Form 990

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)

QMB No. 1545-0047

Department of the Treesury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

00. 00	For the	2008 calendar year, or tax year beginning , 2008, and en	ıding		- AMM 10		
В	Check If a	applicable:	FRANK.	D Employer (dentific	ation Number		
		Please use FRANKLIN COUNTY HUMANE SOCIETY		91-21714	75		
	Nam	ne change or print P.O. BOX 187		E Telephone number			
	-	Sob WINCHESTER, TN 37398		200			
		instruc- nination tlens.			-		
		ended return		G Gross receipts S	190,030.		
	_	icalian cending F Namo and address of principal officer;	H(a) is this	a group return for affilia	The second secon		
		SAME AS C ABOVE		Specifical estellible (Yes No		
t	Tax-e	exempt status X 501(c) (3) (Insert no.) 4947(a)(I) or 527	Mf 'No.	' atlach a list, (see Instru	ictions)		
t	370,000,000	site: - WWW.FCHUMANE.PETFINDER.COM	H/e) Groun	exemplion number			
ĸ	27/12/12		rmation: 200		of domicile: TN		
200		Summary	mation: De-	111 00010 011-5			
20.72		Briefly describe the organization's mission or most significant activities: TEMPOR	ARY SHE	TER & ADOPT	ION OF		
dı		HOMELESS PETS.					
Ě	_						
Activities & Governance	0 3						
Ď		Chock this box > If the organization discontinued its operations or disposed of					
4		lumber of voting members of the governing body (Part VI, line 1a)			7		
BB		lumber of independent voting members of the governing body (Part VI, line 1b)			0 17		
芝		otal number of employees (Part V, line 2a)			20		
4		otal gross unrelated business revenue from Part VIII, line 12, column (C)			0.		
		let unrelated business taxable income from Form 990-T, line 34			0.		
				Prior Year	Current Year		
	8 0	ontributions and grants (Part VIII, line 1h)		126,047.	164,804.		
를		rogram service revenue (Part VIII, line 2g).		24,183.	21,266.		
Ravenue		westment Income (Part VIII, column (A), lines 3, 4, and 7d)		71.	-1,752.		
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,886.	5,712.		
	12 T	otal revenue - add fines 8 through 11 (must equal Part VIII, column (A), line 12).		159,187.	190,030.		
	13 G	Frants and similar amounts paid (Part IX, column (A), lines 1-3)		CONTROL CONTROL OF			
	14 B	Renefits paid to or for members (Part IX, column (A), line 4)			75,193.		
ø	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10), .		. 55,868.			
\$	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)		100	Terres de la companya		
Expenses	ьт	otal fundraising expenses (Part IX, column (D), line 25) - 8,22	3.				
ш	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		74,963.	82,074.		
	100000	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		130,831.	157,267.		
		Revenue less expenses. Subtract line 18 from line 12	State of the state	28,356.	32,763.		
h	1		50.5	inning of Year	End of Year		
Nat Assets to Fund Calmoon	20 T	otal assets (Part X, line 16).	249	128,905.	153,802.		
30	21 T	otal liabilities (Part X, Ilne 26)	31.33	14,684.	6,819.		
4	22 N	let assets or fund balances, Subtract line 21 from line 20		114,221.	146,983.		
R	CEI S	Signature Block					
	22 22 20 20 20 20 20 20 20 20 20 20 20 2	Under populities of portury, I declare that I have exemised this return, including accompanying schedules an interest, and companying schedules are interest, and companying schedules are	d statements, ar	id to the best of my know	Andgo and balket, it is		
		line, correct, and compute, Declaration of preparer (other than officer) is based on affinitormation of which	preparer has an	y knowledge.			
	gn	Some Thees	/-	4-17-0	29		
He	ere	Signature of officer		818	/		
		MANE CTILES TREASURE	R/				
		Type or Short name and title.		<u> </u>			
п.		Daje Daje	(Check if	arer's identifying number instructions)		
ra Pr	id o	Preparers 2		mployed - X	- 176 - 177		
	rer's	signaturi BRYAN G BEAN		N/2	<u> </u>		
Us		Firm's rame (or BEAN, RHOTON & KELLEY, PLLC	700				
Or	ıly	employer), > 300 SOUTH JEFFERSON STREET	- 3	EN M/A	nen ness		
		address, and WINCHESTER, TN 37398		Prione no. • (931)	967-0611		
vla	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

	m 998 (2008) FRANKLIN COUNTY HUMANE SOCIETY	91-21/14/5	Page 2
Pa	Statement of Program Service Accomplishments (see instructions)	32500 m	
	Briefly describe the organization's mission: TEMPORARY SHELTER & ADOPTION OF HOMELESS PETS.		
2			[7] N.
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		(()
3	If "Yes," describe these changes on Schedule O.		X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an expenses, and revenue, if any, for each program service reported.	: by expenses. Section 50 d allocations to others, th	01(c)(3) ne total
4:		(Revenue \$)
	ADOPTION PROGRAM - PROVIDED MEDICAL CARE, VACCINATIONS AND SEXUAL PLACED ANIMALS INTO PERMANANT HOMES.	ALTERATION AND	
			
	·····		
		3 4 274	
41	OPERATED ANIMAL SHELTER FOR HOMELESS PETS IN FRANKLIN COUNTY, TN. COUNTY.	Revenue \$BENEFITS ENTII	RE
			
	===		
			-
40	(Code: (Code:) (Exponsos \$ including grants of \$)	Revenue \$)
			
			
40	d Other program services. (Describe in Schedule O.)	fo #55534	3000 3
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ➤ \$ 137,011. (Must equal Part IX, Line 25, column (3.1.4.4.1.20 73.030	100
		TOTAL	ANTONY R

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Form 990 (2008)

REALTY Checklist of Required Schedules No Yes is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete X 2 Х Is the organization required to complete Schedule B, Schedule of Contributors?..... 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. 3 X 3 4 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice Х on the distribution or investment of amounts in such funds of accounts? If "Yes," complete Schedule D, Part I....... 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II...... 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 8 X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes.' complete Schedule D, Part IV. 9 X X Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D. Part V...... 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable. X 77 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. X 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X X 14a X 146 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II..... X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to Individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 X X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I... 17 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 X 19 19 X Did the organization operate one or more hospitels? If 'Yes,' complete Schedule H. 20 21 Did the organization report more than \$5,000 on Part IX, column (A), fine 17 If 'Yes,' complete Schedule I, Parts I and II. X 21 X. Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedulo I, Parts I and III 22 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 57 if 'Yes,' complete Schedule J.,, X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25. X 242 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempl bonds?.... d Dld the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?... 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. X 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from X a prior year? If 'Yes,' complete Schedule L, Part i. 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's fax year? If "Yes," complete Schedule L, Part II... X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.

