2012 Exempt Org. Return prepared for:

Animal Place 17314 McCourtney Road Grass Valley, CA 95949

JENSEN SMITH CPAs PO BOX 160 LINCOLN, CA 95648

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2012 Federal Book Depreciation Schedule

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Animal Place

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.	Salv . /Ba Redu	sis	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
	990/990-PF																	
Aut	to / Transport Equipment																	
1	Honda CR-V	12/22/00		20,386									20,386	20,386	S/L	5		
2	1984 Toyota T100	6/12/02		8,000									8,000	8,000	S/L	5		
3	2005 Toyota Tundra	10/11/04		28,699									28,699	28,699	S/L	5		
63	GV-Travel Trailer	12/27/09		3,000									3,000	600	S/L	10	_	30
	Total Auto / Transport Equipment			60,085		0		0	C)	0	0	60,085	57,685				30
Bui	ildings																	
4	Barn	7/08/98		101,582									101,582	45,711	S/L	30		3,38
5	Rabbit Barn	4/26/99		10,066									10,066	10,066	S/L	10		
6	Add'l Barn Improvements	1/31/99		7,743									7,743	3,333	S/L	30		25
7	Gutters Roofing	1/29/00		2,495									2,495	2,495	S/L	10		
8	Electrical Work	9/14/00		709									709	266	S/L	30		2
9	Overhang, roofing	12/24/00		1,650									1,650	1,650	S/L	10		
10	Room Addition	6/04/01		5,780									5,780	2,042	S/L	30		19
11	Room Addition - dog sink	6/04/01		464									464	464	S/L	5		
12	Laundry Hutch Addition	9/15/01		1,348									1,348	1,348	S/L	5		
13	Portable Barn	12/14/01		723									723	723	S/L	10		
14	Pole Barn	3/20/02		14,580									14,580	14,510	S/L	10		7
15	Additional Barn Costs	12/31/01		19,062									19,062	19,062	S/L	10		
16	Feed Storage/emp Bldg	2/15/02		6,325									6,325	6,277	S/L	10		4
17	Apartment	12/01/05		35,724									35,724	7,245	S/L	30		1,19
18	Barn Improvements	11/28/05		3,769									3,769	778	S/L	30		12
19	Shed	9/14/05		1,641									1,641	1,107	S/L	10		16

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Animal Place

No.	Description	Date <u>Acquired</u>	Date Cost/ Sold Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Ra	Current te Depr.
20	Barn	6/30/05	12,269							12,269	2,863	S/L	30	40
57	GV - Fencing	11/19/09	69,198							69,198	14,417	S/L	10	6,92
59	GV-Pot bellied Pig Barn	8/11/09	32,291							32,291	2,600	S/L	30	1,0
60	GV-Large Pig Barn	8/11/09	73,970							73,970	5,959	S/L	30	2,4
61	GV - Poultry Barn	8/11/09	52,712							52,712	4,246	S/L	30	1,7
62	GV-Rabbit Barn	8/11/09	53,092							53,092	4,277	S/L	30	1,7
65	VC - Buildings 50% of pur	7/29/09	375,000							375,000	30,208	S/L	30	12,50
66	GV - Permits/fees/plning	7/29/09	40,572							40,572	3,695	S/L	30	1,3
67	GV - Misc 7 yr prop. cost	7/29/09	17,347							17,347	5,989	S/L	7	2,4
69	Well House	1/19/10	1,080							1,080	69	S/L	30	;
70	Barn Doors	1/22/10	1,890							1,890	121	S/L	30	(
71	Barn Remodel	12/31/10	1,620							1,620	54	S/L	30	
81	Improvements	1/11/11	11,731							11,731	391	S/L	30	39
82	Barn Improvements	12/02/11	32,579							32,579	90	S/L	30	1,08
83	Office Remodel	12/23/11	13,207							13,207		S/L	30	44
99	Barn Improvement	12/31/11	2,679							2,679		S/L	10	20
	Total Buildings		1,004,898		0	0	() (0	1,004,898	192,056			38,52
Fu	rniture and Fixtures													
68	GV Signs	6/13/09	1,640							1,640	605	S/L	7	23
75	Sink	1/28/10	426							426	117	S/L	7	(
76	Cabinets	1/28/10	1,405							1,405	385	S/L	7	2
77	3 Cubicals	2/09/10	750							750	205	S/L	7	10
78	Furniture and fixtures	4/02/10	114							114	28	S/L	7	
95	Signage	8/26/11	1,000							1,000	48	S/L	7	14
97	Furniture and Fixture	8/19/11	1,718					<u> </u>		1,718	82	S/L	7	2
	Total Furniture and Fixtures		7,053		0	0	() () 0	7,053	1,470			1,0

