and average hours	(c) Compensation (If	(d) Contributi	compen:	(e) Expense account
I.YN	(a) Name and address PLANTINGA	per week devoted to position BOARD MEMBER	not paid, enter -0)	employee benefit deferred compe	plans and nsation	and other allowances
		BOARD MEMBER 0.20			0.	0.
	HVILLE, TN RY ALLEN, MD	DOIND MENDED				<u> </u>
 _1 <u> </u>	KI ALLEN, MD	BOARD MEMBER 0.20			0.	0.
	HVILLE, TN					
	LA LOVELL	BOARD MEMBER 0.50	0.		0.	0.
	HVILLE, TN					
	CHES MANNING	BOARD MEMBER 0.20	0.		0.	0.
	HVILLE, TN M SMALL	BOARD MEMBER	0.		0.	0.
NAS	HVILLE, TN	0.20				
	REGINALD COOPWOOD	BOARD MEMBER	0.		0.	0.
	HVILLE, TN					
	KI ZEE	BOARD MEMBER 0.20	0.		0.	0.
	HVILLE, TN F OCKERMAN	PRESIDENT-ELECT				ļ
	HVILLE, TN	0.20	0.		0.	0.
	CHILTON	PRESIDENT	0.		0.	0.
	HVILLE, TN	1.00	0.		0.	0.
	IE BUSBEE	SECRETARY 1.00	0.		0.	0.
	WILLE, TN					
nŌH]	V VOIGT	TREASURER 1.00	0.		0.	0.
	WILLE, TN					
MAR	OVERLOCK	EXECUTIVE DIREC 5.00	0.		0.	0.
NASI	HVILLE, TN					

	Other information (Note the statement requirement in General Instruction 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		х
34		34		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, attach a statement explaining your reason for not reporting the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a 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 unpaid at the start of the period covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a 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 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 Ь		x
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Enter amount of tax on line 40c reimbursed by the organization			
	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.	40 e		Х
41	List the states with which a copy of this return is filed TN	400	1	
•				
42	a The books are in care of ► MARC_OVERLOCK Telephone no. ► 615-34	41-4	403	
	Located at > 1818 ALBION STREET NASHVILLE TN ZIP + 4 > 37209			
	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)?	42 b	Yes	No 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 a Foreign Bank and Financial Accounts.			, , ,
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		<u>X</u>
	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		▶ □	N/A
,,,	and enter the amount of tax-exempt interest received or accrued during the tax year.		Щ,	N/A
	43			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44	Yes	No X

			62-1383	<u>3</u> 977	F	age 4
and complete the tables for line	s only. All section 56 es 50 and 51.	01(c)(3) organi				9
the organization engage in direct or indire	ct political campaign acti	vities on behalf o	f or in opposition to candidat	es	Yes	No
the organization organic labeling activity	C, Part I			<u>46</u>	 -	X
he organization operating a school or de-	ties? if 'Yes,' complete S	chedule C, Part II		47		X
the organization make any transfers to an	ribed in section 170(b)(1)(A)(II)? If Yes, o	complete Schedule E	48		<u>X</u>
(es ' was the related organization(s) a soot	tion 527 organization 2	eiated organizatio	n <i></i>	49a		X
nolete this table for the five highest compe	ensated employees (othor	than afficers dir	notors trustons and how ame			l ch
(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 and deterred compensation	accou	int and	 S
		-				
				•	-	
·						
	, , , , , , , , , , , , , , , , , , , ,					
r of other employees paid over \$100,000.						
(a) Name and address of each independent contra	actor paid more than \$100,000		(b) Type of service	(c) Com	pensation	1
						