Rarciv® Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
ŧ	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
ŀ	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b	2 - 1120	х
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28¢	a 4	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30_		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line ?	3 <u>4</u>		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	uga n	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Pert VI	37		X
BAA	P ANSO	Form	990	(2008)

TEEA0104L 12/18/08

Form 990 (2008) FRANKLIN COUNTY HUMANE SOCIETY 91-2171475 Page 5 Part Visial Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. Ta 0 16 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?...... 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the ralendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, dld the organization file all required federal employment tax returns?.... 26 Note. If the sum of lines 1a and 2a is greater than 250, you be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?..... За b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O............ 36 4a At any time during the catendar 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)?...... bilf '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. 5a X X 5b c If 'Yes,' to question 5a or 5b, did the organization file Form 8885-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?.... 5c 6a Did the organization solicit any contributions that were not tax deductible?..... X 68 b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 66 deduct[b[a?..... **3336** 7 Organizations that may receive deductible contributions under section 170(c). a Dld the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? X 7a bif 'Yes,' dld the organization notify the donor of the value of the goods or services provided?..... 75 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827.... X d If 'Yes,' indicate the number of Forms 8282 filed during the year..... e Did the organization, during the year, roceive any funds, directly or indirectly, to pay premiums on a personal X 7e

benefit contract?.... X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 71 g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?...... X 7 q h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?... 7h 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?...... 9a b Did the organization make any distribution to a donor, donor advisor, or related person?...... 96 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10bl 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders 11 a b Gross Income from other sources (Do not not amounts due or paid to other sources against amounts due or received from them.) 116 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?...... 128 bilf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year...... BAA Form 990 (2008) Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A Governing Body and Management

<u> </u>	ction A. Governing Body and Management				T
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstaprocesses, or changes in Schedule O. See instructions.	ances, 😿	No.	Yes	No
1.5	a Enter the number of voting members of the governing body	7	2		
	b Enter the number of voting members that are independent	- 1			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of officer, director, trustee or key employee?	her 32	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person?	\$3 U.S. (1) (1) (1)	3		х
4			4		X
	since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Daes the organization have members or stockholders?SEE.SCHEDULE.O		6	X	
	a Does the organization have mambers, stockholders, or other persons who may elect one or more members of the governing body? SEE SCHEDULE .0		7a	X	
38	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	5	75	2000	X
В	the following:	3			
	a The governing body?	200000000000000000000000000000000000000	8a	X	-
	b Each committee with authority to act on behalf of the governing body?		86	X	X
	a Does the organization have local chapters, branches, or affiliates?		9a	- 8	
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliand branches to ensure their operations are consistent with those of the organization?	· · · · · · .	95		<u> </u>
	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations in describe in Schedule O the process, if any, the organization uses to review the Form 990 . SEE . SCHEDULE . O	Marian Carrier	0	X	20
11	is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q	ė 1	1		х
Sec	ction B. Policies	-0.00			67 89
			_	Yes	No
	a Does the organization have a written conflict of Interest policy? If 'No,' go to line 13	., 1	2a	2 22	X
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2Ь	_	x
•	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe Schedule O how this is done		2c		X
13	pendy		3		X
14		-00	4	7738300	X
	Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision:				
	a The organization's CEO, Executive Director, or top management official?		Sa		X
14	b Other officers of key employees of the organization?	1	5b	1	X
16a	Describe the process in Schedule O. (see instructions) a Did the organization invest In, contribute assets to, or participate in a joint venture or similar arrangement with a tr	axable			17
t	entity during the year?		6a	安徽	À
8	bif 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its partic in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's ex status with respect to such arrangements?	empt 3	6b		7232
100100	tion C. Disclosures				- 22
17	List the states with which a copy of this Form 990 is required to be filed * NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of inspection. Indicate how you make these available. Check all that apply.	only) avai	fable	s fa r	public
2000	Own website Another's website X Upon request			1021	93 50
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interestatements available to the public.	78 8			ancial
	State the name, physical address, and telephone number of the person who possesses the books and records of t - ANNE GILES 132 KIRBY SMITH ROAD 37375 931-598-0368	he organi	izati:	on: 	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$100,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	Pasi	Illan (c) k ell t	lhet app		(D) Reportable	(E) Reportable	(F) Estimated emount of other compensation
7%	hous per week	Individual trustee or director	Institutional (nestee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (w-2/1099-MISC)	Reportable comparisation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
PATRICIA THOMPSON	6 (2)2							198		
SECRETARY	15							0.	.0,	0
AMANDA CURTY	_							40	2	
PRESIDENT	9	- 3			_	-	Ц.	O.	0.	0
DR. SUSAN RIDYARD DIRECTOR	5	12	8					0.	0 <u>.</u>	0
ANDIE PATE DIRECTOR	2	91070570	9:5885	2000	100 S	8		٥.	0.	0
ANNE GILES TREASURER	50	*						٥,	0.	0
CAROLYN MAHER	30	1 11 11						5,	-300	
VICE PRESIDENT	8							· D.	0.	0
SUSAN RUPERT DIRECTOR	5		55 8					0.	0.	0
			2					(1945 - X49	20	0
					Great St			1000	.,,	
			2000	58				38 34	97	
				6	* 7			60.6		
	(°		%=:		***					(100)
	# #							5 40 5ACMU - 1		14010 11100
						ĺ			- 1	
									UN CON	21
	8:	3					3-3			50

