

2010 TAX RETURN

PREPARER FILE COPY

Client: 210075

Prepared for: ANIMAL FRIENDS RESCUE PROJECT
P.O. BOX 51083
PACIFIC GROVE, CA 93950
831-333-0722

Prepared by: PATRICIA M. KAUFMAN CPA
MCGILLOWAY, RAY, BROWN & KAUFMAN
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SALINAS, CA 93901-1423
(831) 424-2737

Date: FEBRUARY 28, 2012

Comments:

Route to: _____

2010

GENERAL INFORMATION

PAGE 1

CLIENT 210075

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

2/28/12

03:33PM

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH M, SCH O, 8868 P2
CALIFORNIA: 199, SCH B, 3885, RRF-1

CARRYOVERS TO 2011

NONE

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 7/01, **2010, and ending** 6/30, **2011**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

ANIMAL FRIENDS RESCUE PROJECT
P.O. BOX 51083
PACIFIC GROVE, CA 93950

D Employer Identification Number
77-0491141

E Telephone number
831-333-0722

G Gross receipts \$ 1,011,071.

F Name and address of principal officer:
SAME AS C ABOVE

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ▶ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.ANIMALFRIENDSRESCUE.ORG **H(c) Group exemption number** ▶

K Form of organization: Corporation Trust Association Other ▶ **L Year of Formation:** 1998 **M State of legal domicile:** CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS DEDICATED TO FINDING LIFE-LONG LOVING HOMES FOR STRAY, ABANDONED AND ABUSED CATS, DOGS AND RABBITS. THE ORGANIZATION CONCENTRATES ON NETWORKING WITH OTHER ANIMAL WELFARE AGENCIES IN THE COUNTY AND THROUGHOUT THE STATE TO PROVIDE A SAFETY NET FOR THE

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a).....	3	5
4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	5
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a).....	5	19
6 Total number of volunteers (estimate if necessary).....	6	382
7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h).....	1,094,226.	583,855.
9 Program service revenue (Part VIII, line 2g).....	174,574.	206,967.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	164.	251.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	33,978.	92,767.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	1,302,942.	883,840.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
14 Benefits paid to or for members (Part IX, column (A), line 4).....		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	261,730.	286,321.
16a Professional fundraising fees (Part IX, column (A), line 11e).....		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 51,716.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	387,357.	554,507.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	649,087.	840,828.
19 Revenue less expenses. Subtract line 18 from line 12.....	653,855.	43,012.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16).....	725,872.	795,417.
21 Total liabilities (Part X, line 26).....	63,261.	90,969.
22 Net assets or fund balances. Subtract line 21 from line 20.....	662,611.	704,448.

Part II Signature Block

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

Sign Here

Signature of officer: *Kelly Lehrian* Date: 3/18/2012

Type or print name and title: KELLY LEHRIAN EXECUTIVE DIREC

Paid Preparer Use Only

Print/Type preparer's name: PATRICIA M. KAUFMAN CPA Preparer's signature: *P Kaufman* Date: 2/29/12

Firm's name: ▶ MCGILLOWAY, RAY, BROWN & KAUFMAN Check if self-employed PTIN: N/A

Firm's address: ▶ 379 W MARKET ST SALINAS, CA 93901-1423 Firm's EIN ▶ N/A Phone no. (831) 424-2737

May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?... [] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: []) (Expenses \$ 613,142. including grants of \$) (Revenue \$)

ANIMAL FRIENDS RESCUE PROJECT (AFRP) IS A SAFETY NET FOR THE MOST AT RISK ANIMALS IN OUR LOCAL SHELTERS. THESE ANIMALS ARE TYPICALLY TOO YOUNG, TOO OLD, INJURED, ABUSED, SHY AND OVERLOOKED DOGS AND CATS THAT DO NOT DO WELL IN THE SHELTER ENVIRONMENT. AFRP RESCUED AND FOUND HOMES FOR 1150 DOGS, CATS AND RABBITS IN 10/11 WITH THE HELP OF OVER 380 VOLUNTEERS. OUR ADOPTION CENTER IN PACIFIC GROVE CONTINUES TO BE A SUCCESSFUL LOCATION FOR FINDING NEW HOMES FOR DOGS AND CATS.

4b (Code: []) (Expenses \$ 25,243. including grants of \$) (Revenue \$)

ANIMAL FRIENDS LIFE LINK TRANSPORTATION PROGRAM HELPS AT RISK DOGS FROM OVERCROWDED SHELTERS BY TRANSPORTING THEM TO EAGERLY AWAITING WELFARE ORGANIZATIONS THROUGHOUT THE WESTERN STATES.

4c (Code: []) (Expenses \$ 23,045. including grants of \$) (Revenue \$)

THE ANIMAL FRIENDS RESCUE PROJECT SPAY/NEUTER PROGRAM IS DEDICATED TO ENDING THE PET OVERPOPULATION CRISIS THROUGH FOCUSED SPAY/NEUTER PROGRAMS AVAILABLE TO THE PUBLIC.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 661,430.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a	14
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b	0
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a	19
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	X
4 b	If 'Yes,' enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a	X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
7 Organizations that may receive deductible contributions under section 170(c).			
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d	
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.			
9 a	Did the organization make any taxable distributions under section 4966?	9 a	
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	
10 Section 501(c)(7) organizations. Enter:			
10 a	Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11 Section 501(c)(12) organizations. Enter:			
11 a	Gross income from members or shareholders.	11 a	
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13 a	
Note. See the instructions for additional information the organization must report on Schedule O.			
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b	
13 c	Enter the amount of reserves on hand.	13 c	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b	

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 5		
1 b	Enter the number of voting members included in line 1a, above, who are independent. 1 b 5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	X	
15 b	Other officers of key employees of the organization.	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ JILL GOMON 560 LIGHTHOUSE AVE. PACIFIC GROVE CA 93950 831-333-0722