		-	1 7 7 7			
	·					

ber of other independent contractors recei-	ving over \$100,000					
Under penalties of perjury, I declare that I have examinative, correct, and complete. Declaration of preparer (o	ned this return, including accomp	anying schedules and s	tatements, and to the best of my know	rledge and be	lief, it is	
1111 10	/^}	orridation of Miller pro	porci ries uny knomicage.			
- Marca Coul	st		11-10-2	2009		
Signature of officer	· · · · · · · · · · · · · · · · · · ·	\	Date			
Type or print name and title.	K, EXECUTIV	E DIREC	ine ASST. SEC	TRE	A5 6	<u>RE</u>
L 1	<u> </u>	<u></u>	Pros	narer's Identif	vinn Nun	mher
Preparer's Signature	CAA.	Date // .9. /	Check if Self-		5	
Firm's name (or FRASIER, DEAN &	HOWARD, PLLC	//.9.0	Check if self-employed > X N/			
Firm's name (or yours if self-employed), Signature Firm's name (or yours if self-employed), Signature FRASIER, DEAN & Signature 3310 WEST END AV	HOWARD, PLLC ENUE, STE. 550	F	employed ► X N/			
Firm's name (or yours if self-employed), address, and ZIP + 4	ENUE, STE. 550 203	//-9-0	employed ► X N/	A I/A		
Firm's name (or yours if self-employed), address and	ENUE, STE. 550 203	//-9-0	employed ► X N/ EIN ► N Phone no. ► (615	A I/A	6592	No No
	Section 501(c)(3) organization and complete the tables for line and complete the tables for line the organization engage in direct or indire public office? If 'Yes,' complete Schedule the organization operating a school as described the organization operating a school as described organization make any transfers to an etc.' was the related organization(s) a sect applete this table for the five highest compensation. Name and address of each employee paid more than \$100,000. In plete this table for the five highest compensation and the organization. If there is none, enter 'I (a) Name and address of each independent contract of the organization. If there is none, enter 'I (a) Name and address of each independent contract of the organization of properties. Declaration of preparer to the organization of properties. Declaration of preparer to the organization of properties. Declaration of preparer to the organization of properties. Type or print name and title.	the organization engage in direct or indirect political campaign activities? If 'Yes,' complete Schedule C, Part I. the organization engage in lobbying activities? If 'Yes,' complete Sene organization operating a school as described in section 170(b)(1) the organization make any transfers to an exempt non-charitable refee, was the related organization(s) a section 527 organization? Inplete this table for the five highest compensated employees (other envel more than \$100,000 of compensation from the organization. If the organization is an exempt and address of each employee paid 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 of the organization. If there is none, enter 'None. (b) Title and average hours per week devoted to position devoted to position. (c) Title and average hours per week devoted to position. (a) Name and address of each independent contractor paid more than \$100,000. Index penalties of perjury, I declare that I have examined this return, including accomptive, correct, and complete. Declaration of preparer (other than officer) is based on all in the organization of officer. Mit Reference is the five that I have examined this return, including accomptive, correct, and complete. Declaration of preparer (other than officer) is based on all in the organization of officer.	Section 501(c)(3) organizations only. All section 501(c)(3) organization complete the tables for lines 50 and 51. the organization engage in direct or indirect political campaign activities on behalf or public office? If 'Yes,' complete Schedule C, Part I. the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' of the organization make any transfers to an exempt non-charitable related organization (se,' was the related organization(s) a section 527 organization? In the organization make any transfers to an exempt non-charitable related organization of the organization of the stable for the five highest compensated employees (other than officers, directed more than \$100,000 of compensation from the organization. If there is none, enter than officers of each employee paid more than \$100,000 of compensation of the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 of the organization. If there is none, enter 'None.' (b) Title and average house per week devoted to position of the organization. If there is none, enter 'None.' (c) Compensation of other independent contractors receiving over \$100,000 of the organization	Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer q and complete the tables for lines 50 and 51. SEE S' the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidat public office? If "res," complete Schedule C, Part II. the organization engage in lobbying activities? If "res," complete Schedule C, Part III. the organization meaks any transfers to an exempt non-charitable related organization?. es, was the related organization(s) a section 527 organization? es, was the related organization(s) a section 527 organization? In the organization make any transfers to an exempt non-charitable related organization?. es, was the related organization(s) a section 527 organization? In the organization of the five highest compensated employees (other than officers, directors, trustees and key employed more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid none than \$100,000 in the organization. If there is none, enter "None." (b) Tiga and average hours and address of each independent contractor paid more than \$100,000 in the organization. If there is none, enter "None." (c) Name and address of each independent contractor paid more than \$100,000 in the organization. If there is none, enter "None." (c) Name and address of each independent contractor paid more than \$100,000 in the organization. If there is none, enter "None." (d) Name and address of each independent contractor paid more than \$100,000 in the organization. If there is none, enter "None." (e) Name and address of each independent contractor paid more than \$100,000 in the organization of preparer (other than officer) is based on all information of which preparer has any working true. The proper has any working true. The preparer (other than officer) is based on all information of which	Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions and complete the tables for lines 50 and 51. SEE STATEME! the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates public office? If Yes,' complete Schedule C, Part I. the organization engage in lobbying activities? If Yes, complete Schedule C, Part II. the organization make any transfers to an exempt non-charitable related organization? 49. The organization make any transfers to an exempt non-charitable related organization? 49. The organization make any transfers to an exempt non-charitable related organization? 49. The organization make any transfers to an exempt non-charitable related organization? 49. The organization make any transfers to an exempt non-charitable related organization? 49. The organization make any transfers to an exempt non-charitable related organization? 49. The organization make any transfers to an exempt non-charitable related organization? 49. The organization make any transfers to an exempt non-charitable related organization? 49. The organization organization organization from the organization. If there is none, enter None. 49. The organization organization organization from the organization. If there is none, enter None. 40. The organization organization organization organization organization. If there is none, enter None. 40. Name and address of each independent contractor paid more than \$100,000 (c) Compensation of the organization. If there is none, enter None. 40. Name and address of each independent contractor paid more than \$100,000 (c) Compensation of the organization organization organization. If there is none, enter None. 40. Name and address of each independent contractor paid more than \$100,000 (c) Compensation of the organization o	Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-4 and complete the tables for lines 50 and 51. SEE STATEMENT 7 the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates yes public office? If Yes,' complete Schedule C, Part I. He organization engage in lobbying activities? If Yes,' complete Schedule C, Part II. The organization make any transfers to an exempt non-charitable related organization? The organization make any transfers to an exempt non-charitable related organization? The organization make any transfers to an exempt non-charitable related organization? The organization make any transfers to an exempt non-charitable related organization? The organization make any transfers to an exempt non-charitable related organization? The organization make any transfers of the five highest compensated employees (other than officers, directors, trustees and key employees) who earized more than \$100,000 of compensation from the organization. If there is none, enter None. The organization of the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None. The organization of the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None. The organization of the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None. The organization of the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None. The organization of the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of the organization of the organization of the organization of the organiza