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Name and Title Aurorage Position (clocks at lith at apply) Position (clocks at lith at	passessing occupit A. Officers, Directors, 110s	8000343837	tey	LII	720	0.50	Ç3 ₇	alt	3.955 (9.05)	32479355	0.703740
The Total number of individuals (including those in 1a) who received more than \$100,000 in eportable compensation from the organization growth related organization from the organization growth related to the transfer of the organization growth related to the transfer of the organization and related organization growth related to the organization growth related to the organization and related organization growth related to the organization and related organization growth related to the organization growth related to the organization growth related to the organization and related organization growth related to the organization growth related organization growth related to the organization from the organization growth related to the organization growth related to the organization growth related to the organization from the organization	(A)	(B)	250%	men.				101212	(D)	(E)	(F)
The Total. 1. Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization is any former officer, director or trustee, key employee, or highest compensation from the organization is any former officer, director or trustee, key employee, or highest compensation from the organization is any former officer, director or trustee, key employee, or highest compensation from the organization is any former officer, director or trustee, key employee, or highest compensation from the organization and related organizations greated than \$100,000 in reportable compensation from the organization and related organizations greated than \$100,000 in the organization of the organization of the organization greated than \$100,000 in the organization of the organiz	Name and Title				_	-	1		Reportable componsation from	Reportable compensation from	Estimated amount of other
The Total. 1. Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization is any former officer, director or trustee, key employee, or highest compensation from the organization is any former officer, director or trustee, key employee, or highest compensation from the organization is any former officer, director or trustee, key employee, or highest compensation from the organization is any former officer, director or trustee, key employee, or highest compensation from the organization and related organizations greated than \$100,000 in reportable compensation from the organization and related organizations greated than \$100,000 in the organization of the organization of the organization greated than \$100,000 in the organization of the organiz		per week	25	E	욢	E S		Form	the organization	related organizations	compensation from the
Ib Total.	18		百百	li li	Ä	en F	oki.	효	(1-2103341125)	(1121000)	organization
Ib Total.			2 5	3		P.	2 9				
Ib Total.			1 6	6		18	DE P				1975
1b Total.			"	ğ			8				
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes N Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes" complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B, Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of Services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in				3 2			ិ			1909 1908 - 1909 1909 1908 - 1908	67.25
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes N Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes" complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B, Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of Services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in			\vdash								-
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5 Did any person listed on line 1s receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person. 5 Section B, Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	individual	मसाकार			H 1	es 1		pieu	e ocuedate a tot s	SUGII	4 X
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1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) (C) (D) (D) (D) (D) (E) (E) (E) (C) (E) (C) (E) (C) (C	rendered to the organization? If 'Yes,' complete Sci	ompens Jedule	atror Lor	n tro suel	om) a h ne	any Ersol	unre n	erate	a organization for	services	5 X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	Section B. Independent Contractors	20000		0.000	30000		·				20 D D D D D D D D D D D D D D D D D D D
(A) Name and business address Description of Services Compensation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	 Complete this table for your five highest compensat 	ed inde	pend	ent	COL	itrac	tors	tha	t received more ti	nan \$100,000 of	
Name and business address Description of Services Compansation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	compensation from the organization.		500000				xones	99(99)			
Name and business address Description of Services Compansation 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	(A)							- 3	(B)	Maria de la companya	(C)
	Name and business addres	5							Description of	of Services	Compensation
	7 9705 9705	-	2008	-045/8	96	0.00	170		168F		nevertextsizati?
	549 3000 Uasi W.	44.74	3.0							100000	
	89 90 00 27 00 00 00 00 00 00 00 00 00 00 00 00 00	2254					S	200000		1000 100	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			8200						Taraba balansi kwa		
	- 10 M				2000					22	9204093000000000000000000
	2 Total number of independent contractors Goaludian	those is	. 11 .	who	TPP	alur	d	IG.CO.	than \$100 000 in	- 34	
		HOSE II	. 17	AND IC	160	CIAC	u H	016	TION ALONGON III		

	VIII Statement of Revenue .	(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
JETS, GRANTS AR AMOUNTS	1 a Federated campaigns 1a 158,041. b Membership dues 1b c Fundralsing events 1c d Related organizations 1d				
CONTRIBUTIONS, CIFTS, GRAVIS AND OTHER SIMILAR AMOUNTS	e Government grants (contributions) Te 4,600. f All other contributions, gifts, grants, and similar arrounds not included above 1t 2,163. g Noncash contributs included in Ins 1a-1£\$				
ğ₹	h Total. Add lines 1a-1f	164,804.			
	Business Code	Section of the sectio	S#1623.233#.5513		
	2a MEMBERSHIP DUES & ASSESSMENTS	696,	CALCUSTO MATERIAL SOCIO	i i	696.
PROGRAM SERVICE REVENUE	b ADOPTION FEE INCOME	20,570.			
IN SERV	d			380	
3	f All other program service revenue		*	07000000000	
PRO	g Total, Add lines 2a-2f	21,266.			
	Investment income (including dividends, interest and other similar amounts).	-1,752.			-1,752.
	5 Royalties	es carron de construir de const		NAME OF TAXABLE PARTY.	
	6a Gross Rents				
	b Less: rental expenses				ice de la constant
	c Rental income or (loss)				and the second s
	d Net rental income or (loss).				
	7 a Gross amount from sales of (i) Securifies (ii) Other assets other than inventory,				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				World and the state of the stat
ENDE	8a Gross income from fundraising events (not including, \$				
OTHER REVENU	of contributions reported on fine 1c).				
Ē	See Part IV, line 18				
ā	c Net income or (loss) from fundraising events.	5,712.	5,712.	Salator de completion de service	o my and and an analysis and
139	9a Gross income from gaming activities. See Part IV, line 19		5/1221		
	b Less: direct expenses b				
- 83	c Net Income or (loss) from gaming activities				A
	10a Gross sales of inventory, less returns and allowances				
	b Less; cost of goods sold b				
- }	c Net income or (loss) from sales of inventory	Turning concentration of the concentration of	FACEMENT OF STREET	An manage control indicate	Notice and the second second
-	Miscellaneous Revenue Business Code 11 a				
			2 20 3		
	c		8	<u> </u>	
	d All other revenue,		9	1970 10	200
20.5	e Total. Add lines 1ta-11d.		# (SA) STORY THE PARTY OF THE P	120000000000000000000000000000000000000	
111		5,4505,5305; - 64407594		Sand and desired the President (1902)	
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e.	190,030.	26,282.	0.	-1,056.