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA MCELMOYL PRESIDENT	5	X		X			0.	0.	0.	
(2) MELISSA WOLF VICE PRESIDENT	5	X		X			0.	0.	0.	
(3) FRANK WOLSKO TREASURER	5	X		X			0.	0.	0.	
(4) SHEILA WILLIAMS SECRETARY	5	X		X			0.	0.	0.	
(5) SUSAN ALEXANDER DIRECTOR	5	X					0.	0.	0.	
(6) KELLY LEHRIAN EXECUTIVE DIREC	40			X			23,769.	0.	0.	
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										
(17) -----										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
1 b Sub-total							23,769.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							23,769.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns.....	1 a 1,878.					
	b Membership dues.....	1 b					
	c Fundraising events.....	1 c 48,141.					
	d Related organizations.....	1 d					
	e Government grants (contributions).....	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f 533,836.					
	g Noncash contributions included in lns 1a-1f: \$	134,433.					
	h Total. Add lines 1a-1f..... ▶		583,855.				
PROGRAM SERVICE REVENUE	2 a <u>ADOPTION FEES</u>	Business Code	206,967.			206,967.	
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue ...						
	g Total. Add lines 2a-2f..... ▶		206,967.				
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)..... ▶		508.			508.
4 Income from investment of tax-exempt bond proceeds ▶							
5 Royalties..... ▶							
6 a Gross Rents.....		(i) Real	59,415.				
		(ii) Personal					
		b Less: rental expenses.....	40,406.				
c Rental income or (loss).....		19,009.					
d Net rental income or (loss)..... ▶			19,009.	19,009.			
7 a Gross amount from sales of assets other than inventory .		(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses.....	257.				
		c Gain or (loss).....	-257.				
d Net gain or (loss)..... ▶			-257.	-257.			
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.....		a	49,509.				
		b Less: direct expenses.....	16,339.				
		c Net income or (loss) from fundraising events..... ▶		33,170.			33,170.
9 a Gross income from gaming activities. See Part IV, line 19.....		a					
		b Less: direct expenses.....					
	c Net income or (loss) from gaming activities..... ▶						
10 a Gross sales of inventory, less returns and allowances.....	a	110,355.					
	b Less: cost of goods sold.....	70,229.					
	c Net income or (loss) from sales of inventory..... ▶		40,126.			40,126.	
Miscellaneous Revenue		Business Code					
11 a <u>OTHER INCOME</u>			462.		462.		
b -----							
c -----							
d All other revenue.....							
e Total. Add lines 11a-11d..... ▶			462.				
12 Total revenue. See instructions..... ▶			883,840.	18,752.	0.	281,233.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	40,000.	4,000.	30,000.	6,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	210,059.	190,397.	84.	19,578.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	9,892.	7,815.	791.	1,286.
10 Payroll taxes	26,370.	11,787.	2,621.	11,962.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,034.		4,034.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	6,827.	6,827.		
13 Office expenses	11,483.	7,732.	1,874.	1,877.
14 Information technology				
15 Royalties				
16 Occupancy	31,525.	23,876.	4,938.	2,711.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,371.	12,297.	1,537.	1,537.
23 Insurance	5,806.	5,806.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>MEDICAL REQUIRMENTS</u>	272,435.	272,435.		
b <u>TREASURE SHOP OVERHEAD</u>	79,634.		79,634.	
c <u>ANIMAL SUPPLIES</u>	71,737.	71,737.		
d <u>TRANSPORTATION</u>	26,033.	26,033.		
e <u>LAUNDRY</u>	9,225.	9,225.		
f All other expenses	20,397.	11,463.	2,169.	6,765.
25 Total functional expenses. Add lines 1 through 24f	840,828.	661,430.	127,682.	51,716.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash — non-interest-bearing	701.	1	600.	
	2	Savings and temporary cash investments	50,323.	2	87,861.	
	3	Pledges and grants receivable, net		3	2,675.	
	4	Accounts receivable, net	385.	4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	1,717.	8	13,753.	
	9	Prepaid expenses and deferred charges	752.	9	4,004.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	753,768.		
	b	Less: accumulated depreciation	10b	124,314.	10c	629,454.
	11	Investments — publicly traded securities		11		
	12	Investments — other securities. See Part IV, line 11		12	53,670.	
	13	Investments — program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	5,800.	15	3,400.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	725,872.	16	795,417.		
LIABILITIES	17	Accounts payable and accrued expenses	58,243.	17	86,259.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D	5,018.	25	4,710.	
	26	Total liabilities. Add lines 17 through 25	63,261.	26	90,969.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.					
	27	Unrestricted net assets	653,777.	27	692,454.	
	28	Temporarily restricted net assets	8,834.	28	11,994.	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances.	662,611.	33	704,448.		
34	Total liabilities and net assets/fund balances.	725,872.	34	795,417.		

BAA

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	883,840.
2	Total expenses (must equal Part IX, column (A), line 25)	2	840,828.
3	Revenue less expenses. Subtract line 2 from line 1	3	43,012.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	662,611.
5	Other changes in net assets or fund balances (explain in Schedule O) .SEE. SCHEDULE. O	5	-1,175.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	704,448.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization ANIMAL FRIENDS RESCUE PROJECT	Employer identification number 77-0491141
--	---

Part I 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 11, 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's 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)**.
- 7 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.)
- 9 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 June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)...						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge....						
4 Total. Add lines 1 through 3....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)...						
6 Public support. Subtract line 5 from line 4.....						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).....						
11 Total support. Add lines 7 through 10.....						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.....	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ...		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I 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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	430,188.	456,328.	377,512.	464,226.	583,854.	2,312,108.
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	379,736.	413,592.	376,693.	302,864.	366,831.	1,839,716.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	809,924.	869,920.	754,205.	767,090.	950,685.	4,151,824.
7a 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.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						4,151,824.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.	809,924.	869,920.	754,205.	767,090.	950,685.	4,151,824.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	5,279.	626.	318.	164.	508.	6,895.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	5,279.	626.	318.	164.	508.	6,895.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.		105.			462.	567.
13 Total support. (Add lns 9, 10c, 11, and 12.)	815,203.	870,651.	754,523.	767,254.	951,655.	4,159,286.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	99.8 %
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	98.9 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	0.2 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	0.2 %

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
MISCELLANEOUS	462.			105.	
TOTAL	<u>\$ 462.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 105.</u>	<u>\$ 0.</u>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization

ANIMAL FRIENDS RESCUE PROJECT

Employer identification number

77-0491141

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization ANIMAL FRIENDS RESCUE PROJECT	Employer identification number 77-0491141
---	--

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION FOR MO CO 2354 GARDEN RD MONTEREY, CA 93940	\$ 8,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HARDEN FOUNDATION P.O. BOX 779 SALINAS, CA 93902	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DOROTHY SHUDOMA 4073 EL BOSQUE DR PEBBLE BEACH, CA 93953	\$ 115,479.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	FRANCES SEEBE TRUST PO BOX 63954, MAC 0103-179 SAN FRANCISCO, CA 94163	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	DOROTHY & DAN BELVILLE 111 VIA DEL MILAGRO MONTEREY, CA 93940	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	DR. JENNIFER WERNING, COTTAGE VET 172 16TH STREET PACIFIC GROVE, CA 93950	\$ 7,723.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ANIMAL FRIENDS RESCUE PROJECT	Employer identification number 77-0491141
---	--