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2008 2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service

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

2000	
	l

	of the organization							Employe	identificati	ion number	
FRI	ENDS IN GENERA	L, INC.						62-13	383977	1	
** s.	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	(see i	nstruct	ions)	
The c			se it is: (Please check o								
1			ociation of churches des				(1)(A)(1)) <u>.</u>			
2			A)(ii). (Attach Schedule			` .					
3			e organization described	•	on 1700	ЬУТУАУ	iii). (At	tach Sch	nedule H)	
4			ed in conjunction with a h								nital's
	name, city, and sta		,					-(-)(-)(-			
5		erated for the benefit	of a college or universit	y owned	or oper	ated by	a gover	rnmental	unit des	scribed in se	ection
6 7	X An organization th	local government or at normally receives a ((A)(vi). (Complete P	governmental unit descri substantial part of its so art II.)	ibed in s upport fr	ection 1 om a go	1 70(b)(1) vernme	(A)(v). ntal uni	t or from	the gen	eral public	described
8	1 1		170(b)(1)(A)(vi). (Comple	te Part I	11.3						
9	An organization that from activities relate investment income June 30, 1975. See	normally receives: (1) and to its exempt function and unrelated busine a section 509(a)(2). (C	more than 33-1/3 % of its ns — subject to certain exc ess taxable income (less complete Part III.)	support teptions, section	from con and (2) r 511 tax)	no more to from bu	than 33- usiness	1/3 % of es acqui	its suppo red by th	ort from gross ne organizat	t
10	An organization or	ganized and operated	exclusively to test for pr	ublic saf	ety. See	section	509(a)	(4) . (see	e instruct	lions)	
11	more publicly supp	orted organizations c	exclusively for the bene lescribed in section 509(zation and complete line	ald) or	section.	509(a)(2	ctions o 2). See	of, or ca section	rry out th 509(a)(3)	e purposes). Check the	of one or e box that
	a Type I	b Type II	c Type II	II Fund	ctionally	integrat	ted		d 🗍	Type III- C	Other
е	By checking this be than foundation ma 509(a)(2).	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	lled direc supportec	ctly or in d organi	directly zations	by one describe	or more ed in sec	disquali ction 509	fied person (a)(1) or sec	s other ction
f	If the organization	received a written det	ermination from the IRS	that is a	a Type I	. Type II	or Typ	e III sup	porting c	organization.	
	check this box										` LJ
g	Since August 17, 2	2006, has the organiza	tion accepted any gift of	or contrit	oution fr	om any	of the fo	ollowing	persons	? _	
		19 14 19 19									Yes No
	(i) a person who below, the go	overning body of the s	controls, either alone or upported organization?	together	r with pe	ersons de	escribe	din (ii) a	and (iii)	11g (i)	
			ribed in (i) above?								
			described in (i) or (ii) a								
h			the organizations the org							i i g (iii)	
	(i) Name of Supported	(ii) EIN						4.5.1	- n -	6.05 5	
	Organization	(n) Env	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizal (i) lister gove	Is the tion in col. d in your erning ment?	(v) Did y the organ col. (your su	ization in (i) of	(vi) I organizati (i) organiz U.S	zed in the	(vii) Amount	or Support
				Yes	No	Yes	No	Yes	No		
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				ļ							
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			the second second								
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Total			and the state of t	نست با ماراته			المحادد،		أوالما المتاريخ		