Part XXX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do ; 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(0) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.		1		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		72.000443		
3	Grants and other assistance to governments, organizations, and Individuals outside the U.S. See Part IV, lines 15 and 16	7 20 2000			
4	Benefits paid to or for members	X	3/3/8/5		
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	_ 0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	o.	0
7	Other salaries and wages	69,218.	69,218.	5 8	32
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits	5,975.	5,975.	2000	55.5
10	Payroll taxes		33		
11	Fees for services (non-employees)		0.000300		- C224 35
a	Management	2	(1000-1000-1000-1000-1000-1000-1000-100		500 pc
	Legal				- 68
9	Accounting		2013 (C	3	18880
C	Lobbying	19000	7.7.000 S	2 2	Ý
9	Prof fundraising svcs. See Part IV, In 17				105
f	Investment management fees				
9	Other		Waterstawa ye		50 50
12	Advertising and promotion			Page 1997 - 1997	
13	Office expenses	1,643.	1,643.		
14	Information technology		197 NOON 100 100 100 100 100 100 100 100 100 10		
15	Royalties		33		100
16	Occupancy	9 30 9,000	5.		000
17	Travel	575,		575.	98
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3			38
	Interest	340.		340.	
21	Payments to affiliates	00 2000 to	2*************************************	8	530)
22	Depreciation, depletion, and amortization	6,964.		6,964.	F
23	Insurance				1000
24	Other expenses, Itemize expenses not covered above, (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
	below.)				
	VETERINARY SERVICES	25,756.	25,756.		
	FUNDRAISING EXPENSE	8,164.		8	8,164
	SUPPLIES FOR CORTON	6,537.	6,537.	8	120 000
	MEDICATIONS FOR SHELTER USE	6,089.	6,089.	20 0	51 <u>341</u>
	ELECTRICITY	3,327.	3,327.	4 754	En
	All other expenses	22,679.	18,466.	4,154.	59
25	Total functional expenses. Add lines 1 through 24f	157,267.	137,011.	12,033.	8,223
26	Joint Costs, Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

s 			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	300.	1	1,500
	2	Savings and temporary cash investments			45,56B
	3	Pledges and grants receivable, net	3,071.	3	10,000
	4	Accounts receivable, net	85.	4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1020		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	penanciae membrana in 1 600 il 1904	6	DOG THE THE TENT OF THE PROPERTY
5	7	Notes and toans receivable, net	332 300	7	
ASSET	8	Inventories for sale or use	-	8	i.
Š	9	Prepaid expenses and deferred charges	1,836.	9	1,657.
	10a	Land, buildings, and equipment: cost basis 10a 128, 580.		365000	THE PROPERTY OF THE PARTY OF TH
	ь	Less: accumulated depreciation, Complete Part VI of			
		Schedule D	97,969.	10c	105 077
	11	Investments — publicly-traded securities.	31, <u>303.</u>		105,077.
	12	Investments — other securities. See Part IV, line 11		11	
	13	Investments – program-related. See Part IV, line 11.	·	12	
	14	Intensible secrete	3	13	100
	15	Intangible assets	6 	14	
	16	Other assets. See Part IV, line 11.	111	15	
	17	Total assets. Add lines 1 through 15 (must equal line 34)	128,905.	16	153,802.
	18	Accounts payable and accrued expenses	3,749.	17	6,819.
-	19	Grants payable.		18	1977
1,	20	Deferred revenue.	2 500	19	3
A	21	Tax-exempt bond liabilities		20	
B	22	Escrow account liability, Complete Part IV of Schedule D.	AC-1	21	
Ţ	ΕZ	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons, Complete Part II of School II.			
É	23	of Schedule L		22	0.004,0 A
3	24	Secured mortgages and notes payable to unrelated third parties	10,935.	23	
	25	Unsecured notes and loans payable.		24	111/2500000
	3000	Other Ilabilities, Complete Part X of Schedula D.	45)	25	2,2,5,757
1000	26	Total liabilities. Add fines 17 through 25	14,684.	26	6,819.
Į.		Organizations that follow SFAS 117, check here > X and complete lines			
A	~	27 through 29 and lines 33 and 34.			
100	27	Unrestricted net assets	111,650.	27	125, 427.
ξ	28	Temporarily restricted net assets	2,571.	28	20,556.
Q.	29	Permanently restricted net assets	30. tet 30.	29	
201		Organizations that do not follow SFAS 117, check here F and complete			
1		lines 30 through 34,			
200	30	Capital stock or trust principal, or current funds		30	
A	37	Paid in or capital surplus, or land, building, and equipment fund		31	10 to 10
De Testano	32	Retained earnings, endowment, accumulated income, or other funds	200 2000 3	32	38753
Ě	33	Total net assets or fund balances	114,221.	33	146,983.
100	34	Total liabilities and net assets/fund balances.	128,905.	34	153,802.
7.0	PXI	Financial Statements and Reporting	- 100 Page 1		200
		4	26	28	Yas No
1	Acco	ounting method used to prepare the Form 990; Cash X Accrual	Other		
2;	Wer	e the organization's financial statements compiled or reviewed by an Independent a	ccountant?		2a X
1	Wer	e the organization's financial statements audited by an independent accountant?			2b X
	revie	es' to 2a or 2b, does the organization have a committee that assumes responsibility ew, or compilation of its financial statements and selection of an independent accou	for oversight of the au intant?	ıdit,	2c X
32	As a Aud	a result of a federal award, was the organization required to undergo an audit or audit Act and OMB Circular A-1332	fits as set forth In the S	Single	Ra Y
t	11 1	es,' dld the organization undergo the required audit or audits?			зь
BAA		28 W W 200 PM, as the area of the control of the co			Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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 Name of the organization