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	KINNOULL FOUNDATION 5 RAYMOND BUILDINGS GRAY'S INN , LONDON WC1R 5DD ENGLAND	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MARLYS & PHILIP RICE 216 NAGLEE AVE SANTA CRUZ, CA 95060	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MR. & MRS. ANDREW LAURSEN 11391 OVERHILL DRIVE AUBURN, CA 95602	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	PETSMART CHARITIES 19601 NORTH 27TH AVE PHOENIX, AZ 85027	\$ 9,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	PERRINE CHARITABLE FOUNDATION P.O. BOX 754 CARMEL, CA 93921	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	VEHICLE DONATION PROCESSING CENTER 626 S. PRIMROSE AVE MONROVIA, CA 91016	\$ 14,503.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ANIMAL FRIENDS RESCUE PROJECT	Employer identification number 77-0491141
--	---

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	JAMES & SUSAN JORDAN ----- P.O. BOX 1221 ----- PEBBLE BEACH, CA 93953 -----	\$ 54,847.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	INVESTMENT - Q-BLK (CRT) FUND, LLC	\$ 54,847.	5/01/11
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

BAA

Name of organization

Employer identification number

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

(ii) Assets included in Form 990, Part X..... ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ _____

b Assets included in Form 990, Part X..... ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	200,900.			200,900.
b Buildings	229,100.		8,745.	220,355.
c Leasehold improvements	200,000.		15,000.	185,000.
d Equipment		114,411.	91,321.	23,090.
e Other		9,357.	9,248.	109.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 629,454.

BAA

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <u>Q-BLK FUND</u>	53,670.	END OF YEAR MARKET VALUE
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) . . . ▶	53,670.	

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15) ▶	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) SECURITY DEPOSITS	4,710.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶	4,710.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	883,840.
2 Total expenses (Form 990, Part IX, column (A), line 25)	840,828.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	43,012.
4 Net unrealized gains (losses) on investments	-1,177.
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV) . . . SEE PART XIV	2.
9 Total adjustments (net). Add lines 4 through 8	-1,175.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	41,837.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1 Total revenue, gains, and other support per audited financial statements	1	803,610.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV) . . . SEE PART XIV	2d	2,936.
e Add lines 2a through 2d	2e	2,936.
3 Subtract line 2e from line 1	3	800,674.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV) . . . SEE PART XIV	4b	83,166.
c Add lines 4a and 4b	4c	83,166.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	883,840.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1 Total expenses and losses per audited financial statements	1	761,773.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV) . . . SEE PART XIV	2d	2,936.
e Add lines 2a through 2d	2e	2,936.
3 Subtract line 2e from line 1	3	758,837.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV) . . . SEE PART XIV	4b	81,991.
c Add lines 4a and 4b	4c	81,991.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	840,828.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 210075

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

2/28/12

03:34PM

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ROUNDING	\$	2.
TOTAL	\$	<u>2.</u>

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

COST OF GOODS SOLD	\$	2,679.
LOSS ON SALE OF ASSET		257.
TOTAL	\$	<u>2,936.</u>

SCHEDULE D, PART XII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

FUNDRAISING EXPENSES	\$	2,355.
TREASURE SHOP OVERHEAD EXPENSES		79,634.
UNREALIZED LOSS ON INVESTMENT		1,177.
TOTAL	\$	<u>83,166.</u>

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

COST OF GOODS SOLD	\$	2,679.
LOSS ON SALE OF ASSET		257.
TOTAL	\$	<u>2,936.</u>

SCHEDULE D, PART XIII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

FUNDRAISING EXPENSES	\$	2,355.
ROUNDING		2.
TREASURE SHOP OVERHEAD EXPENSES		79,634.
TOTAL	\$	<u>81,991.</u>

Part II Fundraising Events. Complete if the organization answered 'Yes' to 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 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	HOLIDAY FUNDRA (event type)	(event type)	(total number)	(add column (a) through column (c))	
1	Gross receipts.....	49,509.		49,509.	
2	Less: Charitable contributions.....				
3	Gross income (line 1 minus line 2).....	49,509.		49,509.	
DIRECT EXPENSES	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....	250.		250.
	7	Food and beverages.....	12,088.		12,088.
	8	Entertainment.....	650.		650.
	9	Other direct expenses.....	3,351.		3,351.
	10	Direct expense summary. Add lines 4- through 9 in column (d).....			16,339.
11	Net income summary. Combine line 3, column (d), and line 10.....			33,170.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1	Gross revenue.....			
DIRECT EXPENSES	2	Cash prizes.....		
	3	Non-cash prizes.....		
	4	Rent/facility costs.....		
	5	Other direct expenses.....		
	6	Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d).....			
8	Net gaming income summary. Combine lines 1, column (d) and line 7.....			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

ANIMAL FRIENDS RESCUE PROJECT

Employer identification number

77-0491141

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		79,586.	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	X	1	54,847.	
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

ANIMAL FRIENDS RESCUE PROJECT

Employer identification number

77-0491141

FORM 990, PART V, QUESTIONS 7G - 13C

THE ANSWERS TO QUESTIONS 7G THROUGH 13C ARE N/A, NOT APPLICABLE. THE COMPUTER TAX PROGRAM USED TO COMPLETE THE ORGANIZATION'S TAX RETURN DOES NOT ALLOW N/A AS AN ANSWER TO THESE QUESTIONS.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE ORGANIZATION IS DEDICATED TO FINDING LIFE-LONG LOVING HOMES FOR STRAY, ABANDONED AND ABUSED CATS, DOGS AND RABBITS. THE ORGANIZATION CONCENTRATES ON NETWORKING WITH OTHER ANIMAL WELFARE AGENCIES IN THE COUNTY AND THROUGHOUT THE STATE TO PROVIDE A SAFETY NET FOR THE ANIMALS WITH THE LEAST CHANCE OF SURVIVAL. THE ORGANIZATION PLAYS A UNIQUE ROLE IN THE COMMUNITY BY RESCUING ANIMALS THAT ARE AT MOST RISK IN THE SHELTER ENVIRONMENT, THE UNDERAGE, NURSING, SENIOR, INJURED, SHY AND OVERLOOKED ANIMALS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE 990 FOR REVIEW AND ANY QUESTIONS ARE ADDRESSED PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS REVIEW ALL POLICIES AT THE BEGINNING OF THE FISCAL YEAR AND THE CONFLICT OF INTEREST POLICY IS UPDATED AND SIGNED BY EACH BOARD MEMBER.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGMTME

THE ANIMAL FRIENDS RESCUE PROJECT BOARD OF DIRECTORS IS RESPONSIBLE FOR THE APPROVAL OF COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES. THE SALARY IS REVIEWED FOR APPROPRIATENESS AND VOTED ON BY THE BOARD TAKING INTO ACCOUNT EMPLOYEE PERFORMANCE, COMPARABILITY DATA OF NONPROFIT AND FOR-PROFIT ENTITIES IN THE AREA, COST OF LIVING IN THE AREA, EMPLOYEES' PROFESSIONAL EXPERIENCE AND EDUCATIONAL BACKGROUND, AND EMPLOYEES' SALARY AS A PERCENTAGE OF THE BUDGET. THE EMPLOYEE WHOSE COMPENSATION IS UNDER REVIEW, NOR THE EMPLOYEE'S SUBORDINATE MAY PARTICIPATE IN THE