	Complete and if you should				b)(I)(A)(IV) an	α 17υ(σ)(1)(Α)	(VI)
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, /, or 8 of Par	t I.)			
Cale	ndar year (or fiscal year nning in) *	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	110,038.	94,759.	219,212.	360,529.	342,942.	1,127,480.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3	110,038.	94,759.	219,212.	360,529.	342,942.	1,127,480.
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)						27 6 ,496.
6	Public support, Subtract line 5 from line 4.						850,984.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	110,038.	94,759.	219,212.	360,529.	342,942.	1,127,480.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	1,060.	2,342.	2,018.	1,271.	486.	7,177.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						1,134,657.
12	Gross receipts from related activ	ities, etc. (see ins	structions)		,	12	10,627.
13	First five years. If the Form 990 organization, check this box and	is for the organiza	etion's first, secor	nd, third, fourth, c	or fifth tax year as	a section 501(c)	(3)
	tion C. Computation of Pul	<u>blic Support P</u>	ercentage	.			<u> </u>
	Public support percentage for 20		•				75.0%
15	Public support percentage for 20	07 Schedule A, P.	art IV-A, line 26f.				83.4%
16 a	33-1/3 support test $-$ 2008. If the and stop here. The organization	e organization did qualifies as a put	not check the bo licly supported or	x on line 13, and rganization	the line 14 is 33-	1/3 % or more, cl	heck this box
b	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box licly supported or	on line 13, or 16a ganization	, and line 15 is 33	3-1/3% or more, c	theck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	test check this i	hox and stop her	e. Explain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	ind-circumstances test. The organiz	s' test, check this l zation qualifies as	box and stop her a publicly suppor	e. Explain in Part ted organization.	IV how the ▶ □
	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions 🟲 📗
AA8					Set	odule A (Form 90	90 or 990-EZ) 2008

Page 3

Schedule A (Form 990 or 990-EZ) 2008 FRIENDS IN GENERAL, INC. Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)>	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.').			1.			
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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.			-			
	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 1-5						
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons.						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
	Public support (Subtract line	·			•		
-	7c from line 6.)						
Can		<u> </u>			·· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	tion R. Total Support						
-	tion B. Total Support	(*) 2004	(F) 200E	(*) 2006	(4) 2007	(5) 2008	(f) Total
Cale	ndar year (or fiscal yr beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale:	 	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Caler 9 10 a	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Caler 9 10 a	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Caler 9 10 a b	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Calei 9 10 a b c 11 12 13 14	Amounts from line 6	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 5	01(c)(3)
Calei 9 10 a b c 11 12 13 14	Amounts from line 6	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 5	01(c)(3)
Calei 9 10 a b c 11 12 13 14	Amounts from line 6	is for the organiz stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 50	01(c)(3)
Calei 9 10 a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiz. I stop here Blic Support P 008 (line 8, column	ation's first, secon	nd, third, fourth,	or fifth tax year a	s a section 50	01(c)(3)
Caler 9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiz. I stop here	ation's first, secondercentage n (f) divided by line Part IV-A, line 2	nd, third, fourth, ne 13, column (f)	or fifth tax year a	s a section 50	01(c)(3)
Caler 9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from	is for the organiz. I stop here blic Support P 008 (line 8, column 2007 Schedule A,	ation's first, secon Percentage n (f) divided by lin Part IV-A, line 2 ne Percentage	nd, third, fourth, ne 13, column (f) 7ge	or fifth tax year a	s a section 50	01(c)(3)
Caler 9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	is for the organization here	ation's first, second Percentage In (f) divided by lint. Part IV-A, line 2' The Percentage Column (f) divided	nd, third, fourth, ne 13, column (f). 7ge	or fifth tax year a	s a section 50	01(c)(3)
Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	is for the organization the organization did not one of the organization did not organization	ation's first, secondercentage In (f) divided by lintercentage Part IV-A, line 2 The Percentage column (f) divided alle A, Part IV-A, lintercentage column (f) divided all	nd, third, fourth, ne 13, column (f); 7ge ed by line 13, column (f); ne 27h	or fifth tax year a	s a section 50	15 % 16 % 17 % 18 %
Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a b	Amounts from line 6	is for the organization did not sook and stop here	ation's first, second percentage In (f) divided by linter the percentage column (f) divided le A, Part IV-A, linter the box on the organization id not check a box phere. The organization phere.	nd, third, fourth, ne 13, column (f), 7g. ed by line 13, column 27h	or fifth tax year a	s a section 50 3%, and line 17 organization. more than 33 orted organiz	01(c)(3) 15 % 16 % 17 % 18 % 7 is not -1/3%, and line 18 reation

