



<b>Part III Statement of Program Service Accomplishments</b> (See page 51 of the instructions.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <b>To make a positive difference in the lives of homeless animals.</b> 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, or other relevant information for each program title			
<b>28</b>	<b>Promoted overpopulation control through educational materilas distributed at events and throughout the community and our new programs to provide direct veterinary care and improved quality of life for animals in the care of the TLC Animal Service Center</b> (Grants \$ <b>0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>0.0</b>
<b>29</b>	..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>	..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 52 of the instructions.)				
(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
<b>Kate MacFall</b> P.O. Box 13858, Tallahassee, FL 32317	<b>President / 15</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Michael Schaeffer</b> P.O. Box 13858, Tallahassee, FL 32317	<b>Vice-President / 5</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Heather Smith</b> P.O. Box 13858, Tallahassee, FL 32317	<b>Secretary / 8</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Diana Patterson</b> P.O. Box 13858, Tallahassee, FL 32317	<b>Treasurer / 12</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)			Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		✓
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		✓
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>		✓
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	<b>36</b>		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	n/a	
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>37b</b>		✓
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>		✓
<b>b</b>	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>	n/a	
<b>39</b>	501(c)(7) organizations Enter:			
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b>	n/a	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	n/a	

**Part V Other Information** (Note the statement requirement in General Instruction V) (Continued)

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ n/a ; section 4912 ▶ n/a , section 4955 ▶ n/a
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ n/a
- d** Enter amount of tax on line 40c reimbursed by the organization ▶ n/a
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
<b>40b</b>		✓
<b>40e</b>		✓

- 41** List the states with which a copy of this return is filed ▶ Florida
- 42a** The books are in care of ▶ Diana Patterson Telephone no ▶ (850) 942-2817  
 Located at ▶ 626 Chancey Lane ZIP + 4 ▶ 32308-6999

- 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)?  
 If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.
- c** At any time during the calendar year, did the organization maintain an office outside of the U S ?  
 If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

	Yes	No
<b>42b</b>		✓
<b>42c</b>		✓

- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

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

**Please Sign Here**

▶ Diana Patterson Date 5-1-08  
 Signature of officer

▶ Diana Patterson, Treasurer  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen Inst X) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_ Phone no ▶ ( ) \_\_\_\_\_