Name of the organization

Employer identification number

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGTME

REVIEW PROCESS. THE REVIEW RESULTS ARE DOCUMENTED INCLUDING BOARD MEMBERS WHO PARTICIPATED IN THE PROCESS, THE DATE, AND THE APPROVED AMOUNT.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S ANNUAL REPORT IS MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. IN ADDITION, THE ORGANIZATION MAKES IT'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

**FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS	\$	-1,177.
ROUNDING		<u>2.</u>
	TOTAL	<u><u>\$ -1,175.</u></u>

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box. **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of exempt organization ANIMAL FRIENDS RESCUE PROJECT	Employer identification number 77-0491141
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. MCGILLOWAY, RAY, BROWN & KAUFMAN 379 W MARKET ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SALINAS, CA 93901-1423	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of. **JILL GOMON**
Telephone No. **831-333-0722** FAX No.
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. . . . If it is for part of the group, check this box. . . and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 5/15, 2012.

5 For calendar year _____, or other tax year beginning 7/01, 2010, and ending 6/30, 2011.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension. . . ALL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **EXECUTIVE DIREC** Date

6/30/11

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 210075

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

2/28/12

03:34PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
16	2005 TOYOTA SIENNA VAN	8/25/05		26,009							26,009	23,409	S/L HY	5	.10000	2,600
28	SPRINTER VAN 2009	1/01/09		36,047							36,047	10,814	S/L HY	5	.20000	7,209
TOTAL AUTO / TRANSPORT EQUIP				62,056		0	0	0	0	0	62,056	34,223				9,809
FURNITURE AND FIXTURES																
1	OFFICE FURNITURE	2/02/00		332							332	332	S/L HY	7		0
2	KITTY CONDOS	10/20/03		7,085							7,085	6,578	S/L HY	7	.07140	507
3	DESKS AND CHAIRS	3/01/06		500							500	320	S/L HY	7	.14280	71
17	CAT ROOM	4/24/00		1,440							1,440	1,440	S/L HY	7		0
TOTAL FURNITURE AND FIXTURE				9,357		0	0	0	0	0	9,357	8,670				578
MACHINERY AND EQUIPMENT																
4	DIGITAL CAMERA	3/24/00		322							322	322	S/L HY	5		0
5	COMPUTER EQUIPMENT	5/24/00		2,839							2,839	2,839	S/L HY	5		0
6	PROJECTOR SYSTEM	8/24/02		5,000							5,000	5,000	S/L HY	5		0
7	COMPUTER EQUIPMENT	8/04/03		5,713							5,713	5,713	S/L HY	5		0
8	POWERMAC & DISPLAY	5/01/05		1,600							1,600	1,480	S/L HY	5		0
9	17" POWERBOOK	6/01/06		1,500							1,500	1,350	S/L HY	5	.10000	150
10	2 17" IMAC COMPUTERS	6/23/06		2,500							2,500	2,250	S/L HY	5	.10000	250
11	US WIRED PHONE SYSTEM	6/30/06		4,149							4,149	3,735	S/L HY	5	.10000	414
12	#109 HDDRIVE & #110 MONIT	1/01/07		1,500							1,500	1,050	S/L HY	5	.20000	300
13	#111 & 112 IMAC COMPUTERS	5/15/07		3,524							3,524	2,467	S/L HY	5	.20000	705

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2010 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT 210075

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
14	5 ULTRALITE CAT CAGES	9/11/06		3,200							3,200	2,240	S/L HY	5	.20000	640
15	BANK OF 6 KITTY CONDOS	10/01/06		3,080							3,080	2,156	S/L HY	5	.20000	616
18	OFFICE EQUIPMENT	9/17/00		2,169							2,169	2,169	S/L HY	5		0
19	HARD DRIVES	9/14/07	7/01/10	457							457	228	S/L HY	5	.20000	0
20	OKI C6100 LASER PRINTER	1/02/08		1,342							1,342	1,274	S/L HY	5	.20000	68
21	#114 IMAC	1/02/08		1,238							1,238	1,177	S/L HY	5	.20000	61
22	NORTHSTAR DATABASE	1/02/08		2,446							2,446	2,323	S/L HY	5	.20000	123
23	BANK OF 6 KITTY CONDOS	1/02/08		2,600							2,600	2,470	S/L HY	5	.20000	130
24	BACK UP HARDDRIVES	5/08/08	7/01/10	560							560	532	S/L HY	5	.20000	0
25	2008 IMAC #117 & 118	7/01/08		4,733							4,733	1,420	S/L HY	5	.20000	947
26	2008 HURUO COMPUTER #116	7/01/08		800							800	240	S/L HY	5	.20000	160
27	CLARK CAGES 2008 POSH PET	7/01/08		2,100							2,100	630	S/L HY	5	.20000	420
TOTAL MACHINERY AND EQUIPME				53,372		0	0	0	0	0	53,372	43,065				4,984
TOTAL DEPRECIATION				124,785		0	0	0	0	0	124,785	85,958				15,371

RENTAL ACTIVITY - 1308 CLOVIS AVE, FRESNO, CA 93727

BUILDINGS

32	1308 CLOVIS BUILDING	5/10/10		52,000							52,000	167	S/L MM	39	.02564	1,333
TOTAL BUILDINGS				52,000		0	0	0	0	0	52,000	167				1,333

IMPROVEMENTS

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2010 FEDERAL BOOK DEPRECIATION SCHEDULE

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ANIMAL FRIENDS RESCUE PROJECT

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
33	1308 CLOVIS PARKING LOT	5/10/10		200,000							200,000	1,660	S/L MQ	15	.06670	13,340
	TOTAL IMPROVEMENTS			200,000		0	0	0	0	0	200,000	1,660				13,340
	LAND															
31	1308 CLOVIS LAND	5/10/10		148,000							148,000					0
	TOTAL LAND			148,000		0	0	0	0	0	148,000	0				0
	TOTAL DEPRECIATION			400,000		0	0	0	0	0	400,000	1,827				14,673
RENTAL ACTIVITY - 615 BULLARD CLOVIS, CA 93612																
	BUILDINGS															
30	607/615 BULLARD RENTAL	5/10/10		177,100							177,100	806	S/L MM	27.5	.03636	6,439
	TOTAL BUILDINGS			177,100		0	0	0	0	0	177,100	806				6,439
	LAND															
29	607/615 BULLARD AVE LAND	5/10/10		52,900							52,900					0
	TOTAL LAND			52,900		0	0	0	0	0	52,900	0				0
	TOTAL DEPRECIATION			230,000		0	0	0	0	0	230,000	806				6,439
	GRAND TOTAL DEPRECIATION			754,785		0	0	0	0	0	754,785	88,591				36,483

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2010 FEDERAL BOOK DEPRECIATION SCHEDULE

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ANIMAL FRIENDS RESCUE PROJECT

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	DEPRECIATION ASSETS SOLD			1,017		0	0	0	0	0	1,017	760				0
	DEPR REMAINING ASSETS			<u>753,768</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>753,768</u>	<u>87,831</u>				<u>36,483</u>

2/28/12

03:34PM

FEDERAL OVERRIDES**SCREEN 4.1**

- AN OVERRIDE ENTRY OF 2 HAS BEEN MADE IN FEDERAL "FORM 990-EZ: 1=IF APPLICABLE, 2=OMIT [0]" (SCREEN 4.1, CODE 16).