Schedule A	(Form 990 or 990	-EZ) 2008	FRIENDS	IN GENER	AL. T	NC -		62-1383977	Page 4
Par	Supplemental Part II, line 17	Information or 17b; of	on. Comple or Part III,	ete this par line 12. Pro	t to pro	vide the	explanation re	quired by Part II, rmation. (see ins	fine 10; tructions)
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#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, 990-EZ and 990-PF . ► See separate instructions.

OMB No. 1545-0047

2008

Maile of the organization	• • •	Employer identification number
FRIENDS IN GENERAL, INC.		62-1383977
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	on
	4947(a)(1) nonexempt charitable trust not	t treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust trea	ated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>Gene</b> boxes for both the General Rule and a Spec	ral Rule or a Special Rule. (Note: Only a section 501(c)(7 cial Rule. See instructions.)	7), (8), or (10) organization can check
General Rule — For organizations filing Form 990, 990-E contributor. (Complete Parts I and II.)	Z, or 990-PF that received, during the year, \$5,00	00 or more (in money or property) from any one
Special Rules —		
SUSTABLE DEL FUED IL FRANKER AND TECEIVED FROM	g Form 990, or Form 990-EZ, that met the 33-1/39 any one contributor, during the year, a contribution of the or 2% of the amount on Form 990-EZ, line 1. Com	ne areater at /11 %5 Hill or (3) 2% at the
For a section 501(c)(7), (8), or (10) organ aggregate contributions or bequests of repurposes, or the prevention of cruelty to	inization filing Form 990, or Form 990-EZ, that rec nore than \$1,000 for use <i>exclusively</i> for religious, o children or animals. Complete Parts I, II, and III.	ceived from any one contributor, during the year, charitable, scientific, literary, or educational
some contributions for use <i>exclusively</i> for \$1,000. (If this box is checked, enter he etc, purpose. Do not complete any of the	inization filing Form 990, or Form 990-EZ, that rec or religious, charitable, etc, purposes, but these co re the total contributions that were received during e Parts unless the <b>General Rule</b> applies to this org	ontributions did not aggregate to more than go the year for an exclusively religious, charitable, ganization because it received nonexclusively
religious, charitable, etc, contributions o	f \$5,000 or more during the year.)	<b>►</b> \$
990-PF) but they must answer 'No' on Part	by the General Rule and/or the Special Rules do IV, line 2 of their Form 990, or check the box in the timeet the filing requirements of Schedule B (Form	se beading of their Form 990-F7, or on line 2 of
BAA For Privacy Act and Paperwork Redu for Form 990. These instructions will be iss	ction Act Notice, see the Instructions ued separately.	Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

	3 (Form 990, 990-EZ, or 990-PF) (2008)		Page 1	of 1 of Pa	art III	
Name of organ	nization			Employer identification number		
FRIENDS	IN GENERAL, INC.			62-1383977		
语称2° 括	Exclusively religious, charitable, et organizations aggregating more the For organizations completing Part III, enter contributions of \$1,000 or less for the year.  (b)					
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift		(d) ription of how gift is held	N/F	
	N/A					
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of t	ransferor to transferee	•	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Descr	(d) Description of how gift is held		
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of t	ransferor to transferee		
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	Descr	(d) iption of how gift is held		
-						
		Polationship of transferor to transferor				
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee			
-	Transferee's name, address	, and ZIP + 4	Kelauoliship of G	ansieror to transieree		
-	Transferee's name, address	, and ZIP + 4		ansieror to transieree		
-	Transferee's name, address	, and ZIP + 4	relationship of the	ansieror to transieree		

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift