

Form **990-EZ**

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. Please use IRS label or print or type. See Specific Instructions.

C Name of organization
HART FOR ANIMALS, INC.
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 67
City or town, state or country, and ZIP + 4
OAKLAND, MD 21550

D Employer identification number
82-0584608

E Telephone number
(301) 387-7729

F Group Exemption Number ▶

G Accounting method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.HARTFORANIMALS.ORG**

J Tax-exempt status (check only one) — 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **74,244.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	28,764.
	2 Program service revenue including government fees and contracts	2	1,718.
	3 Membership dues and assessments	3	50.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	43,090.
b Less: direct expenses other than fundraising expenses	6b	55,390.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<12,300.>	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ SEE STATEMENT 2)	8	622.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	18,854.	
Expenses	10 Grants and similar amounts paid (attach schedule) STMT 4	10	25.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	5,208.
	13 Professional fees and other payments to independent contractors	13	4,001.
	14 Occupancy, rent, utilities, and maintenance SEE STATEMENT 3	14	1,148.
	15 Printing, publications, postage, and shipping	15	5,515.
	16 Other expenses (describe ▶ SEE STATEMENT 1)	16	15,989.
17 Total expenses. Add lines 10 through 16	17	31,886.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<13,032.>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	96,881.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	83,849.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	96,881.	70,639.
23 Land and buildings		
24 Other assets (describe ▶ OTHER DEPRECIABLE ASSETS)	0.	13,861.
25 Total assets	96,881.	84,500.
26 Total liabilities (describe ▶ ACCRUED PAYROLL)	0.	651.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,881.	83,849.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)</small>
What is the organization's primary exempt purpose? SEE STATEMENT 6	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
28 RESCUED 620 ANIMALS IN 2009 AND PROVIDED THEM WITH PERMANENT HOMES IN THE REGIONAL AREA. STATES REPRESENTED WERE MD: 508, VA: 98, PA: 10, NJ: 2, CT: 1, WV: 1. <small>(Grants \$ 1,768.) If this amount includes foreign grants, check here <input type="checkbox"/></small>	28a 4,742.
29 OPENED A SPAY/NEUTER CLINIC IN MCHENRY, MARYLAND, ON DECEMBER 1, 2009 TO OFFER LOW-COST STERILIZATION OF CATS AND DOGS <small>(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></small>	29a 11,291.
30 _____ <small>(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></small>	30a
31 Other program services (attach schedule) _____ <small>(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></small>	31a
32 Total program service expenses (add lines 28a through 31a) _____	32 16,033.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MICHAEL PELLET, 1339 HARVEY'S PENINSULA ROAD, OAKLAND, MD 21550	PRESIDENT 0.00	0.	0.	0.
CAROLINE M. ROBISON, 1094 EAGLE ROCK ROAD, OAKLAND, MD 21550	DIRECTOR 0.00	5,208.	0.	0.
MERCEDES M. PELLET, 1339 HARVEY'S PENINSULA ROAD, OAKLAND, MD 21550	DIRECTOR 0.00	0.	0.	0.
SUSAN HERTZ, 24457 GARRETT HIGHWAY, MCHENRY, MD 21541	VICE PRESIDENT 0.00	0.	0.	0.
PAT BREDEL 41 SORBUS LANE, OAKLAND, MD 21550	DIRECTOR 0.00	0.	0.	0.
CANDY DEGIOVANNI, 1611 FINGERBOARD ROAD, OAKLAND, MD 21550	DIRECTOR 0.00	0.	0.	0.
BEVERLY HAINES 439 MARKWOOD DRIVE, OAKLAND, MD 21550	DIRECTOR 0.00	0.	0.	0.
CASEY HOLBERT PO BOX 328, MCHENRY, MD 21541	DIRECTOR 0.00	0.	0.	0.
MARY-KATHRYN LAUER, 901 BECKMAN'S PENINSULA ROAD, SWANTON, MD 21561	TREASURER 0.00	0.	0.	0.
TIM PRATHER, 120 MOUNTAINSIDE COURT, OAKLAND, MD 21550	DIRECTOR 0.00	0.	0.	0.
JAN RUSSELL, 1600 MT AETNA ROAD, FROSTBURG, MD 21532	DIRECTOR 0.00	0.	0.	0.
DEB SNYDER, 1050 NOAH FRAZEE ROAD, FRIENDSVILLE, MD 21531	SECRETARY 0.00	0.	0.	0.
PAIGE HULL TEEGARDEN 283 ANTLER DRIVE, OAKLAND, MD 21550	DIRECTOR 0.00	0.	0.	0.
LORI MALCOLM 1721 GLENDALE ROAD, SWANTON, MD 21561	DIRECTOR 0.00	0.	0.	0.