SCREEN 15

- AN OVERRIDE ENTRY OF 5/15/2012 HAS BEEN MADE IN FEDERAL "EXTENDED FILING DATE [0]" (SCREEN 15, CODE 18).

SCREEN 39

- DEPRECIATION ASSET #19: AN OVERRIDE ENTRY OF -1 HAS BEEN MADE IN FEDERAL "CURRENT DEPRECIATION (-1=NONE) [0]" (SCREEN 39, CODE 173).
- DEPRECIATION ASSET #24: AN OVERRIDE ENTRY OF -1 HAS BEEN MADE IN FEDERAL "CURRENT DEPRECIATION (-1=NONE) [0]" (SCREEN 39, CODE 173).

SCREEN 50.1

- AN OVERRIDE ENTRY OF 53,670 HAS BEEN MADE IN FEDERAL "SECURITIES (FORM 990) [0]" (SCREEN 50.1, CODE 222).

CALIFORNIA OVERRIDES**SCREEN 64.011**

- AN OVERRIDE ENTRY OF 1 HAS BEEN MADE IN CALIFORNIA "PRINT FORM 199: 1=YES, 2=NO [0]" (SCREEN 64.011, CODE 20).
- AN OVERRIDE ENTRY OF 'D' HAS BEEN MADE IN CALIFORNIA "EXEMPT UNDER SECTION 23701 SUBSECTION [0]" (SCREEN 64.011, CODE 21).

CLIENT 210075

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

2/28/12

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	2010	2009	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	583,855	1,094,226	-510,371
PROGRAM SERVICE REVENUE.....	206,967	174,574	32,393
INVESTMENT INCOME.....	251	164	87
OTHER REVENUE.....	92,767	33,978	58,789
TOTAL REVENUE.....	883,840	1,302,942	-419,102
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS..	286,321	261,730	24,591
OTHER EXPENSES.....	554,507	387,357	167,150
TOTAL EXPENSES.....	840,828	649,087	191,741
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	43,012	653,855	-610,843
TOTAL ASSETS AT END OF YEAR.....	795,417	725,872	69,545
TOTAL LIABILITIES AT END OF YEAR.....	90,969	63,261	27,708
NET ASSETS/FUND BALANCES AT END OF YEAR.	704,448	662,611	41,837

CLIENT 210075

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

2/28/12

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	2010	2009	DIFF
REVENUE			
GROSS RECEIPTS LESS RETURNS/ALLOWANCE....	110,355	83,604	26,751
INTEREST.....	0	164	-164
GROSS RENTS.....	59,415	4,175	55,240
OTHER INCOME.....	257,446	219,260	38,186
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	583,855	1,094,226	-510,371
COST OF GOODS SOLD.....	70,229	83,399	-13,170
COST OR OTHER BASIS OF ASSETS SOLD.....	257	0	257
TOTAL INCOME.....	940,585	1,318,030	-377,445
EXPENSES AND DISBURSEMENTS			
COMPENSATION OF OFFICERS, ETC.....	40,000	71,039	-31,039
OTHER SALARIES AND WAGES.....	210,059	157,309	52,750
TAXES.....	26,370	23,638	2,732
RENTS.....	31,525	56,993	-25,468
DEPRECIATION AND DEPLETION.....	36,483	23,433	13,050
OTHER DEDUCTIONS.....	553,136	331,763	221,373
TOTAL DEDUCTIONS.....	897,573	664,175	233,398
EXCESS OF RECEIPTS OVER DISBURSEMENTS....	43,012	653,855	-610,843
FILING FEE			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0
SCHEDULE L			
BEGINNING ASSETS.....	725,872	122,074	603,798
BEGINNING LIABILITIES & NET WORTH.....	725,872	122,074	603,798
ENDING ASSETS.....	795,417	725,872	69,545
ENDING LIABILITIES & NET WORTH.....	795,417	725,872	69,545

CLIENT 210075

MCGILLOWAY, RAY, BROWN & KAUFMAN
379 W MARKET ST
SALINAS, CA 93901-1423
(831) 424-2737

February 28, 2012

Animal Friends Rescue Project
P.O. Box 51083
Pacific Grove, CA 93950

Dear Client:

Enclosed is your 2010 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2012 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is your 2010 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail the California return on or before June 15, 2012 to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0700

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$75 payable by May 15, 2012. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before May 15, 2012 to:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Patricia M. Kaufman CPA

Animal Friends Rescue Project
P.O. Box 51083
Pacific Grove, CA 93950
831-333-0722

303 - Income Tax Return Preparation

FEDERAL FORMS			
Form 990	2010 Return of Organization Exempt from Income Tax	\$	30.00
Schedule A	Organization Exempt Under Section 501(c)(3)		10.00
Schedule B	Schedule of Contributors		10.00
Schedule D	Schedule D		5.00
Schedule G	Fundraising or Gaming Activities		5.00
Schedule M	Non-Cash Contributions		5.00
Schedule O	Supplemental Information		5.00
	Depreciation Schedules		5.00

CALIFORNIA FORMS			
Form 199	2010 California Exempt Organization Return	\$	30.00
Schedule B	Schedule of Contributors		5.00
Form 3885 (199)	Depreciation and Amortization - Corp.		5.00
Form RRF-1	2011 Registration/Renewal Fee Report		5.00
	California Depreciation Schedules		5.00

FEE SUMMARY			
Computer processing fee		\$	125.00
Amount Due		\$	125.00

CLIENT 210075

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

2/28/12

03:34PM

RENTAL INCOME WORKSHEET**1308 CLOVIS AVE, FRESNO, CA 93727**

GROSS RENTAL INCOME.....	\$	38,400.
EXPENSES		
DEPRECIATION.....		14,673.
MANAGEMENT FEES.....		1,290.
REPAIRS.....		267.
TAXES.....		8,371.
TOTAL EXPENSES.....	\$	<u>24,601.</u>
NET RENTAL INCOME OR LOSS	\$	<u>13,799.</u>