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Animal Place 68-0200668

No	Description	Date <u>Acquired</u>	Date Cost/ Sold Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	<u>Life</u>	Rate	Current Depr.
Improver	nents														
21 Porta	able Corral	6/20/92	8	15						815	815	S/L	7		
22 Corra	al Gate/Panels	12/31/98	5	58						558	558	S/L	5		
23 Critte	er Corral	7/12/00	2,5	20						2,520	2,520	S/L	10		
24 Fenci	ing	9/28/01	7,8	12						7,812	7,812	S/L	10		
25 Corra	al (panels 7 gate)	3/18/02	1,8	30						1,830	1,784	S/L	10		
26 Wate	r Tanks - Piping Syst	9/18/02	3,6	64						3,664	3,386	S/L	10		2
27 Fenci	ing	7/01/03	3,0	58						3,058	2,601	S/L	10		3
28 Fenci	ing & Gate	5/28/04	3,2	37						3,237	2,457	S/L	10		3
29 Well	In Progress	7/06/06	11,4	45						11,445	2,101	S/L	30		3
49 Well	and Reverse Osmosis	12/07/07	23,8	80						23,880	4,876	S/L	20		1,1
51 Fenci	ing - West Pasture	5/30/08	4	65						465	164	S/L	10		
52 Wate	r Runoff System	1/29/08	3,2	88						3,288	1,151	S/L	10		3
53 Well	Improvements	2/22/08	4,0	60						4,060	1,421	S/L	10		4
54 Wate	r System Improvements	5/30/08	1,0	96						1,096	385	S/L	10		1
73 Fenci	ing	1/19/10	14,5	00						14,500	2,779	S/L	10		1,4
74 Fenci	ing	3/16/10	33,9	28						33,928	5,938	S/L	10		3,3
79 Impro	ovements	7/01/10	30,4	88						30,488	4,573	S/L	10		3,0
80 Impro	ovements	5/01/10	5,4	68						5,468	912	S/L	10		!
84 Fenci	ing	9/30/11	27,0	75						27,075	677	S/L	10		2,
85 Retai	n Wall, Drainage	9/30/11	3,8	55						3,855	96	S/L	10		;
86 Barn	Gutters	12/12/11	1,2	50						1,250	10	S/L	10		
87 Plum	bing/Well	4/13/11	9,2	54						9,254	694	S/L	10		Ç
88 Plum	bing/Well	6/17/11	3,0	00						3,000	150	S/L	10		3
89 Plum	bing/Well	11/02/11	1,3	00						1,300	22	S/L	10		1

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Animal Place

No.	Description	Date <u>Acquired</u>	Date Sold	Cost/ Basis	Bus.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Rate	Current Depr.
90	Grading/Paving	8/10/11		16,391							16,391	683	S/L	10	1,639
91	Grading/Paving	12/09/11		6,805							6,805	57	S/L	10	681
92	Electric Infrastructure	7/27/11		1,409							1,409	59	S/L	10	141
93	Electric Infrastructure	9/30/11		13,573							13,573	339	S/L	10	1,357
94	Electric Infrastructure	11/02/11		5,883							5,883	98	S/L	10	588
96	Septic	11/11/11		22,517							22,517	375	S/L	10	2,252
105	Fencing	12/31/12		5,550							5,550		S/L	10	0
106	Leasehold Improvements	12/31/12		79,096							79,096		S/L	10	0
108	Capital exp - Paving	12/31/12	_	1,077							1,077		S/L	10	0
	Total Improvements			350,147		0	0	C)	0 0	350,147	49,493			23,093
Lar	nd														
46	Land	8/13/07		325,908							325,908				0
50	Grass Valley Property	10/07/08		2,876,389							2,876,389				0
55	GV Land Purchase Costs	10/07/08		3,099							3,099				0
56	GV Land Development Costs	10/07/08		15,689							15,689				0
64	VC - Land 50% of purchase	7/29/09		375,000							375,000				0
100	Land	4/04/12	_	415,000							415,000				0
	Total Land			4,011,085		0	0	C)	0 0	4,011,085	0			0
Ma	chinery and Equipment														
30	Trailer - 12ft. Build-Rit	12/30/94		3,922							3,922	3,922	S/L	7	0
31	Tractor - New Holland	3/13/97		13,811							13,811	13,482	S/L	7	0
32	EOS Rebel 35mm SLR Camera	3/13/02		341							341	334	S/L	10	7
33	Craftsman Lawn Tractor	5/06/02		1,187							1,187	1,187	S/L	5	0