Employer Identification number

CMB No. 1545-4047

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

		UMANE SOCIETY			919	3000	2000		171475			
Raft	Reason for Pu	blic Charity State	is (All organizations	s must «	comple	ete this	part.)	(see	instruct	tions)		
			use it is: (Please check				2002	80		•		
1			ociation of churches de				(IXAXI)	i.				
2			AXII). (Attach Schedule			il di						
3		70.70536.7656.5	e organization describe	100000000	on 1700	ьктуах	fin. (At	tach Sci	nedule H	3		
4			ed in conjunction with a							100	spital's	S
360 33 5	name, city, and sta	NA 1907 - AND						-1-20-70	M			54
5 [erated for the benefit	of a college or universi	ty owned	or aper	ated by	a gove	mmenta	unit de	scribed in	sectio	.n
7	An organization that	local government or at normally receives a XAXvi). (Complete P	governmental unit desc a substantial part of its s	ribed in s support fr	ection on a go	70(b)(1) overnme	(A)(v). ntal uni	t or from	n the ger	neral public	desc	ribed
8	5,000 0 40 0 50	200 - 10020 300 300 300 300	170(b)(1)(A)(vf). (Compl	ele Pari	II S							
9 X						leikudioar	momb	archin fe	ne and s	roce rocain	fe	
~ <u>E</u>	from activities relate investment income	thornary receives. (17) and to its exempt function and unrelated busines section 509(a)(2). (C	more than 33-1/3 % of its ns – subject to certain ex- ess taxable income (less complete Part III.)	ceptions, s section	and (2) r 511 tax	no more t	han 33- usiness	1/3 % of es acqui	its suppo ired by ti	ord from gro he organiza	ss ation a	after
10	An organization or	ganized and operated	exclusively to test for p	ublic saf	ety. See	section	509(a)	(4). (see	e instruc	tions)		
11 [describes the type	orted organizations of of supporting organi	l exclusively for the ben- described in section 509 zation and complete line	(a)(1) or es 11e th	section rough 1	509(a)(a 1h.	2). See	of, or ca section	rry out () 509(a)(3). Check t	he bo	x that
-	_a ∐ Typoli	b Type II		III — Fund					d	Type III-		
0	By checking this by then foundation ma 509(a)(2).	ox, I certify that the or anagers and other tha	rganization is not contro in one or more publicly	siled direct supporter	ctly or in d organi	directly zations	by one describ	or more ed in sec	disquali tion 509	fied parso (a)(1) or s	ns ath ection	ner I
f	If the organization	received a written del	termination from the IRS	S that is a	a Type I	, Type II	ог Тур	e III sup	porting o	organizatio	n,	🗆
g	Since August 17, 2	006, has the organize	ition accepted any gift	or contrib	ution fr	om any	of the f	griwollo	persons	?	0 ****	
						335			78		Yes	No
	(i) a person who	directly or indirectly	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (iii)	11	8 - 8	- 38
			cribed in (i) above?							11 g (f)	C 35	32
										11 g (ff)	- 10	-
h			n described in (1) or (ii) :					•••••		11 g (iii)	× ×	
			the organizations the or	1	CONTRACTOR OF THE PARTY OF	CONTRACTOR OF THE		1 00000	2202084	0.0000000000000000000000000000000000000		esser es
3	(i) Name of Supported Organization	(ii) EIN	(ill) Type of organization (described on lines 1-9 above or IRC section (see instructions))	orpanizat	ls the lion in col. d in your ming ment?	(v) Did y the organ col. I your sa	ou notify ization in (f) of ipport?	(vi) i: organizati (i) organiz U.S	on in col.	(vil) Amoun	t of Sup	эрот
-	99 <u>6 89</u> 33	50 YEAR S	3000	Yes	No	Yes	No	Yes	No	6		25023
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20 COV	20 20 20	<u> </u>	22232220						83			
				4 4	- 43	- 63	- 8	53	- 53			100
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Total												
B.1.	Potencia de la libra		act Notice spe the Instr		-	A-10-10-10-10-10-10-10-10-10-10-10-10-10-		- ilusa della		4 99D At 90	<u> </u>	

Sche	edule A (Form 990 or 990 EZ) 200	B FRANKLIN	COUNTY HU	MANE SOCIET	Y	91-2171475	Page 2
Kai	Support Schedule for (Complete only if you check				(b)(⊺)(A)(iv) an	d 170(b)(1)(A)(/i)
Sec	tion A. Public Support	CO (III DOX OII IIII	6 J, /, UI D UI F B	11.13		70.9%	77 7
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.')			345			<i>y</i> ,
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		8				
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						
4	Total. Add lines 1-3		190000000000000000000000000000000000000		600 N 60 N 600		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						-
6	Public support. Subtract line 5 from line 4						
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				105		
8	Gross Income from interest, dividends, payments received on securities loans, rants, royalties and income form similar sources.						
9	Net Income form unrelated business activities, whether or not the business is regularly carried on	1.00					Helia.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.).						
11	Total support. Add lines 7 through 10						200 D
12	Gross receipts from related activ	ities, etc. (see In:	structions)			12	
13	First five years. If the Form 990 organization, check this box and	is for the organization here	ation's first, seco	nd, third, fourth,	or fifih tax year as	a section 501(c)(3) ► □
Sec	tion C. Computation of Pul	olic Support P	ercentage		78.8 W 18		
	Public support percentage for 20 Public support percentage for 20						% %
	33-1/3 support test — 2008. If the and stop here. The organization						eck this box
	33-1/3 support test - 2007. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16a	a, and line 15 is 33	3-1/3% or more, ch	eck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	st 2009. If the moets the 'facts-a -and-circumstanc	organization did a and-circumstance es' test. The org	not check a box or s' test, check this anization qualifies	n line 13, 16a, or box and stop her as a publicly sup	16b, and line 14 is e. Explain in Part i ported organization	10%, V how 1 ► □
ь	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	ind-circumstance	s' test, check this	box and stop her	e. Explain in Part I	v how the