615 BULLARD CLOVIS, CA 93612

GROSS RENTAL INCOME.....	\$	21,015.
EXPENSES		
DEPRECIATION.....		6,439.
INSURANCE.....		1,164.
MANAGEMENT FEES.....		1,310.
REPAIRS.....		2,354.
TAXES.....		2,568.
UTILITIES.....		1,970.
TOTAL EXPENSES.....	\$	<u>15,805.</u>
NET RENTAL INCOME OR LOSS	\$	<u>5,210.</u>

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR.....	1,717.
2. PURCHASES.....	82,265.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.
5. OTHER COSTS.....	0.
6. TOTAL (ADD LINES 1 THROUGH 5).....	<u>83,982.</u>
7. INVENTORY AT END OF YEAR.....	<u>13,753.</u>
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6).....	<u>70,229.</u>

**FORM 990, PART IX, LINE 24F
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CREDIT CARD & BANK FEES	4,367.	3,275.		1,092.
DIRECT MAILING & NEWSLETTER	8,562.	5,564.		2,998.
EVENT EXPENSES	320.			320.
FUNDRAISING EXPENSES	2,355.			2,355.
PAYROLL PROCESSING	2,916.	2,624.	292.	
STAFF DEVELOPMENT	1,224.		1,224.	
VOLUNTEER EXPENSES	653.		653.	
TOTAL	<u>\$ 20,397.</u>	<u>\$ 11,463.</u>	<u>\$ 2,169.</u>	<u>\$ 6,765.</u>

2010

California Exempt Organization Annual Information Return

199

Calendar year 2010 or fiscal year beginning month **07** day **01** year **2010**, and ending month **06** day **30** year **2011**

A First Return Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B Type of organization Exempt under Section 23701. . . D (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust. . . <input type="checkbox"/>	CORP # 2111053
--	--	--------------------------

Corporation/Organization Name ANIMAL FRIENDS RESCUE PROJECT	FEIN 77-0491141
---	---------------------------

Address
P.O. BOX 51083

City **PACIFIC GROVE, CA 93950** State ZIP Code

C Amended Return? Yes No

D Are you a subordinate/affiliate in a group exemption? Yes No

a Is this a group filing for affiliates? See General Instruction L Yes No

b If 'Yes,' enter the number of affiliates.

c Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.)

d Is this a separate return filed by an organization covered by a group ruling? Yes No

e Federal Group Exemption Number.

f Is a roster of subordinates attached? Yes No

E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
 If a box is checked, enter date.

F Check the box if the organization filed the following federal forms or schedule:
1 990T **2** 990PF **3** (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public

contributions, check box. See General Instruction F.
 No filing fee is required. Yes No

H Accounting method used . . . **1** Cash **2** Accrual **3** Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If 'Yes,' enter amount of gross receipts from nonmember sources \$ _____

L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	427,216.
	2 Gross dues and assessments from members and affiliates.	2	
	3 Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B	3	583,855.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B.	4	1,011,071.
	5 Cost of goods sold.	5	70,229.
	6 Cost or other basis, and sales expenses of assets sold.	6	257.
	7 Total costs. Add line 5 and line 6.	7	70,486.
	8 Total gross income. Subtract line 7 from line 4.	8	940,585.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18.	9	897,573.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	43,012.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F.	11	
	12 Total payments.	12	
	13 Penalties and Interest. See General Instruction J.	13	
	14 Use tax. See General Instruction K.	14	
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	

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

Signature of officer EXECUTIVE DIREC	Title	Date	<input type="checkbox"/> Telephone 831-333-0722 <input type="checkbox"/> Preparer's PTIN/SSN P00312047 <input type="checkbox"/> FEIN 77-0460195 <input type="checkbox"/> Telephone (831) 424-2737
Preparer's signature	Date 2/28/12	Check if self-employed <input type="checkbox"/>	
Firm's name (or yours, if self-employed) and address MCGILLOWAY, RAY, BROWN & KAUFMAN 379 W MARKET ST SALINAS, CA 93901-1423			

May the FTB discuss this return with the preparer shown above? See instructions. Yes No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	110,355.
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	59,415.
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	
	7	Other income. Attach schedule	●	7	257,446.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	427,216.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	40,000.
	12	Other salaries and wages	●	12	210,059.
	13	Interest	●	13	
	14	Taxes	●	14	26,370.
	15	Rents	●	15	31,525.
	16	Depreciation and depletion (See Instructions)	●	16	36,483.
	17	Other. Attach schedule	●	17	553,136.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	897,573.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		51,024.	●	88,461.
2	Net accounts receivable		385.	●	2,675.
3	Net notes receivable. Attach schedule			●	
4	Inventories		1,717.	●	13,753.
5	Federal and state government obligations			●	
6	Investments in other bonds. Attach sch			●	
7	Investments in stock. Attach schedule			●	
8	Mortgage loans (number of loans _____)			●	
9	Other investments. Attach schedule			●	53,670.
10 a	Depreciable assets	553,885.		552,868.	
b	Less accumulated depreciation	88,591.	465,294.	124,314.	428,554.
11	Land		200,900.	●	200,900.
12	Other assets. Attach schedule STM 3		6,552.	●	7,404.
13	Total assets		725,872.		795,417.
Liabilities and net worth					
14	Accounts payable		58,243.	●	86,259.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable. Attach schedule			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule STM 4		5,018.		4,710.
19	Capital stock or principle fund			●	
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund		662,611.	●	704,448.
22	Total liabilities and net worth		725,872.		795,417.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	●	43,012.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5		43,012.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		43,012.

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization

ANIMAL FRIENDS RESCUE PROJECT

Employer identification number

77-0491141

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

ANIMAL FRIENDS RESCUE PROJECT

Employer identification number

77-0491141

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION FOR MO CO 2354 GARDEN RD MONTEREY, CA 93940	\$ 8,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HARDEN FOUNDATION P.O. BOX 779 SALINAS, CA 93902	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DOROTHY SHUDOMA 4073 EL BOSQUE DR PEBBLE BEACH, CA 93953	\$ 115,479.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	FRANCES SEEBE TRUST PO BOX 63954, MAC 0103-179 SAN FRANCISCO, CA 94163	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	DOROTHY & DAN BELVILLE 111 VIA DEL MILAGRO MONTEREY, CA 93940	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	DR. JENNIFER WERNING, COTTAGE VET 172 16TH STREET PACIFIC GROVE, CA 93950	\$ 7,723.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ANIMAL FRIENDS RESCUE PROJECT	Employer identification number 77-0491141
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Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	KINNOULL FOUNDATION 5 RAYMOND BUILDINGS GRAY'S INN , LONDON WC1R 5DD ENGLAND	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MARLYS & PHILIP RICE 216 NAGLEE AVE SANTA CRUZ, CA 95060	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MR. & MRS. ANDREW LAURSEN 11391 OVERHILL DRIVE AUBURN, CA 95602	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	PETSMART CHARITIES 19601 NORTH 27TH AVE PHOENIX, AZ 85027	\$ 9,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	PERRINE CHARITABLE FOUNDATION P.O. BOX 754 CARMEL, CA 93921	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	VEHICLE DONATION PROCESSING CENTER 626 S. PRIMROSE AVE MONROVIA, CA 91016	\$ 14,503.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	JAMES & SUSAN JORDAN ----- P.O. BOX 1221 ----- PEBBLE BEACH, CA 93953 -----	\$ 54,847.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	INVESTMENT - Q-BLK (CRT) FUND, LLC	\$ 54,847.	5/01/11
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