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Animal Place

_No	Description	Date Acquired	Date Cost/ Sold Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	_Life	Rate	Current Deor.
34	Kawasaki Mule	2/22/03	11,79	9				·		11,799	11,799	S/L			. 0
35	Computer	3/24/04	95	2						952	952	S/L	5		0
36	Computer	9/21/04	1,41	5						1,415	1,415	S/L	5		0
37	Office Furniture	1/12/04	30	8						308	248	S/L	10		31
38	Pump System	7/25/01	88	1						881	881	S/L	5		0
39	Refrigerator	10/15/01	47	3						473	473	S/L	5		0
40	Refrigerator	3/20/02	53	2						532	532	S/L	5		0
41	Wood Burning Stove	5/09/02	1,62	4						1,624	1,624	S/L	5		0
42	Cages	4/20/05	2,17	6						2,176	1,381	S/L	10		218
43	Camera	8/10/05	1,07	4						1,074	1,074	S/L	5		0
44	Computer	1/18/05	1,18	6						1,186	1,186	S/L	5		0
45	Computer	3/31/06	1,56	7						1,567	1,567	S/L	5		0
47	Chairs - 2	8/15/07	12	7						127	113	S/L	5		14
48	Computer	8/15/07	79	2						792	711	S/L	5		81
58	GV - mower	5/07/09	3,60	6						3,606	962	S/L	10		361
72	Equipment	6/01/10	1,62	1						1,621	367	S/L	7		232
98	Equipment	10/26/11	6,17	9						6,179	147	S/L	7		883
101	Equipment	3/21/12	6,39	9						6,399		S/L	7		686
102	Equipment	7/19/12	1,72	7						1,727		S/L	7		103
103	Equipment	10/10/12	2,11	8						2,118		S/L	7		76
104	Equipment	12/19/12	2,57	3						2,573		S/L	7		0
107	Equipment	9/21/12	1,68	9						1,689		S/L	7		60
	Total Machinery and Equipment		70,07	9	0	0	C) (0	70,079	44,357				2,752
	Total Depreciation		5,503,34	<u> 7</u>	0	0	() 0	0	5,503,347	345,061				65,678

2/31/12	20	12 Federal Book Deprec			Page
		Animal Place			68-02006
No Description	Date Date AcquiredSold	Pric Cur Special 179 Cost/ Bus. 179 Depr. Bonu Basis Pct. Bonus Allow. Sp. Dr	r / Prior Salvage s/ Dec. Bal. /Basis C apr. Depr. Reductn E	Depr. Prior Basis Depr. Method Life —	Current Rate Depr.
Grand Total Depreciation		5,503,347 0 0	0 0 0	5,503,347 345,061	65,6