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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 why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 ▶ 39a N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T ▶ 40e X		
41	List the states with which a copy of this return is filed. ▶ MD		
42a	The organization's books are in care of ▶ CAROLINE ROBISON Telephone no. ▶ (301) 387-7729 Located at ▶ 24457 GARRETT HIGHWAY, SUITE 2, MCHENRY, MD ZIP + 4 ▶ 21541		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
42b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
42c	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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44			X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?

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

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. All cells contain 'NONE'.

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

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. All cells contain 'NONE'.

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

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer, Date, Type or print name and title.

Paid Preparer's Use Only Preparer's signature, Date 5/4/10, Check if self-employed, Preparer's identifying number (See instr.), Firm's name (or yours if self-employed), address, and ZIP + 4: BOAL & ASSOCIATES, PC, 317 E. OAK STREET - SUITE 1, OAKLAND, MD 21550, EIN, Phone no. (301) 334-4007.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,183.	1,758.	23,469.	73,004.	28,764.	129,178.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,768.	2,365.	2,286.	48,676.	43,090.	100,185.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5,951.	4,123.	25,755.	121,680.	71,854.	229,363.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			11,500.	10,000.		21,500.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b			11,500.	10,000.		21,500.
8 Public support (Subtract line 7c from line 6.)						207,863.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	5,951.	4,123.	25,755.	121,680.	71,854.	229,363.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			80.	535.	622.	1,237.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			80.	535.	622.	1,237.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				50.	1,768.	1,818.
13 Total support (Add lines 9, 10c, 11, and 12.)	5,951.	4,123.	25,835.	122,265.	74,244.	232,418.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	89.43 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	86.93 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.53 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.36 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

HART FOR ANIMALS, INC.

82-0584608

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization HART FOR ANIMALS, INC.	Employer identification number 82-0584608
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>ELEANOR DALTON</u> <u>2183 ROCK LODGE ROAD</u> <u>MCHENRY, MD 21541</u>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
ADVERTISING AND PROMOTIONAL EXPENSE	2,409.
BANK FEES	93.
INSURANCE EXPENSE (LIABILITY)	806.
DUES AND SUBSCRIPTIONS	185.
MISCELLANEOUS EXPENSE	108.
OFFICE EXPENSE	1,088.
INTERNET FEES	60.
PROGRAM EXPENSES - (ANIMAL CARE, VET FEES)	4,742.
TELEPHONE EXPENSE	646.
TRAVEL AND ENTERTAINMENT	238.
EQUIPMENT RENTAL	140.
LICENSES AND PERMITS	740.
EMPLOYER PAYROLL TAXES	562.
OPERATING SUPPLIES	4,062.
2008 RECAP	110.
TOTAL TO FORM 990-EZ, LINE 16	15,989.

FORM 990-EZ	OTHER REVENUE	STATEMENT	2
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DESCRIPTION	AMOUNT
INTEREST INCOME	452.
DIVIDEND INCOME	170.
TOTAL TO FORM 990-EZ, LINE 8	622.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	3
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DESCRIPTION	AMOUNT
DEPRECIATION	254.
OTHER EXPENSES	894.
TOTAL TO FORM 990-EZ, LINE 14	1,148.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

<u>CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS</u>	<u>GRANTEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY SERVICE GARRETT COUNTY PARTNERSHIP FOR CHILDREN AND F 12423 GARRETT HIGHWAY OAKLAND, MD 21550	NONE	25.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		25.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

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

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

TO RESCUE ANIMALS FROM THE GARRETT COUNTY ANIMAL SHELTER AND PRIVATE OWNERS
IN WESTERN MARYLAND AND PROVIDE THEM WITH A PERMANENT HOME.