### Form **8879-EO**

#### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 2019

OMB No. 1545-1878

► Do not send to the IRS. Keep for your records. 2018 Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number Friends of Marshfield MA Animal 47-4821333 Shelter Inc. Name and title of officer Victoria Lynch Treasurer Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a**, or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b**, or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. 1 a Form 990 check here . . . . ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . . . . 1b 4a Form 990-PF check here.... F b Tax based on investment income (Form 990-PF, Part VI, line 5).... 4b Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information pages says to authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize Cozby & Company LLC to enter my PIN as my signature Enter five numbers, but on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature > Part III Certification and Authentication **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN..... 04949193025 I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. ERO's signature Heather L. Cozby, CPA

> ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For	the 2018 calendar year, or tax year beginning 7/01 , 2018, and ending 6/30	, 2019
В	Check		mployer identification number
=		ess change   Friends of Marshfield MA Animal	45 4001000
_		Cholton Inc	47-4821333 elephone number
=		PO Box 52	·
=		ded return MAISILLIEIG, MA 02050	(781) 635-8325
=		F G	roup Exemption umber ►
			if the organization is <b>not</b>
		II Shock 12	attach Schedule B
j ·	Гах-е		990-EZ, or 990-PF).
K	orm	n of organization: X Corporation Trust Association Other	
L	Add	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	<u>.</u> .
		ets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	
Fa	4.1	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct Check if the organization used Schedule O to respond to any question in this Part I	ions for Part I)
$\overline{}$	1	Contributions, gifts, grants, and similar amounts received	T
	2	Program service revenue including government fees and contracts.	25,000.
	3	Membership dues and assessments.	
	4	Investment income.	4
	-	a Gross amount from sale of assets other than inventory	4
		Less: cost or other basis and sales expenses. 5b	
ĺ		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c
	6	Gaming and fundraising events:	
9	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	
ē		Gross income from fundraising events (not including \$ 8,833. of contributions	-
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum	
<b>E</b>		of such gross income and contributions exceeds \$15,000)	-1012-10-10-20-00-1
	C	: Less: direct expenses from gaming and fundraising events	
	C	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d
	7 a	Gross sales of inventory, less returns and allowances	
		Less: cost of goods sold	
		: Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c
	8	Other revenue (describe in Schedule O)	8
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 31,808.
	10	Grants and similar amounts paid (list in Schedule O).	
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12
Ses	13	Professional fees and other payments to independent contractors.	13 425.
eus	14	Occupancy, rent, utilities, and maintenance	14
.a. ⊢	15	Printing, publications, postage, and shipping	<b>15</b> 260.
	16	Other expenses (describe in Schedule O). See Schedule O	<b>16</b> 21,878.
	17	Total expenses. Add lines 10 through 16.	<b>17</b> 23,862.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	7,946.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	l I
Ä	20	figure reported on prior year's return)	19 12,822.
ĕ	20 21	Net assets or fund balances at end of year. Combine lines 18 through 20.	20
		r Paperwork Reduction Act Notice, see the separate instructions.	20,768.

Form 990-EZ (2018) Friends of Marshfield MA Animal 47-4821333 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II. (A) Beginning of year (B) End of year 12,822. 22 20,768. 23 Other assets (describe in Schedule O)..... 24 25 25 12,822 20,768. 26 Total liabilities (describe in Schedule O)..... 26 0. 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) ... 12,822 27 20. 768. Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses Check if the organization used Schedule O to respond to any question in this Part III. (Required for section 501 (c)(3) and 501(c)(4) What is the organization's primary exempt purpose? See Schedule O
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. organizations; optional for others.) Veterinary, care, food and supplies for sheltered animals. ) If this amount includes foreign grants, check here..... (Grants \$ 28 a 10,350. Veterinary, care, food and supplies for community pets ) If this amount includes foreign grants, check here..... (Grants \$ 29 a 5,035. Spay and neuter services ) If this amount includes foreign grants, check here 30 a 4,240. Other program services (describe in Schedule O).... See Schedule O..... 1,299.) If this amount includes foreign grants, check here..... (Grants \$ <u>2,17</u>3. Total program service expenses (add lines 28a through 31a)..... 21,798. Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. (d) Health benefits, contributions to employee benefit plans, and deferred **(b)** Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (e) Estimated amount of (a) Name and title other compensation compensation Victoria Lynch Treasurer 37 0 0. Nancy Monahan President 15 0 0. 0. Charlotte Rasmussen 0. Director 1 0 0 Margaret Merrigan Lightfoot Vice President 10 0 0 0. Kathleen Vining Director 0 0 0. 0. Ellen Callahan Director 0. 8 0 0. <u>Lisa Messina</u> Clerk 10 0 0. 0.