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Animal Place

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.	Salv . /Ba Redu	asis	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form	·			- January			71110111		.,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						- HISTING			эчи.
Aut	to / Transport Equipment																	
1	Honda CR-V	12/22/00		20,386									20,386	20,386	S/L	5		
2	1984 Toyota T100	6/12/02		8,000									8,000	8,000	S/L	5		
3	2005 Toyota Tundra	10/11/04		28,699									28,699	28,699	S/L	5		
63	GV-Travel Trailer	12/27/09		3,000									3,000	600	S/L	10	_	30
	Total Auto / Transport Equipment			60,085		0		0	()	0	0	60,085	57,685				30
Bui	ildings																	
4	Barn	7/08/98		101,582									101,582	45,711	S/L	30		3,38
5	Rabbit Barn	4/26/99		10,066									10,066	10,066	S/L	10		
6	Add'l Barn Improvements	1/31/99		7,743									7,743	3,333	S/L	30		25
7	Gutters Roofing	1/29/00		2,495									2,495	2,495	S/L	10		
8	Electrical Work	9/14/00		709									709	266	S/L	30		2
9	Overhang, roofing	12/24/00		1,650									1,650	1,650	S/L	10		
10	Room Addition	6/04/01		5,780									5,780	2,042	S/L	30		19
11	Room Addition - dog sink	6/04/01		464									464	464	S/L	5		
12	Laundry Hutch Addition	9/15/01		1,348									1,348	1,348	S/L	5		
13	Portable Barn	12/14/01		723									723	723	S/L	10		
14	Pole Barn	3/20/02		14,580									14,580	14,510	S/L	10		7
15	Additional Barn Costs	12/31/01		19,062									19,062	19,062	S/L	10		
16	Feed Storage/emp Bldg	2/15/02		6,325									6,325	6,277	S/L	10		4
17	Apartment	12/01/05		35,724									35,724	7,245	S/L	30		1,19
18	Barn Improvements	11/28/05		3,769									3,769	778	S/L	30		12
19	Shed	9/14/05		1,641									1,641	1,107	S/L	10		16

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No.	Description	Date <u>Acquired</u>	Date Cost/ Sold Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Ra	Current te Depr.
20	Barn	6/30/05	12,269							12,269	2,863	S/L	30	40
57	GV - Fencing	11/19/09	69,198							69,198	14,417	S/L	10	6,92
59	GV-Pot bellied Pig Barn	8/11/09	32,291							32,291	2,600	S/L	30	1,0
60	GV-Large Pig Barn	8/11/09	73,970							73,970	5,959	S/L	30	2,4
61	GV - Poultry Barn	8/11/09	52,712							52,712	4,246	S/L	30	1,7
62	GV-Rabbit Barn	8/11/09	53,092							53,092	4,277	S/L	30	1,7
65	VC - Buildings 50% of pur	7/29/09	375,000							375,000	30,208	S/L	30	12,50
66	GV - Permits/fees/plning	7/29/09	40,572							40,572	3,695	S/L	30	1,3
67	GV - Misc 7 yr prop. cost	7/29/09	17,347							17,347	5,989	S/L	7	2,4
69	Well House	1/19/10	1,080							1,080	69	S/L	30	;
70	Barn Doors	1/22/10	1,890							1,890	121	S/L	30	(
71	Barn Remodel	12/31/10	1,620							1,620	54	S/L	30	
81	Improvements	1/11/11	11,731							11,731	391	S/L	30	39
82	Barn Improvements	12/02/11	32,579							32,579	90	S/L	30	1,08
83	Office Remodel	12/23/11	13,207							13,207		S/L	30	44
99	Barn Improvement	12/31/11	2,679							2,679		S/L	10	20
	Total Buildings		1,004,898		0	0	() (0	1,004,898	192,056			38,52
Fu	rniture and Fixtures													
68	GV Signs	6/13/09	1,640							1,640	605	S/L	7	23
75	Sink	1/28/10	426							426	117	S/L	7	(
76	Cabinets	1/28/10	1,405							1,405	385	S/L	7	2
77	3 Cubicals	2/09/10	750							750	205	S/L	7	10
78	Furniture and fixtures	4/02/10	114							114	28	S/L	7	
95	Signage	8/26/11	1,000							1,000	48	S/L	7	14
97	Furniture and Fixture	8/19/11	1,718					<u> </u>		1,718	82	S/L	7	2
	Total Furniture and Fixtures		7,053		0	0	() () 0	7,053	1,470			1,0