BAA

Name of organization ANIMAL FRIENDS RESCUE PROJECT	Employer identification number 77-0491141
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Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

2010 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL FRIENDS RESCUE PROJECT	California corporation number 2111053
--	---

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
OFFICE FURNITURE	2/02/00	332.	332.	S/L	7		
KITTY CONDOS	10/20/03	7,085.	6,578.	S/L	7	507.	
DESKS AND CHAIRS	3/01/06	500.	320.	S/L	7	71.	
DIGITAL CAMERA	3/24/00	322.	322.	S/L	5		
COMPUTER EQUIPME	5/24/00	2,839.	2,839.	S/L	5		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	15,371.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g)	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22					

2010 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL FRIENDS RESCUE PROJECT	California corporation number 2111053
--	---

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
PROJECTOR SYSTEM	8/24/02	5,000.	5,000.	S/L	5		
COMPUTER EQUIPME	8/04/03	5,713.	5,713.	S/L	5		
POWERMAC & DISPL	5/01/05	1,600.	1,480.	S/L	5		
17" POWERBOOK	6/01/06	1,500.	1,350.	S/L	5	150.	
2 17" IMAC COMPU	6/23/06	2,500.	2,250.	S/L	5	250.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g)	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22					

2010 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL FRIENDS RESCUE PROJECT	California corporation number 2111053
--	---

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
	US WIRED PHONE S	6/30/06	4,149.	3,735.	S/L	5	414.		
	#109 HDDRIVE & #	1/01/07	1,500.	1,050.	S/L	5	300.		
	#111 & 112 IMAC	5/15/07	3,524.	2,467.	S/L	5	705.		
	5 ULTRALITE CAT	9/11/06	3,200.	2,240.	S/L	5	640.		
	BANK OF 6 KITTY	10/01/06	3,080.	2,156.	S/L	5	616.		
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15		

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20	Total. Add the amounts in column (g)						20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22	

2010 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL FRIENDS RESCUE PROJECT	California corporation number 2111053
--	---

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
2005 TOYOTA SIEN	8/25/05	26,009.	23,409.	S/L	5	2,600.	
CAT ROOM	4/24/00	1,440.	1,440.	S/L	7		
OFFICE EQUIPMENT	9/17/00	2,169.	2,169.	S/L	5		
HARD DRIVES	9/14/07	457.	228.	S/L	5		
OKI C6100 LASER	1/02/08	1,342.	1,274.	S/L	5	68.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g)	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22					

2010 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL FRIENDS RESCUE PROJECT	California corporation number 2111053
--	---

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
#114 IMAC	1/02/08	1,238.	1,177.	S/L	5	61.	
NORTHSTAR DATABA	1/02/08	2,446.	2,323.	S/L	5	123.	
BANK OF 6 KITTY	1/02/08	2,600.	2,470.	S/L	5	130.	
BACK UP HARDDRIV	5/08/08	560.	532.	S/L	5		
2008 IMAC #117 &	7/01/08	4,733.	1,420.	S/L	5	947.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g)	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22					

2010 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name ANIMAL FRIENDS RESCUE PROJECT	California corporation number 2111053
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Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000															
2 Total cost of IRC Section 179 property placed in service	2																
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000															
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4																
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5																
<table border="1" style="width:100%"> <tr> <th style="width:45%">6 (a) Description of property</th> <th style="width:20%">(b) Cost (business use only)</th> <th style="width:35%">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost												
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost															
7 Listed property (elected IRC Section 179 cost)	7																
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8																
9 Tentative deduction. Enter the smaller of line 5 or line 8	9																
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12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12																
13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12	13																

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
2008 HURUO COMPU	7/01/08	800.	240.	S/L	5	160.	
CLARK CAGES 2008	7/01/08	2,100.	630.	S/L	5	420.	
SPRINTER VAN 200	1/01/09	36,047.	10,814.	S/L	5	7,209.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g)						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22	

2010 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **RENTAL ACTIVITY**

Corporation name ANIMAL FRIENDS RESCUE PROJECT	California corporation number 2111053
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Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
607/615 BULLARD	5/10/10	52,900.			0		
607/615 BULLARD	5/10/10	177,100.	806.	S/L	28	6,439.	
1308 CLOVIS LAND	5/10/10	148,000.			0		
1308 CLOVIS BUIL	5/10/10	52,000.	167.	S/L	39	1,333.	
1308 CLOVIS PARK	5/10/10	200,000.	1,660.	S/L	15	13,340.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	21,112.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g)						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22	

CLIENT 210075

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

2/28/12

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STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS.....	\$	49,509.
OTHER INCOME.....		462.
OTHER INVESTMENT INCOME.....		508.
PROGRAM SERVICE REVENUE.....		206,967.
	TOTAL \$	<u>257,446.</u>

STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$	4,034.
ADVERTISING AND PROMOTION.....		6,827.
ANIMAL SUPPLIES.....		71,737.
CREDIT CARD & BANK FEES.....		4,367.
DIRECT MAILING & NEWSLETTER.....		8,562.
EVENT EXPENSES.....		320.
FUNDRAISING EXPENSES.....		2,355.
INSURANCE.....		5,806.
LAUNDRY.....		9,225.
MEDICAL REQUIRMENTS.....		272,435.
OFFICE EXPENSES.....		11,483.
OTHER EMPLOYEE BENEFIT.....		9,892.
PAYROLL PROCESSING.....		2,916.
RENTAL EXPENSES.....		19,294.
SPECIAL EVENT EXPENSES.....		16,339.
STAFF DEVELOPMENT.....		1,224.
TRANSPORTATION.....		26,033.
TREASURE SHOP OVERHEAD.....		79,634.
VOLUNTEER EXPENSES.....		653.
	TOTAL \$	<u>553,136.</u>

STATEMENT 3
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES.....		4,004.
RENT DEPOSITS.....		3,400.
	TOTAL \$	<u>7,404.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