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Section 501 (Cr)   Section 601		the instructions for Part V.) Check if the organization used Schedule O to respond to ar	equirements inSee_Sched	iu⊥e	O	
Section 501(c)  organization and error to each activity in Schedule 0.   33   X   X   34   Wera any significant drapps and its to organizary aprenting focument? If Yes, dath a architect copy of the arrended occurrents if they relied as duage to the arganization arms. Otherwise, epitin the change or Schadule 0. Sea indicators.   34   X   X   35   Act to organization arms are the topical possibility of the common of \$1,000   organization or the common of \$1,000   organization or the common of \$1,000   organization or section \$2,600   organization or section \$2,600   organization assignments during the common organization subject to section 6633(e) notice, reporting, and growy tax requirements during the vera? If Yes, complete Schedule (C) part III   organization subject to section 6633(e) notice, reporting, and growy tax requirements during the vera? If Yes, complete specified (C) part III   organization organization dissolution, termination, or significant dissolution of the assess during the year? If Yes, complete specified (C) part III   organization interpo a fluncation, dissolution, termination, or significant dissolution of the assess during the year? If Yes, complete specified (C) part III   organization interpo a fluncation, dissolution, termination, or significant dissolution of the assess during the year? If Yes, complete specified (C) part III   organization before the part III   organization distolution of the organization orga						
34 we any significant changes and to the organizing or governey discurrency if IT yes, attach a controlled cays of the propagations are incorrectly and any state of the organization and organizations. As a process of the organization of the organization of the organization and organization and organization and organizations. As a part of the organization organiza	٠.	If 'Yes,' provide a detailed description of each activity in Schedule Ö				
35a bit the organization have unrelated business gloss income of \$1,000 or mire during the year from business activities (such as those reported on lines 2, 6a, and 7a, anomo gothers)? If You, provide an explanation in Schedule O. If Yes to line 35a, has the organization field a Form 990-1 for the year? If You, provide an explanation in Schedule O. If Yes to line 35b, has the organization field a Form 990-EZ in the year? If You, provide an explanation in Schedule O. If Yes to line 35b, has the organization field on the year? If Yes, complete Schedule C, Part III.   35c   X	3	4 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the	e amended documents if they reflect			
Such as those reported on lines 2, 6a, and 7a, among others)?  bit liff was to line 35a, has the organization field a Form 990.1 for the year? If No., provide an explanation in Schedule 0.  c Was the organization a section SDI(c)(4), 501(c)(5), or 501(c)(6) organization authect 0, 7art III.  35b	-			34		X
b If Yes 10 tine 35a, has the organization filed a Form 990-T for the year If No, provide an explanation in Schedule Q. 2x8 the organization as section 901(q)(3) 501(q)(5) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III.  55 Did the organization under go allquidation, disposalution, termination, or, significant disposation of political expenditures, direct or indirect, as described in the instructions. * 37a	3			25 -		3,7
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Sended C, Part III.  35 c						_X_
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spellicable parts of Schedule N		c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sec	tion 6033(e) notice	35 0		
disposition of net assets during the year? If Yes, complete applicable parts of Schedule N		reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I	II	35 c		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.    37 b Did the organization file Porm 1126/PLD. for this year?  38a Did the organization berrow from or make any loans to, any officer, director, trustee, or key employee or were any such index made in a prior year and still obstanding at the end of the tax year covered by this return?  38b N/A  39 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9.  39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911    0, section 4919    0, section 4919    0, section 4955    5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911    0, section 4919    0, section 4919    0, section 4955    5 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in any section 4958 excess benefit transaction uning the year, or did it engage in an excess benefit transaction in a proof year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I.  40b	36	5 Did the organization undergo a liquidation, dissolution, termination, or significant				
b Did the organization file Form 1128-PDL. for this year?  38 a Did the organization brown from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 bif Yes, Complete Schedule, L. Part II and enter the total amount involved.  38 Section 50 (Ic(7) organizations. Enter:  a initiation fees and capital contributions included on line 9  39 Section 50 (Ic(7) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 - 0, is section 4912 - 0, is section 4915 - 0.  SSection 50 (Ic(3), 50 (Ic(4)), and 50 (Ic(2)) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit fransaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZT if Yes; complete Schedule II, Part I.  40 Section 50 (Ic(3), 50 (Ic(4)), and 50 (Ic(2)) organizations. Enter amount of tax imposed on greanization managers or its dispulsive persons during the year ander sections 4912, 4955, and 4956.  40 Section 50 (Ic(3), 50 (Ic(4)), and 50 (Ic(2)) organizations. Enter amount of tax in line 40c reimbursed by the organization.  41 List the states with which a copy of this return is files?  42 a The organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8865 in.  42 a The organizations account in a foreign country year.  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here.  44 In the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ in lieu of Form 1041 – Check here.  44 In Yes, enter the name of the foreign country.  45 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here.  46 In Yes in Monagarization maintain any d	<b>o</b> .		1 1		ASSESSED IN	7808769996573
38 a bit the organization borrow from, or make any loans to, any afficer, director, fusice, or key employee or were any such floars made in a prior year and still outstanding at the end of the tax year covered by this return?  38 b   N/A   Section 501(c)(7) organizations. Enter:  39 Section 501(c)(7) organizations. Enter:  30 Initiation fees and capatic contributions included on line 9.  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  39 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under:  39 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year. or did lengage in an excess benefit transaction during the year. or did lengage in an excess benefit transaction of any or year that has on been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule L, Part I.  30 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and the prior year that has one organizations or discounting the year. or did lengage in an excess benefit transaction of in prior year that has one organization organizations. All prior prior year that has one organization organizations organizations are amount of tax imposed on organization and year. A part of the organization organization organization organization organization organizations. All prior prior year that has one organization organization organization organizations organizations. All prior prior year that has one organizations organization organization organization organizations organization. All prior prior years are prior years and year organization has been discounted for year organization. For years organization prior years organization prior years years organization prior years. Years organization prior y	3,		[ 3/a   0.	441,000,000,000,000,000		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 b   11 / Yes, complete Schedule L, Part II and tent the total 39 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities.  39 b   N/A 39 b   N/A 39 b   N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 + 0, is section 4912 + 0, is section 4955 + 0.  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I.  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 in any of the programization and prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I.  40 b X  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 in any organization and the programization and the section 5912 (5), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on fine 40c reimbursed  by the organizations at any time during the latex year, was the organization and partly to a prohibited tax  shelter transaction? If Yes, complete Form 8866-1.  List the states with which a copy of this return is filed b MA  42 a The organization for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C	38	• • • • • • • • • • • • • • • • • • • •	emplovee <b>or</b> were			