18 Private foundation. If the organization did not check a box on line, 13, 16e, 16b, 17a, or 17b, check this box and see instructions. Schedule A (Form 990 or 990-EZ) 2008

BAA

Park 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 yr beginning in) > (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Glfts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 61,996 125,271 142,758 132,251 167,028 629,304. 2 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..... 22,725 28,553 32,105 23,463 20,570 127,416. Gross receipts from activities that ere not an unrelated trade or business 0. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf..... 0. The value of services or facilities furnished by a governmental unit to the organization without charge. . . . 6 Total, Add lines 1.5...... 84,721 153,824 174,863 155,714 187,598 756,720. 7a Amounts Included on lines 1. 2, 3 received from disqualified 0 persons Đ 0 0 0. ٥, 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... û Ü D П D 0. c Add lines 7a and 7b...... 0. 0 D. 0. 0. 0. 8 Public support (Subtract line) 7c from line 6.) 756,720. Section B. Total Support Calendar year (or fiscal yr beginning in) 🟲 (a) 2004 (b) 2005 (c) 2006 (f) Total (d) 2007 (e) 2008 84,721 153,824 174,863 155,714. 756,720. 187,598 10a Gross income from Interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources 103 211 334 268 916. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . 0. c Add lines 10a and 10h...... Ū. 103 211. 334 268 916. 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 0. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain In Part IV.) SEE PART IV. 1.447 548 568 4,726. 2,163 13 Total support, [att lins 9, 10s, 11, and 12,] 762,362. 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 2008 (line 8, column (f) divided by line 13, column (f))............ 15 99.3% 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 95.4% Section D. Computation of Investment Income Percentage 17 0.1% 18 Investment income percentage from 2007 Schadule A, Part IV-A, line 27h...... 0.1% 19a 33-1/3 support tests - 2008, 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 - 2007. If the organization did not check a box on line 14 or 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.

Schedule A	(Form	990 or 9	90-EZ)	2008	FRANK.	LIN CO	UNTY	HUMANE	SOCIE:	TY		91-2171	475	Page 4
Part IV	Suppl Part II	emen . line	tal Info 17a or	ormati 17b:	on, Con or Part	iplete t III. line	his par 12 Pri	t to prov	ide the v other :	explanati additional	on requi	red by Pa	rt II, line 1	0; ns)
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CLIENT FC0000		Zegiti	FRAN	IKLIN C	OUNTY F	IUMAN	E SOCIE	TY			91-2	17147
4/07/09	70049 20:	90900V						¥6				06:49F
PART III, LINE	12 - OTI	HER IN	COME									
NATURE AND	SOURCE	***	200	8	2007	<u> </u>	2006	i	2005	2203	2004	
		TOTAL	\$	0. §		<u>0.</u> §		0. \$	23 <u>Y</u>	0. \$		0.
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Transury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

Name of the organization		Employer Identification number
FRANKLIN COUNTY HUMANE SOCIETY	100000000000000000000000000000000000000	91-2171475
Partial Organizations Maintaining Donor Advised Furthern the organization answered 'Yes' to Form 990, I	nds or Other Similar Funds or Acc Part IV, line 6.	counts Complete if
(a) D		Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)	100 March 100 Ma	* 12*PO 20**
3 Aggregate grants from (during year)		-17 Tal
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in w funds are the organization's property, subject to the organization	on's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor ac used only for charitable purposes and not for the benefit of the impermissible private benefit??	visors in writing that grant funds may be a donor or donor advisor or other	Yes No
Raidin Conservation Easements Complete if the organic	nization answered 'Yes' to Form 9	90, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization		
Preservation of land for public use (e.g., recreation or plea		cally important land area
Protection of natural habitat	Preservation of certified h	ilstoric structure
Preservation of open space		
2 Complete lines 2a-2d if the organization held a qualified conse of the tax year.	ervation contribution in the form of a conse	ervation easement on the last day
Physical Code (Anna Choral Transport Children Code (Anna Choral C		Held at the End of the Year
a Total number of conservation easements		· ·
b Total acreage restricted by conservation easuments		
c Number of conservation easements on a certified historic struc-		
d Number of conservation easements included in (c) acquired at		
3 Number of conservation easements modified, transferred, rele year >	ased, extinguished, or terminated by the o	rganization during the taxable
4 Number of states where property subject to conservation ease	ment is located >	
5 Does the organization have a written policy regarding the period enforcement of the conservation easement it holds?	odic monitoring, inspection, violations, and	Yes No
6 Staff or volunteer hours devoted to monitoring, inspecting, and		
7 Amount of expenses incurred in monitoring, inspecting, and er		***************************************
8 Does each conservation easement reported on line 2(d) above 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	satisfy the requirements of section	Yes No
9 In Part XIV, describe how the organization reports conservation easinclude, if applicable, the text of the footnote to the organization conservation easements.	ements in its revenue and expense slatemen on's financial statements that describes the	\@.
Organizations Maintaining Collections of Art, Complete if the organization answered 'Yes' to	Historical Treasures, or Other Sir Form 990, Part IV, line 8.	milar Assets
1a If the organization elected, as permitted under SFAS 116, not treasures, or other similar assets held for public exhibition, eduthe text of the footnote to its financial statements that describe	ICATION OF receasion to furtherance of public	ance sheet works of art, historical c service, provide, in Part XIV,
b If the organization elected, as permitted under SFAS 116, not treasures, or other similar assets held for public exhibition, edu amounts relating to these items:	ication, or research in furtherance of publi	c service, provide the following
(i) Revenues Included in Form 990, Part VIII, line 1		.,, +\$ <u> </u>
(ii) Assets included in Form 990, Part X		
2 If the organization received or held works of art, historical treat amounts required to be reported under SFAS 116 relating to the	ese items:	
a Revenues included in Form 990, Part VIII, line 1		*\$
b Assets Included in Form 990, Part X		