SECURITY DEPOSITS.....		4,710.
	TOTAL \$	<u>4,710.</u>

IN
MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

State Charity Registration Number 112090 ANIMAL FRIENDS RESCUE PROJECT <small>Name of Organization</small> P.O. BOX 51083 <small>Address (Number and Street)</small> PACIFIC GROVE, CA 93950 <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. 2111053 Federal Employer ID No. 77-0491141
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/10 ending 6/30/11) list:
 Gross annual revenue \$ 883,840. Total assets \$ 795,417.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number **831-333-0722**

Organization's e-mail address **INFO@ANIMALFRIENDSRESCUE.ORG**

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

KELLY LEHRIAN	EXECUTIVE DIREC	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

6/30/11

2010 CALIFORNIA BOOK DEPRECIATION SCHEDULE

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CLIENT 210075

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

2/28/12

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
AUTO / TRANSPORT EQUIPMENT																
16	2005 TOYOTA SIENNA VAN	8/25/05		26,009							26,009	23,409	S/L HY	5	.10000	2,600
28	SPRINTER VAN 2009	1/01/09		36,047							36,047	10,814	S/L HY	5	.20000	7,209
TOTAL AUTO / TRANSPORT EQUIP				62,056		0	0	0	0	0	62,056	34,223				9,809
FURNITURE AND FIXTURES																
1	OFFICE FURNITURE	2/02/00		332							332	332	S/L HY	7		0
2	KITTY CONDOS	10/20/03		7,085							7,085	6,578	S/L HY	7	.07140	507
3	DESKS AND CHAIRS	3/01/06		500							500	320	S/L HY	7	.14280	71
17	CAT ROOM	4/24/00		1,440							1,440	1,440	S/L HY	7		0
TOTAL FURNITURE AND FIXTURE				9,357		0	0	0	0	0	9,357	8,670				578
MACHINERY AND EQUIPMENT																
4	DIGITAL CAMERA	3/24/00		322							322	322	S/L HY	5		0
5	COMPUTER EQUIPMENT	5/24/00		2,839							2,839	2,839	S/L HY	5		0
6	PROJECTOR SYSTEM	8/24/02		5,000							5,000	5,000	S/L HY	5		0
7	COMPUTER EQUIPMENT	8/04/03		5,713							5,713	5,713	S/L HY	5		0
8	POWERMAC & DISPLAY	5/01/05		1,600							1,600	1,480	S/L HY	5		0
9	17" POWERBOOK	6/01/06		1,500							1,500	1,350	S/L HY	5	.10000	150
10	2 17" IMAC COMPUTERS	6/23/06		2,500							2,500	2,250	S/L HY	5	.10000	250
11	US WIRED PHONE SYSTEM	6/30/06		4,149							4,149	3,735	S/L HY	5	.10000	414
12	#109 HDDRIVE & #110 MONIT	1/01/07		1,500							1,500	1,050	S/L HY	5	.20000	300
13	#111 & 112 IMAC COMPUTERS	5/15/07		3,524							3,524	2,467	S/L HY	5	.20000	705

6/30/11

2010 CALIFORNIA BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT 210075

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

2/28/12

03:34PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
14	5 ULTRALITE CAT CAGES	9/11/06		3,200							3,200	2,240	S/L HY	5	.20000	640
15	BANK OF 6 KITTY CONDOS	10/01/06		3,080							3,080	2,156	S/L HY	5	.20000	616
18	OFFICE EQUIPMENT	9/17/00		2,169							2,169	2,169	S/L HY	5		0
19	HARD DRIVES	9/14/07	7/01/10	457							457	228	S/L HY	5	.20000	0
20	OKI C6100 LASER PRINTER	1/02/08		1,342							1,342	1,274	S/L HY	5	.20000	68
21	#114 IMAC	1/02/08		1,238							1,238	1,177	S/L HY	5	.20000	61
22	NORTHSTAR DATABASE	1/02/08		2,446							2,446	2,323	S/L HY	5	.20000	123
23	BANK OF 6 KITTY CONDOS	1/02/08		2,600							2,600	2,470	S/L HY	5	.20000	130
24	BACK UP HARDDRIVES	5/08/08	7/01/10	560							560	532	S/L HY	5	.20000	0
25	2008 IMAC #117 & 118	7/01/08		4,733							4,733	1,420	S/L HY	5	.20000	947
26	2008 HURUO COMPUTER #116	7/01/08		800							800	240	S/L HY	5	.20000	160
27	CLARK CAGES 2008 POSH PET	7/01/08		2,100							2,100	630	S/L HY	5	.20000	420
TOTAL MACHINERY AND EQUIPME				53,372		0	0	0	0	0	53,372	43,065				4,984
TOTAL DEPRECIATION				124,785		0	0	0	0	0	124,785	85,958				15,371

RENTAL ACTIVITY - 1308 CLOVIS AVE, FRESNO, CA 93727

BUILDINGS

32	1308 CLOVIS BUILDING	5/10/10		52,000							52,000	167	S/L MM	39	.02564	1,333
TOTAL BUILDINGS				52,000		0	0	0	0	0	52,000	167				1,333

IMPROVEMENTS

6/30/11

2010 CALIFORNIA BOOK DEPRECIATION SCHEDULE

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CLIENT 210075

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

2/28/12

03:34PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
33	1308 CLOVIS PARKING LOT	5/10/10		200,000							200,000	1,660	S/L MQ	15	.06670	13,340
	TOTAL IMPROVEMENTS			200,000		0	0	0	0	0	200,000	1,660				13,340
	LAND															
31	1308 CLOVIS LAND	5/10/10		148,000							148,000					0
	TOTAL LAND			148,000		0	0	0	0	0	148,000	0				0
	TOTAL DEPRECIATION			400,000		0	0	0	0	0	400,000	1,827				14,673
RENTAL ACTIVITY - 615 BULLARD CLOVIS, CA 93612																
	BUILDINGS															
30	607/615 BULLARD RENTAL	5/10/10		177,100							177,100	806	S/L MM	27.5	.03636	6,439
	TOTAL BUILDINGS			177,100		0	0	0	0	0	177,100	806				6,439
	LAND															
29	607/615 BULLARD AVE LAND	5/10/10		52,900							52,900					0
	TOTAL LAND			52,900		0	0	0	0	0	52,900	0				0
	TOTAL DEPRECIATION			230,000		0	0	0	0	0	230,000	806				6,439
	GRAND TOTAL DEPRECIATION			754,785		0	0	0	0	0	754,785	88,591				36,483

6/30/11

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	DEPRECIATION ASSETS SOLD			1,017		0	0	0	0	0	1,017	760				0
	DEPR REMAINING ASSETS			<u>753,768</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>753,768</u>	<u>87,831</u>				<u>36,483</u>