b If Yes, 'complete Schedule L, Part II and enter the total amount involved.  38 b N/A  39 Section 501 (c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9.  39a N/A  b Gross receipts, included on line 9, for public use of club facilities.  39b N/A  40 a 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.  5 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did the engage in an excess benefit transaction and provide and that not been reported on any of its prior Forms 990 or 990-EZ? If Yes, 'complete Schedule L, Part I.  5 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  5 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  5 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 405 reimbursed by the organizations. At any time during the lax year, was the organization a party to a prohibited tax shelter transaction? If Yes, 'complete Form 8996.  42a The organizations at any time during the tax year, was the organization aparty to a prohibited tax shelter transaction? If Yes, 'complete Form 8996.  42b At a The organization's books are in care of * Victoria Lynch Located at * 40 Weston Path Marshfield MA  42a The organization's which a copy of this return is file! * MA  42a The organization's during the calendar year, did the organization have an interest in or a signature or other authority over a financial account)?  42b X  If Yes, 'enter the name of the foreign country * *  See the instructions for exceptions and filing requirements for Fin		any such loans made in a prior year and still outstanding at the end of the tax year covered	by this return?	STORAGOGGGGGGGGGG		1.813.19.40.19003.72.18
33 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 33 b N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \(^{1}\) 0, section 4912 \(^{1}\) 0, section 4915 \(^{1}\) 0, section 4916 \(^{1}\) 40 \(^{1}\) 0, and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4950, and 4930 \(^{1}\) 0, 405 \(^{1}\) 0, 405 \(^{1}\) 0(c)(29) organizations. Enter amount of tax or line 40c reimbursed by the organization for the organization and 40c reimbursed by the organization for the organization and 40c reimbursed by the organization organization and 40c reimbursed by the organization organization at any time during the lax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete form 8565- 1.  40 If the states with which a copy of this return is filed by MA  42 The organization's books are in care of by 10 Victorial Lynch Located at by 10 Victorial Lyn		<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total	20 h	190, (0.4)		* 16 70
a Initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities.  39a N/A 39b N/A 40a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \(^{}\) 0.  b Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year; or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZZ if If Yes, complete Schedule L, Part I.  40b X  2 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax may inspect on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  40 Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax may inspect on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  41 List the states with which a copy of this return is filed ** MA  42 a The organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8956-T.  40 Elephone no. ** (781) 8,37 – 9759    Located at ** 40 Weston Path Marshfield MA  21 List the states with which a copy of this return is filed ** MA  42 a The organizations of the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  42 b X  If Yes, enter the name of the foreign country **  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.  44 b X  Form 990-EZ  44 a Did the organization maintain any donor advised funds during the y	39		-11/ -	7		
b Gross receipts, included on line 9, for public use of club facilities.  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \(^{\text{\$^{\circ}}}\) 0, is section 4915 \(^{\text{\$^{\circ}}}\) 0, b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 exess benefit transaction during the year, or did it engage in an excess benefit transaction of an a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, 'complete Schedule L, Part I.  40b	-	· · · · · · · · · · · · · · · · · · ·				
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * O _ ; section 4912 * O _ ; section 4912 * O _ ; section 4915 * O _ ; section 4916 * O _ ; section 4916 * O _ ; section 4916 * O _ ; section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I 40b _ X			/-	- 2332233000000		
section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0.  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule I, Part I.  40b	40					
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction uning the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I.  40b X  C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization amanagers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8986-T.  40 E X  41 List the states with which a copy of this return is filed • MA  42 a The organization's books are in care of • Victoria Lynch Located at * 40 Weston Path Marshfield MA  42 a The organization's books are in care of • Victoria Lynch Located at * 40 Weston Path Marshfield MA  45 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 v (such as a bank account, securities account, or other financial account)?  45 See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),  c At any time during the calendar year, did the organization maintain an office outside the United States?  47 Yes   N/A and enter the amount of tax-exempt interest received or accrued during the tax year.  48 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here.  49 And and enter the amount of tax-exempt interest received or accrued during the tax year.  49 And a Ves   N/A Yes   N/A		· · · · · · · · · · · · · · · · · · ·				
reported on any of its prior Forms 990 or 990-E27 If 'Yes,' complete Schedule L, Part I. 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tex imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tex on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8866-T.  41 List the states with which a copy of this return is filed MA  42 a The organization's books are in care of Victoria Lynch Located at 4 40 Weston Path Marshfield MA  42 a The organization's books are in care of Victoria Lynch Located at 4 40 Weston Path Marshfield MA  42 b Na Aray 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)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA8).  c At any time during the calendar year, did the organization maintain an office outside the United States?  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.  44 a N/A  45 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ.  45 Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ.  45 Did the organization pagerization filed a Form 720 to report these payments?  15 No, provide an explanation in Schedule O.  16 The organization fave a controlled entity within the meaning of section 512(b)(13)?  17 No, provide an explanation in Schedule O.  18 Abd A.  18 Did the organization have a controlled entity within the meaning of se		<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a	ny section 4958 excess			
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managers or disqualified persons during the year under sections 4912, 4955, and 4958				700		<u> </u>
e All organizations.   • All organizations and tany time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.  40    41 List the states with which a copy of this return is filled    MA   42    42    43    44    45    46    46    A  47    48    A  48    A  49    A  40    A  40    A  41    42    43    44    45    A  45    A  46    A  46    A  47    48    A  48    A  49    A  49    A  40    A  40    A  41    42    A  42    A  43    A  44    A  45    A  45    A  46    A  46    A  A  47    A  48    A  48    A  49    A  49    A  40    A  40    A  40    A  41    A  42    A  42    A  43    A  44    A  45    A  46    A  47    A  48    A  49    A  40    A  40    A  40    A  41    A  42    A  42    A  43    A  44    A  44    A  44    A  44    A  44    A  45    A  46    A  46    A  47    A  48    A  48    A  48    A  48    A  49    A  40    A  41    A  42    A  42    A  43    A  44    44    A  44    A  44    A  44    A  44    A  44    A  45    A  46    A  46    A  47    A  48    A  48    A  49    A  A  A  A  A  A  A  A  A  A  A  A		managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶0.			
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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 N/A  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  44 b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  44 b X  5 c Did the organization receive any payments for indoor tanning services during the year?  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			ted States?	42 c		_X_
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If 'No,' provide an explanation in Schedule O		<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?				ASSESSED N
- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		If 'No,' provide an explanation in Schedule O				
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45				2562506384.00	CONTRACTOR OF THE PARTY OF THE
		<b>D</b> DIG UNITED DESCRIPTION OF THE PROPERTY OF	j of section 512(b)(13)? If 'Yes,'			Course American Se Ca