Schedule D (Form 990) 2008 FRANK	LIN COUNTY	HUMANE SOCIE	TY	91-21	71475		Page :
Part III. Organizations Maintai	ning Collection	ns of Art, Histor	rical Treasures, o	or Other Similar As	sets (c	ontini	ied)
3 Using the organization's accesslo that apply):		ls, check any of the	following that are a	significant use of its co			
a Public exhibition			r exchange programs	i			
b Scholarly research	22	e [_] Other		W55550			
c Preservation for future genera		2 77 8					
Provide a description of the organ Part XIV. During the year, did the organizate			300 7 to 30 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ose in		
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be m	aintained as part o	i the organization's c	or other similar	Yes	I	No
Trust, Escrow and Cus IV, line 9, or reported a	stodial Arrange	ements Comple	te if organization	answered 'Yes' to			
1a is the organization an agent, trust included on Form 990, Part X?	tes, custodian, or e	other intermediary	for contributions or o	ther assets not	Yes	[No
b If 'Yes,' explain the arrangement i	in Part XIV and co	mplete the followin	g table:	<u> </u>	()		-
					Amoun	t	
c Beginning balance							
d Additions during the year					23.00000		-350
e Distributions during the year							
f Ending balance					20,000,00		_
2a Did the organization include an ar		0, Part X, line 21?.			Yes		No
b If 'Yes,' explain the arrangement i					220230	30	
Endowment Funds Con			**************************************				
	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years back	(B)	our year	s back
1 a Beginning of year balance					3444	00 SEE	
b Contributions					200		3000
c Investment earnings or losses		67676 PO 10 10 10 10 10 10 10 10 10 10 10 10 10					
d Grants or scholarships	*****				400		
e Other expenditures for facilities and programs.							
f Administrative expenses,		C					
g End of year balance	_			490.2		Sec.	31 12
2 Provide the estimated percentage	of the year and ba	alance held as:					
a Board designated or quasi-endown	ment	*				38	
b Permanent endowment ►	8	02.402		37			
c Term endowment *							
3a Are there endowment funds not in organization by:	the possession of	the organization U	hat are held and adm	inistered for the	T	Yes	No
(I) unrelated organizations					. 3a(i)	163	140
(ii) related organizations							
b If 'Yes' to 3a(il), are the related or	ganizations listed	as required on Sch	edule R?		3b	-	
4 Describe in Part XIV the intended	upon of the event	zation's endowmen	t funds.				
220000000 1 1 Participation	USUS UI LIE DILIAIII		TE TON FORDS				
即級時 investments—Land, Bu	ildings, and E	uipment. See	Form 990 Part X	line 10			
Description of investment	ildings, and Ed (a) Co	guipment, See is st or other basis investment)	Form 990, Part X (b) Cost or other basis (other)	, line 10, (c) Depreciation	(d) B	look Va	lue
Description of investment	ildings, and E	guipment, See I st or other basis	(b) Cost or other basis (other)	(c) Deprectation	(d) E		
Description of investment 1 a Land	ildings, and Ed	guipment, See I st or other basis	(b) Cost or other basis (other)	 Manual Survey of Discount Company and Discount Company 	(d) E	30,	267.
Description of investment 1a Land	ildings, and Ed	guipment, See I st or other basis	(b) Cost or other basis (other) 30,267.	(c) Depreciation	(d) E	30, 36,	267. 412.
Description of investment 1a Land b Bulldings c Leasehold improvements d Equipment	ildings, and Ed	guipment, See I st or other basis	(b) Cost or other basis (other) 30, 267. 44, 307.	(c) Deprectation	(d) E	30, 36,	
1 a Land	ildings, and Ed	quipment, See st or other basis investment)	(b) Cost or other basis (other) 30, 267. 44, 307. 22, 230. 16, 617. 15, 159.	7,895. 3,258. 9,500. 2,850.	(d) E	30, 36, 18,	267. 412. 972.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 FRANKLIN COUNTY HI	JMANE SOCIETY	91-2171475	Page 3
Part VIII Investments-Other Securities See Fo	orm 990, Part X, fi	ne 12. N/A	47
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	l e
Financial derivatives and other financial products	3 015010 208	· · · · · · · · · · · · · · · · · · ·	***
Closely-hold equity interests	5 NESSOUN	0.000	2007
Other	- 1000000 s		19790
	2 22	2	15040
		<u> </u>	988
	.53	15-10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
7 556	1 10 60 00000		7 500,000
		579010 (n) (n) (n) (n) (n)	
		1270 A 1370 A 1770 A	
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)			新闻教教教
RankVIII Investments-Program Related (See F			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	
		Cost or end-br-year market valu	e .
() () () () () () () () () ()			021
AS		100700000000000000000000000000000000000	
	· 	1	
* **	1 212		
			J0511
		8000 85000 000000000 M	7
			· ·
Total. Column (b)(shpujd equal Form 990, Part X, Cpl, (B) line 13.)	*		
Partix: Other Assets (See Form 990, Part X, I	ine 15) N/A		
U/A 111 121 121 121 121 121 121 121 121 12	scription		Book value
	10.		
	5900-000000 Andrea		0.0000
			2017-7- X1
	2000		20000000
2 2 12 12 12 12 12 12 12 12 12 12 12 12		0. 0.0000 W. 0	50000 0
- WE - 40 - 240 - 20 - 20	101100 000		
3 10 160 180		9 22	
(<u> </u>		82 St.	
			3
Total. Column (b) Total (should equal Form 990, Part X, col	(B), line 15)		
Total. Column (b) Total (should equal Form 990, Part X, col	(B), line 15) (, line 25)		
Can Description of Liability (a) Description of Liability	(B), tine 15) (, line 25) (b) Amount		
Other Liabilities (See Form 990, Part) (a) Description of Liability	K, line 25)		
Other Liabilities (See Form 990, Part) (a) Description of Liability	K, line 25)		
Other Liabilities (See Form 990, Part) (a) Description of Liability	K, line 25)		
Can Description of Liability (a) Description of Liability	K, line 25)		
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Can Description of Liability (a) Description of Liability	K, line 25)		
Can Description of Liability (a) Description of Liability	K, line 25)		
Particles Other Liabilities (See Form 990, Part)	K, line 25)		

