

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C ANIMAL FRIENDS RESCUE PROJECT P. O. BOX 51083 PACIFIC GROVE, CA 93950	D Employer identification number 77-0491141
		E Telephone number 831-333-0722
		F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.ANIMALFRIENDSRESCUE.ORG

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

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 759,108.

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

REVENUE	
1 Contributions, gifts, grants, and similar amounts received	383,184.
2 Program service revenue including government fees and contracts	195,234.
3 Membership dues and assessments	
4 Investment income	318.
5a Gross amount from sale of assets other than inventory	
b Less cost or other basis and sales expenses	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	89,355.
b Less direct expenses other than fundraising expenses	28,459.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	60,896.
7a Gross sales of inventory, less returns and allowances	91,017.
b Less cost of goods sold	74,062.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	16,955.
8 Other revenue (describe ▶ _____)	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	656,587.
EXPENSES	
10 Grants and similar amounts paid (attach schedule)	
11 Benefits paid to or for members	
12 Salaries, other compensation, and employee benefits	269,171.
13 Professional fees and other payments to independent contractors	9,668.
14 Occupancy, rent, utilities, and maintenance	36,566.
15 Printing, publications, postage, and shipping	13,866.
16 Other expenses (describe ▶ SEE STATEMENT 1)	353,848.
17 Total expenses (add lines 10 through 16)	683,119.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	-26,532.
NET ASSETS	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	35,288.
20 Other changes in net assets or fund balances (attach explanation)	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	8,756.

Part II Balance Sheet

If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.	
(See the instructions for Part II)	
22 Cash, savings, and investments	(A) Beginning of year 71,284. (B) End of year 44,506.
23 Land and buildings	
24 Other assets (describe ▶ SEE STATEMENT 2)	59,520. 77,568.
25 Total assets	130,804. 122,074.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	95,516. 113,318.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,288. 8,756.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions		0.
37b	b Did the organization file Form 1120-POL for this year?		X
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	X	
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		23,647.
39	39 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		N/A
39b	b Gross receipts, included on line 9, for public use of club facilities		N/A
40a	40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
40b	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	d Enter amount of tax on line 40c reimbursed by the organization		0.
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	41 List the states with which a copy of this return is filed ▶ CA		

42a The books are in care of ▶ OFFICE Telephone no ▶ 831-333-0722
 Located at ▶ 560 LIGHTHOUSE AVE. PACIFIC GROVE CA ZIP + 4 ▶ 93950

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country		X

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

		Yes	No
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 7

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization(s) a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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 E. Lehrian* Date: 2/13/10
 Type or print name and title: Kelly E. Lehrian, Executive Director

Paid Preparer's Use Only

Preparer's signature: *R. Kaufman CPA* Date: 2/8/2010
 Firm's name (or yours if self-employed), address, and ZIP + 4: MCGILLOWAY, RAY, BROWN & KAUFMAN
 150 CAYUGA ST STE 1
 SALINAS, CA 93901-2684
 Preparer's Identifying Number (See instructions): N/A
 EIN: N/A
 Phone no: (831) 424-2737

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33-1/3 support test – 2008.** 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

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test – 2008.** 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.

b **10%-facts-and-circumstances test – 2007.** 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.

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

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	273,167.	545,406.	430,188.	456,328.	559,435.	2,264,524.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	195,950.	315,226.	379,736.	413,592.	195,234.	1,499,738.
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 1-5	469,117.	860,632.	809,924.	869,920.	754,669.	3,764,262.
7a Amounts included on lines 1, 2, 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	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)						3,764,262.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	469,117.	860,632.	809,924.	869,920.	754,669.	3,764,262.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,605.	894.	5,279.	626.	318.	10,722.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	3,605.	894.	5,279.	626.	318.	10,722.
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		37,841.		105.		37,946.
13 Total support. (add lns 9, 10c, 11, and 12)						3,812,930.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.7 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.1 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.3 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.4 %

- 19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 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)	CONCOURS RAFFL (event type)	(total number)	(Add col (a) through col (c))	
1	Gross receipts	62,020.	14,450.	76,470.	
2	Less Charitable contributions				
3	Gross revenue (line 1 minus line 2)	62,020.	14,450.	76,470.	
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	24,698.	-924.	23,774.
	8	Direct expense summary Add lines 4- through 7 in column (d)			23,774.
9	Net income summary Combine lines 3 and 8 in column (d)			52,696.	

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 col (a) through col (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 and 7 in column (d)			

	YES	NO
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? b If 'No,' Explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	YES	NO
13 Indicate the percentage of gaming activity operated in		
a The organization's facility		
b An outside facility		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶ _____		
Address ▶ _____		
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____		
c If 'Yes,' enter name and address		
Name ▶ _____		
Address ▶ _____		
16 Gaming manager information		
Name ▶ _____		
Gaming manager compensation ▶ \$ _____		
Description of services provided ▶ _____		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization ANIMAL FRIENDS RESCUE PROJECT	Employer identification number 77-0491141
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
RELATED PARTY LOAN PURCHASE VAN		X	23,647.	23,647.		X	X			X
Total				▶ \$	23,647.					