Page 4

<b>46</b> Did to 2276	the organization engage, directly or indire	ctly, in political campa	aign activities on behalf o	of or in opposition to		Yes	1000
Part VI	didates for public office? If 'Yes,' complete				46		<u> </u>
Faitvi	Section 501(c)(3) Organizations All section 501(c)(3) organization for lines 50 and 51.		juestions 47-49b an	d 52, and complete	e the table	es	
	Check if the organization used Schedul	e O to respond to any	question in this Part VI.				. $\square$
47 Dista			> 1 1: · · · · · · · · · · · ·	2 (0)		Yes	No
47 Did t	he organization engage in lobbying activities plete Schedule C, Part II	or nave a section 501(r	n) election in effect during	the tax year? If 'Yes,'	47		Х
	e organization a school as described in se						X
<b>49 a</b> Did t	the organization make any transfers to an	exempt non-charitable	e related organization?		49 a		X
	es,' was the related organization a section						
50 Com	plete this table for the organization's five high	nest compensated emplo	oyees (other than officers,	directors, trustees, and I	key		
епр	oyees) who each received more than \$100,00	or compensation from	n the organization. If there		1		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
None_							
	I number of other employees paid over \$1	· .		•			
51 Comp	plete this table for the organization's five high pensation from the organization. If there is	iest compensated indep s none, enter 'None.'	endent contractors who ea	ach received more than \$	5100,000 of		
	(a) Name and business address of each independent co	ontractor	<b>(b)</b> Type	of service	(c) Comp	ensatio	———
None					(-,		
		-					
		<b>-</b>					
		· <b></b>					
<b>d</b> Total	number of other independent contractors	each receiving over	\$100,000				
	he organization complete Schedule A? No			ttach a		Г	
	oleted Schedule A				► X Yes	<u> </u>	No
true, correct, a	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer	) is based on all information	dules and statements, and to the of which preparer has any knowl	e best of my knowledge and be edge.	lief, it is		
Sign	Signature of officer			Date			
Here	Victoria Lynch Type or print name and title			Treasurer			
	Print/Type preparer's name	Preparer's signature	Date	F	TIN		
		•		Check 🛆 if		1	
Paid Propager	Heather L. Cozby, CPA Firm's name ► Cozby & Company	<u>Heather L. Cor</u>	zby, CPA	self-employed F	<u>20045391</u>	4	<del></del>
Preparer Use Only	Firm's address > 124 Long Pond Ro			Firm's EIN	46-0611	103	
<b> </b>	Plymouth, MA 023				8) 830-		<del>,                                    </del>
	Figuroutii, MA 02.	000		, ,	030-		
May the IR	S discuss this return with the preparer sh		uctions	· · · · · · · · · · · · · · · · · · ·	. ► X Yes		No

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

Open to Public Inspection

Employer identification number

Friends of Marshfield MA Animal Shelter Inc. 47-4821333 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E)

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

Section A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(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	<b>Public support.</b> Subtract line 5 from line 4	1277 F.78					<del></del>
Sec	tion B. Total Support						-
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> 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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see ins	structions)				
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	ird, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	▶
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						%
	Public support percentage from :					L4-	%
16a	<b>33-1/3% support test—2018.</b> If the and <b>stop here.</b> The organization	he organization di qualifies as a pub	id not check the b olicly supported or	ox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box▶
b	b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstances	s' test icheck this	hox and stop her	<b>e</b> . Explain in Part \	VI how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Part \	VI how the
18	Private foundation. If the organize	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	or 17b, check thi	is box and see inst	ructions ►
D 4 4							