Part VILLE Reconcilitation of Change in Net Assets from Form 990 to Financial Statements 190,030. 100 10		edule D (Form 990) 2008 FRANKLIN COUNTY HUMANE SOCIETY	91-2171475	Page 4
1 Total revenue (Form 990, Pert VIII, July Inte 12). 2 Total sepanase (Form 990, Pert VIII, July Inte 12). 3 Excess of (deficit) for the year, Subtreat line 2 from line 1. 3 2, 763. 8 Net unrealized gains (Jossay) on investments. 5 Doneted services and use of facilities. 6 Investment expenses. 7 Prior period adjustments (ent), Add lines 4-8. 7 Prior period adjustments (ent), Add lines 4-8. 9 Total revenue, gains, and other support per Audited Financial Statements. 1 1 190,030. 9 Total revenue, gains, and other support per Audited Financial Statements. 2 Interest of the Company o	Pai	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
2 Total expenses (From 930, Part IX, column (A), line 25). 1.577, 267. 3 Excess or (deficilit) for the year Substract line 2 from line 1. 32, 763. 4 Net unrealized gains (losses) on investments. 2. 2, 163. 5 Conated sarrious and use of facilities. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		Total revenue (Form 990, Part VIII, column (A), line 12).		190,030.
3 Excess or (deficility for the year. Subtract line 2 from line 1	2	Total expenses (Form 990, Part IX, column (A), line 25)		
4 Net unrealized gains an investments. 5 Contacts asverbes and use of facilities. 6 Investment expenses: 7 Prior period adjustments. 8 Other (Describe in Part XIV). 9 Total adjustments (rept. Add lines 4:8. 10 Exense or (defecil) for the year per financial statements. Combine lines 3 and 9. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Amounts included on Form 990, Part VIII, line 12: 3 Not unrealized gains on investments. 4 Debated carvices and use of facilities. 5 Debated carvices and use of facilities. 6 Debated carvices and use of facilities. 7 Debated carvices and use of facilities. 8 Debated carvices and use of facilities. 9 Debated (paccine) in Part XIV). 9 Debated (paccine)	3			
5 Donated services and use of facilities. 6 Investment expenses. 7 Pilor period adjustments (net). Acid lines 4:8. 10 Excess or (dethol) for the year per funncial statements. Combine lines 3 and 9. 11 Scoss or (dethol) for the year per funncial statements. Combine lines 3 and 9. 12 Excess or (dethol) for the year per funncial statements. Sometiments with Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. 1 1 190,030. 2 Announts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized geins on investments. 2 b	4			
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Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	5	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.).	. 5	157.267.
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Schedule D (Form 990) 2008	Page 5
Schedule D (Form 990) 2008 Part XIV: Supplemental Information (continued)	
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	S.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Department of the Treasury Informal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Employer Identification number

TRANKLIN COUNTY HUMANE SOCIETY	91-21/14/5
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF ME	MBERS OR SHAREHOLDE
63_MEMBERS	
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLD	ERS ELECT GOVERNING B
ALL DIRECTORS ARE ELECTED BY THE MEMBERSHIP AT OU	R ANNUAL MEMBERSHIP MEETINGS IN
APRIL.	
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
REVIEW BY TREASURER	
	
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2008

## **FEDERAL WORKSHEETS**

PAGE 1

CLIENT FC0000

## FRANKLIN COUNTY HUMANE SOCIETY

91-2171475

4/07/09

06:49PM

## FORM 990, PART IX, LINE 24 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
ADVERTISING	63.	63.		
CONTRACT LABOR	686.	686.		
DUES & SUBSCRIPTIONS	459.	459.		
ELECTRICITY	3,327.	3,327.		
EQUIPMENT REPAIRS	511.	511.		
FUNDRAISING EXPENSE	8,164.	100 100 100		8,164.
GARBAGE DISPOSAL	1,253.	1,253.		,
INSURANCE - AUTOMOBILE	388.	388.		
INSURANCE - BOND POLICY	120.	120.		
INSURANCE - HEALTH	1,722.	1,722.		
INSURANCE - PROP. & LIABILITY	1,454.		1,454.	
INSURANCE - WORKMANS COMP.	1,766.	1,766.		
LICENSE & PERMITS	246.	246.		
MEDICATIONS FOR SHELTER USE	6,089.	6,089.		
MISC, EXPENSE	130.	71.		59.
PET FOOD	3,098.	3,098.		
PROFESSIONAL SERVICES	2,700.		2,700.	
SECURITY MONITORING	466.	466.		
SHELTER REPAIRS	1,101.	1,101.		
SHELTER SMALL EQUIPMENT	1,590.	1,598.		
SUPPLIES	6,537.	6,537.		
TELEPHONE	2,819.	2,819.		
TRAINING AND DEVELOPMENT	537.	537.		
VEHICLE EXPENSE- GAS VEHICLE MAINTENANCE	625.	625.		
VETERINARY SERVICES	358.	358.		
WATER	25,756.	25,756,		
	579.	579.		4 000
TOTAL	\$ 72,552. §	60,175.	\$ 4,154.	\$ B,223.