Part III Grants or Assistance Benefitting Interested Persons.
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
NET LONG TERM CAPITAL GAIN				9,490.	
OTHER PORTFOLIO INCOME				28,351.	
MISCELLANEOUS		105.			
TOTAL	\$ 0.	\$ 105.	\$ 0.	\$ 37,841.	\$ 0.

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	10,442.
ANIMAL SUPPLIES		35,515.
BANK FEES		8,129.
BOARDING		7,282.
CONFERENCES, CONVENTIONS, AND MEETINGS		1,597.
CONTRACT LABOR		1,800.
DEPRECIATION		17,162.
FEDERAL & STATE FILING FEES		115.
HOLIDAY PARTY		16.
INSURANCE		13,237.
LAUNDRY		4,206.
MEDICAL		190,820.
OFFICE EXPENSES		6,567.
PROGRAM EXPENSES		37,659.
TELEPHONE		4,998.
TRAVEL		667.
UTILITIES		3,185.
VEHICLE EXPENSE		10,451.
TOTAL	\$	<u>353,848.</u>

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILES	\$ 13,004.	\$ 40,244.
FURNITURE AND FIXTURES	2,853.	1,770.
INVENTORIES	4,859.	2,141.
MACHINERY AND EQUIPMENT	17,252.	17,613.
PLEDGES AND GRANTS RECEIVABLE	15,000.	10,000.
PREPAID EXPENSES AND DEFERRED CHARGES	6,552.	5,800.
TOTAL	<u>\$ 59,520.</u>	<u>\$ 77,568.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 88,946.	\$ 88,785.
PAL VOUCHER	446.	886.
PAYABLE TO OFFICERS, DIRECTORS, ETC.	0.	23,647.
PAYROLL & SALES TAX LIABILITIES	6,124.	0.
TOTAL	<u>\$ 95,516.</u>	<u>\$ 113,318.</u>

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO RESCUE, REHABILITATE AND FIND LOVING HOMES FOR HOMELESS CATS AND DOGS, AND TO PROVIDE SPAY/NEUTER ASSISTANCE TO THE PUBLIC.

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ANIMAL FRIENDS RESCUE PROJECT RESCUED AND ADOPTED OUT 1,355 CATS AND DOGS AND BUNNIES IN 08/09. THIS WAS ACCOMPLISHED WITH THE HELP OF OVER 400 ACTIVE VOLUNTEERS. AFRP CONTINUES TO RUN A HIGHLY SUCCESSFUL ADOPTION CENTER FOR DOGS AND CATS IN DOWNTOWN PACIFIC GROVE, CA.

STATEMENT 6
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ANIMAL FRIENDS LIFELINK TRANSPORTATION PROGRAM SAVED THE LIVES OF 1,573 DOGS AND 88 CATS THAT WOULD OTHERWISE HAVE BEEN EUTHANIZED. THE LIFELINK PROGRAM TRANSPORTS DOGS AND CATS AT RISK OF BEING EUTHANIZED IN SHELTERS TO RESCUE GROUPS LOCATED IN NORTHERN AND CENTRAL CALIFORNIA.

STATEMENT 7
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

ANIMAL FRIENDS RESCUE PROJECT

77-0491141

SCHEDULE L, PART II LOANS FROM INTEREST PARTY:

IN JUNE 2009 A SHORT TERM INTEREST FREE BRIDGE LOAN OF \$23,647 WAS PROVIDED BY THE HUSBAND OF A BOARD MEMBER TO COMPLETE THE PURCHASE OF A DODGE SPRINTER VAN FOR THE LIFELINK TRANSPORT PROGRAM WHICH TRANSPORTS OVER 1,500 DOGS TO SAFETY EACH YEAR. ANIMAL FRIENDS RESCUE PROJECT RECEIVED A GRANT AND HAD A COMMITMENT FOR THE REST OF THE VAN PURCHASE BUT THOSE FUNDS WOULD BE RECEIVED OVER TIME. THIS LOAN WAS TO FINALIZE THE PURCHASE AND WILL BE PAID IN FULL BY THE END OF THE FISCAL YEAR 2009-2010.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization	Employer identification number
	ANIMAL FRIENDS RESCUE PROJECT	77-0491141
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P.O. BOX 51083	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	PACIFIC GROVE, CA 93950	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ OFFICE -----

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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20__ or
- ▶ tax year beginning 7/01, 20 08, and ending 6/30, 20 09

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a 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	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 4-2009)