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) ►	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		0.546	16 070	10.600	05.000	
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.		9,546.	16,273.	18,672.	25,808.	70,299.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.			3,060.	7,699.	6,000.	16,759.
<b>4</b> 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by			3,000.	7,033.	0,000.	0.
	facilities furnished by a governmental unit to the organization without charge			į			0.
	<b>Total.</b> Add lines 1 through 5	0.	9,546.	19,333.	26,371.	31,808.	87,058.
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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.	0.	0.			
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	<b>Public support.</b> (Subtract line 7c from line 6.)	U.	U.	U.	0.	0.	0. 87,058.
Sec	tion B. Total Support	Se antigen en e			THE STATE OF THE PARTY OF THE P		07,030.
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
	Amounts from line 6	0.	9,546.	19,333.	26,371.	31,808.	87,058.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		3,610.	137000.	20,311.	31,000.	0.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
-	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b,	0.	0.	0.	0.	0.	0.
12	whether or not the business is regularly carried on						0.
-	gain or loss from the sale of capital assets (Explain in Part VI.)					·	0.
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0.	9,546.	19,333.	26,371.	31,808.	87,058.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as	a section 501(c)(3)	► X
	tion C. Computation of Pub						
	Public support percentage for 20						%
	Public support percentage from 2					16	%
	tion D. Computation of Inve						
	Investment income percentage for						0/0
	Investment income percentage fr						8
	<b>33-1/3% support tests—2018.</b> If t is not more than 33-1/3%, check <b>23.1/3%</b> support tests— <b>2017.</b> If the support tests— <b>2017.</b> If t	this box and stop	here. The organize	zation qualifies as	s a publicly suppo	rted organization	▶
	33-1/3% support tests—2017. If the line 18 is not more than 33-1/3%  Private foundation of the organians.	, check this box ar	nd <b>stop here.</b> The	organization qua	ilifies as a publicly	/ supported organiz	zation ▶ │
<u>2υ</u>	Private foundation. If the organiz	.auon did not chec	ck a box on line 1		eck this box and	see instructions	

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- **6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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2		Maria San Sa
3a		
3b	120.000	
Зс	L.Z. initial	
4a	Probablication	Canada Victoria
4b		
4c		
5a		
5b		
5с		
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8		
9a		
9b		iner (17)
9c		
10a		
10b	r 450275.8962	ezherakia (

Pa	irt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	ction B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
		Sec. Market	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
		0 M = 45 M 22	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
•	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	: <b>!</b>	4:\	
•	S The organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see	IIIStruci	uons).	•
2	Activities Test. Answer (a) and (b) below.		Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	• 1	
I	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
í	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
ı	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.</i>	3b		

Pa	rt V 1 Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nıza	itions	
_1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	Nov. 20, 1970 (explain in ust complete Sections A	Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_ 2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	·	
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
(	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate		
RAA			Schodulo A (Ed	vm 990 or 990-E7\ 2019

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
	ction D — Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes					
. 2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in <b>Part VI</b> ). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.					
_ 9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					

1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013	Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
cause required — explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2018  a From 2013	1 Distributable amount for 2018 from Section C, line 6			
a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  4 Distributions for 2018 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4.  5 Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 b Excess from 2016 d Excess from 2017	2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
b From 2014				
c From 2015			5.00	
d From 2016				
e From 2017  f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  4 Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  7 Excess distributions carryover to 2019. Add lines 3j and 4c.  8 Breakdown of line 7: a Excess from 2014 b Excess from 2016 c Excess from 2016 d Excess from 2017				
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a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017	7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
b Excess from 2015	8 Breakdown of line 7:			
<b>c</b> Excess from 2016	a Excess from 2014		100	0.4
d Excess from 2017	<b>b</b> Excess from 2015			
	c Excess from 2016			2.00
C Evene from 2019	d Excess from 2017			
© EXCESS HOITI 2018	e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Employer identification number

Name of the organization Friends of Marshfield MA Animal Shelter Inc. 47-4821333 **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) organization (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (ii) Activity (or retained by) have custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in column (i) Yes 1 2 3 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2018 Friends of Marshfield MA Animal 47-4821333 Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) through column (c)) Fundraising Ev None REVENUE (event type) (event type) (total number) 1 Gross receipts..... 17,512. 17,512. 8,833. 8,833. **3** Gross income (line 1 minus line 2)..... 8,679 8,679. Noncash prizes..... DIRECT Rent/facility costs..... 7 Food and beverages ..... EXPENSES 8 Entertainment..... Other direct expenses..... 8,679. 8,679. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 8,679. Net income summary. Subtract line 10 from line 3, column (d)..... Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add column (a) through column (c)) REVENUE (a) Bingo bingo/progressive bingo (c) Other gaming Gross revenue..... EXPENSES DIRECT 3 Noncash prizes..... Rent/facility costs..... Other direct expenses..... Yes Yes Yes 6 Volunteer labor..... No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)..... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... No **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?..... **b** If 'Yes,' explain:

Scn	edule G (Form 990 or 990-EZ) 2018 Friends of Marshfield MA Animal	47-4821333	Page 3
11	Does the organization conduct gaming activities with nonmembers?	····· Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	O Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	<b>a</b> The organization's facility	13a	%
١	<b>b</b> An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:	
	Name ►		
	Address •		
ı	a Does the organization have a contract with a third party from whom the organization receives gaming reverb If 'Yes,' enter the amount of gaming revenue received by the organization   and of gaming revenue retained by the third party   full 'Yes,' enter name and address of the third party:	nue? <b>Yes</b> the amount	No
	Name •		
	Address ►		
16	Gaming manager information:		
	Name •		<b>-</b>
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the	
- IOSEA	organization's own exempt activities during the tax year > \$		
Kai	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, coand Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.	olumns (III) and ( ny additional	v);

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Friends of Marshfield MA Animal
Shelter Inc.

Employer identification number
47-4821333

# Form 990-EZ, Part I, Line 16 Other Expenses

Bank feesLicenses & Permits	\$	250. 85
Office Expenses		364.
Other programs		5,909.
Shelter Food & Supplies		2,449.
Spay & Neuter Program		4,240.
Veterinary Costs		7,901.
Website		680.
Total	<u>\$</u>	21,878.

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Promote, initiate and execute programs furthering the well being and safety of animals, and to promote community awareness and participation in the activies of the Marshfield, MA Animal Shelter.

#### Form 990-EZ, Part III, Line 31 Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
Aid, outreach and other program services Includes Foreign Grants: No	1,299.	2,173.
Total	\$ 1,299.	2,173.
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit	Contracts	
(a) Did the organization, during the year, receive any fund	s, directly or	
indirectly, to pay premiums on a personal benefit contract?.		No
(b) Did the organization, during the year, pay premiums, di	rectly or	
indirectly, on a personal benefit contract?		No

Office Use Only: Fiscal \	Year
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Form PC Rev. 11/2016

# THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

# NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION ONE ASHBURTON PLACE

BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101 www.mass.gov/ago/charities

Office Use Only: Payment Received

#### Form PC

Report for the Fiscal Period: 07/01/2018 to 04	6/30/2019	Checkal items attacked (Fapplicate)
Attorney General's Account #: 058561		
Federal ID #: 47-4821333		Eding For or Printent of X Electronic Payment
Electronic Payment Confirmation #:		Confirmation
When did the organization first engage in charitable work in Massachusetts? 08/17/2015	5	X Cope of RS Return # Attended I managed Scheme #SERCA
Has the organization applied for or been granted IRS tax exempt status?	X Yes No	Amended Associates By Laws X Schoolste A. 1
If yes, date of application OR date of determination let	tter: 01/27/2016	X Schobile A-2
IRS Exemption under 501(c):	3	Schedule RO Schedule VCO
If exempt under 501(c), are contributions to the organizatax deductible as charitable contributions?	zation X Yes No	Probate Account
Organization Data		
Name: Friends of Marshfield MA Animal She	elter Inc.	
Mailing Address: PO Box 52		
City: Marshfield	State: MA	<b>Zip:</b> 02050
Phone Number: (781) 635-8325 Fax Nu	mber:	
Email: friendsofthemarshfieldshelter@yahoo.c	website:	
In the table below, please enter the appropriate codes from Enter <b>up to 2</b> codes from Table 3 for your organization's m	the corresponding tables found in the ain purpose(s)	e instructions.
Category Code	Category	Code
County (Table 1)	Organization Purpose Code 1	58
Type of Organization (Table 2) 4	Organization Purpose Code 2	53
Please check box if final return prior to dissolution:	7	

Page 1 of 15

. О	On what date was the organization created? 08/1	17/2015
. W	Where was the organization created?  MA	
W	What is the form of organization? (check one)	
C	Corporation X Test	stamentary Trust
U		er Vivos Trust
L	Other (please describe):	
O	Organization")? If yes, please complete the Schedule R  Enter your summary of financial data:	
Α.	Contributions and Contribution	Amounts de la company de la co
A.	78 78 31	received 25,8
B. C.		31,8
D.	o book out	21,7
<u>Б.</u>		
F.		2,0
G.		
H.		23,8
11.	. I vot assets of fund balances at the end of the year	20,7
L	ist the total compensation you provided to your five h	highest paid employees:
	Name/Title Hr We	rs/ Salary and Description Other 25
1.		
2.		
3.		
4.		1 [

response to 6? If yes, please provide explanation (attach separate sheet). Yes X No

companies, investment advisors, professional solicitors, professional fundraising counsel).    Name/Title	ype(s) of Service
1. N/A 2. 3.	
3.	
4.	
5.	
9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone m	umber):
	Phone Number
1932 Ocean Street	
Eastern Bank Marshfield, MA 02050 (781	)837-0491
10. What is the organization's accounting method? X Cash Accrual	
Accidate organization's decounting method:	
Other specify):	
11. If organization's mailing address os a P.O. Box, list the organization's full street address:	
to organization's manning address of a 1.0. Box, list the organization's full street address.	
Address: 40 Weston Farm Path	
City: Marshfield State: MA Zip Code: 020	50
12. Contact Person Name: Victoria Lynch	
Street Address: 40 Weston Farm Path	
City: Marshfield State: MA Zip Code: 02050	
Phone Number: (701) 625, 0205	
(781) 635–8325	

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's

13.	During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?
14.	At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.
15.	If you are claiming and exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.
	a religious organization
	an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.]
16.	Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.
17.	Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.
18.	Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
	Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

20.	Has If y	s this organization or any of its officers, directors, or employees: es, please attach an explanation.		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?	Yes	X No
21.		ve any restrictions been removed during the year from donor-restricted funds? es, please attach an explanation.	Yes	X No
22.		ve donor-restricted funds been loaned to unrestricted funds? es, please attach an explanation.	Yes	X No
23.	cert	s question involves "Termination of Employment or Changes of Control Compensation "Related Parties" (see instructions and definition sections). Report only if paymindividual are in excess of four months salary or \$100,000, whichever dollar amounts	nents made o	ements" with r promised to
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?	Yes	X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?	Yes	X No
	If yo invo	ou answered <b>yes</b> for Question 23(a) or 23(b) above, please attach an explanation ia lved, stating the amount of any payments made or value transferred, and describin	lentifying the g the terms o	individual(s) of each agreement

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	During the years		117
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	Yes	X No
B.	Has your organization leased assets to or leased assets from a related party?	Yes	X No
C.	Has your organization been indebted to a related party?	Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	Yes	X No
E.	Has your organization made or held an investment in a related party?	Yes	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	Yes	X No
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	Yes	X No
I.	Has your organization transferred income or assets to or for use by a related party?	Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	X No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	Yes	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	Yes	X No
M.	Did your organization make a grant award or contribution to any other organization in which any of of this organization's officers, directors or trustees has a relationship?	Yes	X No

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

	Date:
ach	
•	
Company LLC	
oad, Suite 12	
	Company LLC

## Schedule A-1 Solicitation Activities During Fiscal Year Covered By This Report

pes of solicitation activities in which you expect to engage (check all that apply):  Mass Mailing  Door-to-door  Entertainment event  Telemarketing without sale of goods  Telemarketing with sale of goods  Telemarketing with sale of ads  Other specify):  mutify the method or methods you expect to use for the fundraising (check all that apply):	\(\frac{\fracc}\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fracc}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}{\frac}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\fracc}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
Mass Mailing    X   Via the Internet	\(\frac{\frac{1}{2}}{2}\)
Mass Mailing  X  Via the Internet  Door-to-door  Entertainment event  X  Sale of goods other than by telephone  Telemarketing without sale of goods or ads  Telemarketing with sale of goods  Corporate solicitations  Telemarketing with sale of ads  Other specify):	\(\frac{\frac{1}{2}}{2}\)
Mass Mailing  X  Via the Internet  Door-to-door  Entertainment event  X  Sale of goods other than by telephone  Telemarketing without sale of goods  Telemarketing with sale of goods  Corporate solicitations  Telemarketing with sale of ads  Other specify):	\(\frac{\frac{1}{2}}{2}\)
Mass Mailing  X  Via the Internet  Door-to-door  Entertainment event  X  Sale of goods other than by telephone  Telemarketing without sale of goods  Telemarketing with sale of goods  Corporate solicitations  Telemarketing with sale of ads  Other specify):	\(\frac{\frac{1}{2}}{2}\)
Mass Mailing  X  Via the Internet  Door-to-door  Entertainment event  X  Sale of goods other than by telephone  Telemarketing without sale of goods or ads  Telemarketing with sale of goods  Corporate solicitations  Telemarketing with sale of ads  Other specify):	\(\frac{\frac{1}{2}}{2}\)
Door-to-door  Entertainment event  Entertainment event  Telemarketing without sale of goods or ads  Telemarketing with sale of goods  Telemarketing with sale of goods  Telemarketing with sale of ads  Other specify):  That Raffle, beano, bingo or gaming event  X Sale of goods other than by telephone  Torporate solicitations  Grant Proposals	\(\frac{\frac{1}{2}}{2}\)
Entertainment event  Entertainment event  X  Sale of goods other than by telephone  Telemarketing without sale of goods  Telemarketing with sale of goods  Corporate solicitations  Telemarketing with sale of ads  Other specify):	
Telemarketing without sale of goods or ads  Telemarketing with sale of goods  Telemarketing with sale of ads  Other specify):	
Telemarketing without sale of goods or ads  Telemarketing with sale of goods  Telemarketing with sale of ads  Other specify):	
Telemarketing with sale of ads  Other specify):  Grant Proposals	
Other specify):	L
Other specify):	X
Professional solicitor*	
Professional fundraising counsel*  Volunteers	X
Commercial co-venturer*	
ovide applicable names and addresses:	
Duofassianal Callette NI	
Professional Solicitor Name:Address	
O'I	
City State Zip Code	
Professional Fundraising Counsel Name:	
Address	
City State Zip Code	
Commercial Co-Venturer Name:	
Commercial Co-Venturer Name:Address	

# Schedule A-1 ctd. Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name a	nd Title: Victoria Lynch, '		
Address	40 Weston Farm Path		
City	Marshfield	State MA	<b>Zip</b> Code <u>02050</u>
Name ar	nd Title:		
Address			
City			Zip Code
Name ar	nd Title:		
Address			
	individuals who will have final	State responsibility for the charit	Zip Code
tify the i	individuals who will have final nd Title: Victoria Lynch, T	State responsibility for the charit	Zip Code
tify the i	individuals who will have final	State responsibility for the charit	Zip Code
tify the i Name an Address City	individuals who will have final  nd Title: Victoria Lynch, T  40 Weston Farm Path  Marshfield	State responsibility for the charit reasurer State MA	Zip Code  y's distribution of contributions:  Zip Code 02050
tify the i Name an Address City	individuals who will have final  nd Title: Victoria Lynch, T  40 Weston Farm Path	State responsibility for the charit reasurer State MA	Zip Code
tify the i Name an Address City Name an Address	individuals who will have final and Title: Victoria Lynch, To 40 Weston Farm Path Marshfield	responsibility for the charit reasurer State MA	Zip Code  y's distribution of contributions:  Zip Code 02050
tify the i Name an Address City Name an Address City	andividuals who will have final and Title: Victoria Lynch, Tourseld and Title: Nancy Monahan, Produced and Title: Nancy Monahan, Produced and Marshfield	State responsibility for the charit reasurer State MA resident State MA	Zip Code  Zip Code 02050  Zip Code 02050
tify the i Name an Address City Name an Address City	and Title: Victoria Lynch, To 40 Weston Farm Path Marshfield  and Title: Nancy Monahan, Professional Control of the Marshfield  A Genevieve Lane Marshfield  and Title: Marshfield	responsibility for the charit reasurer State MA resident State MA	Zip Code  Zip Code 02050  Zip Code 02050

## Schedule A-2 Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

ist any names which will be used by the organiza	ation in co	onnection with the solicitation of funds, other that	an the of
ame which appears on page 1.			
0.41.			
pes of solicitation activities in which you expec	t to engag	ge (check all that apply):	
Mass Mailing	Х	Via the Internet	[2
Door-to-door	X	Raffle, beano, bingo or gaming event	
Entertainment event	X	Sale of goods other than by telephone	L
Telemarketing without sale of goods or ads	Х	Individual Mailings	
Telemarketing with sale of goods		Corporate solicitations	[2
Telemarketing with sale of ads		Grant Proposals	<u> </u>
Other specify):			<u>L'</u>
Professional solicitor*		Own employees	Γ
		Own employees	
Professional fundraising counsel*		Volunteers	. 2
Commercial co-venturer*			
rovide applicable names and addresses:			
Professional Solicitor Name:			
Address			
City			
	State	Zip Code	
Professional Fundraising Counsel Name:			
Address			
City		7'. 0.1	
	State	Zip Code	
Commercial Co-Venturer Name:			
Address			
City			

# Schedule A-2 ctd. Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name an	nd Title: Victoria Lynch, Tr	reasurer	
Address			
City	Marshfield	State MA	Zip Code 02050
Name an	nd Title:		
Address			
City			
Name an	nd Title:		
Address			
City			Zip Code
tify the i	ndividuals who will have final re		cy's distribution of contributions:
tify the in	ndividuals who will have final re		ty's distribution of contributions:
tify the in Name an Address	ndividuals who will have final rend Title: Victoria Lynch, Tr	reasurer	
tify the in	ndividuals who will have final re	reasurer	
tify the in Name an Address City	ndividuals who will have final rend Title: Victoria Lynch, Tr 40 Weston Farm Path Marshfield	State MA	Zip Code 02050
tify the in Name an Address City	ndividuals who will have final read Title: Victoria Lynch, Tr 40 Weston Farm Path Marshfield	State MA	Zip Code 02050
tify the in Name an Address City Name an	ndividuals who will have final rend Title: Victoria Lynch, Tr 40 Weston Farm Path Marshfield	State MA	Zip Code 02050
tify the in Name an Address City Name an Address City	ndividuals who will have final read of Title: Victoria Lynch, Tr  40 Weston Farm Path  Marshfield  d Title:	State MA	Zip Code 02050  Zip Code
tify the in Name an Address City Name an Address City	ndividuals who will have final rend Title: Victoria Lynch, Tr  40 Weston Farm Path  Marshfield  d Title:	State MA  State	Zip Code 02050  Zip Code

### **Certification by Organization**

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:	Date:
Printed Name: Victoria Lynch	·
Title: Treasurer	
Signature	
Signature:	Date:
Printed Name:	
Title:	

### Friends of Marshfield MA Animal Shelter Inc.

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### Line 17: Names, Titles and Addresses of officers, directors and principal salaries executives:

Name & Address	<u>Title</u>
Victoria Lynch, 40 Weston Farm Path, Marshfield MA 02050	Treasurer, Director
Nancy Monahan, 4 Genevieve Lane, Marshfield MA 02050	President, Director
Charlotte Rasmussen, 101 Meadowview St, Marshfield MA 02050	Director
Margaret Lightfoot, 1209 Ocean St, Apt 326, Marshfield MA 02050	Vice-President, Director
Kathleen Vining, 10 Garfield St, Marshfield MA 02050	Director
Lisa Messina, 228 Furnace St, Marshfield MA 02050	Clerk,
Filon Collabora 174 Birowide Civil A4 15: 1144 00070	Director
Ellen Callahan, 174 Riverside Circle, Marshfield MA 02050	Director

### Line 18: Names and Addresses of Individuals responsible for:

Custody of funds: Victoria Lynch, 40 Weston Farm Path, Marshfield MA 02050

Distribution of funds: All directors listed above

Fund raising: All directors listed above

Custody of financial records: All directors listed above

Sign checks: Victoria Lynch, 40 Weston Farm Path, Marshfield MA 02050

Margaret Lightfoot, 1209 Ocean St, Apt 326, Marshfield MA 02050

Lisa Messina, 228 Furnace St, Marshfield MA 02050