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Animal Place 68-0200668

No	Description	Date Acquired	Date Cost/ Sold Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	<u>Life</u>	Rate _	Current Depr.
Improvemen	uts														
21 Portable	Corral	6/20/92	815							815	815	S/L	7		
22 Corral G	ate/Panels	12/31/98	558							558	558	S/L	5		
23 Critter C	orral	7/12/00	2,520							2,520	2,520	S/L	10		
24 Fencing		9/28/01	7,812							7,812	7,812	S/L	10		
25 Corral (p	oanels 7 gate)	3/18/02	1,830							1,830	1,784	S/L	10		
26 Water Ta	anks - Piping Syst	9/18/02	3,664							3,664	3,386	S/L	10		2
27 Fencing		7/01/03	3,058							3,058	2,601	S/L	10		3
28 Fencing	& Gate	5/28/04	3,237							3,237	2,457	S/L	10		32
29 Well In F	Progress	7/06/06	11,445							11,445	2,101	S/L	30		38
49 Well and	Reverse Osmosis	12/07/07	23,880							23,880	4,876	S/L	20		1,19
51 Fencing	- West Pasture	5/30/08	465							465	164	S/L	10		4
52 Water Ru	unoff System	1/29/08	3,288							3,288	1,151	S/L	10		32
53 Well Imp	provements	2/22/08	4,060							4,060	1,421	S/L	10		40
54 Water Sy	ystem Improvements	5/30/08	1,096							1,096	385	S/L	10		11
73 Fencing		1/19/10	14,500							14,500	2,779	S/L	10		1,45
74 Fencing		3/16/10	33,928							33,928	5,938	S/L	10		3,39
79 Improve	ments	7/01/10	30,488							30,488	4,573	S/L	10		3,04
80 Improve	ments	5/01/10	5,468							5,468	912	S/L	10		54
84 Fencing		9/30/11	27,075							27,075	677	S/L	10		2,70
85 Retain W	/all, Drainage	9/30/11	3,855							3,855	96	S/L	10		38
86 Barn Gu	tters	12/12/11	1,250							1,250	10	S/L	10		12
87 Plumbin	g/Well	4/13/11	9,254							9,254	694	S/L	10		92
88 Plumbin	g/Well	6/17/11	3,000							3,000	150	S/L	10		30
89 Plumbin	g/Well	11/02/11	1,300							1,300	22	S/L	10		13

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Animal Place

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.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
90	Grading/Paving	8/10/11		16,391							16,391	683	S/L	10		1,639
	Grading/Paving	12/09/11		6,805							6,805	57	S/L	10		68
	Electric Infrastructure	7/27/11		1,409							1,409	59	S/L	10		14
93	Electric Infrastructure	9/30/11		13,573	}						13,573	339	S/L	10		1,35
94	Electric Infrastructure	11/02/11		5,883	}						5,883	98	S/L	10		58
96	Septic	11/11/11		22,517	,						22,517	375	S/L	10		2,25
105	Fencing	12/31/12		5,550)						5,550		S/L	10		(
106	Leasehold Improvements	12/31/12		79,096	;						79,096		S/L	10		(
108	Capital exp - Paving	12/31/12	_	1,077							1,077		S/L	10	_	(
	Total Improvements			350,147	,	0	0) (0	350,147	49,493				23,09
Laı	nd															
46	Land	8/13/07		325,908	3						325,908					(
50	Grass Valley Property	10/07/08		2,876,389)						2,876,389					(
55	GV Land Purchase Costs	10/07/08		3,099)						3,099					
56	GV Land Development Costs	10/07/08		15,689)						15,689					(
64	VC - Land 50% of purchase	7/29/09		375,000)						375,000					(
100	Land	4/04/12	_	415,000)						415,000					(
	Total Land			4,011,085	j	0	0	() (0	4,011,085	0				(
Ma	chinery and Equipment															
30	Trailer - 12ft. Build-Rit	12/30/94		3,922	!						3,922	3,922	S/L	7		(
31	Tractor - New Holland	3/13/97		13,811							13,811	13,482	S/L	7		(
32	EOS Rebel 35mm SLR Camera	3/13/02		341							341	334	S/L	10		;
33	Craftsman Lawn Tractor	5/06/02		1,187	,						1,187	1,187	S/L	5		(

2012 California Book Depreciation Schedule

Page 5

Animal Place

<u>No.</u>	Description	Date <u>Acquired</u>	Date Cost/ Sold Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life Rate	Current Depr.
34	Kawasaki Mule	2/22/03	11,79	9						11,799	11,799	S/L	5	0
35	Computer	3/24/04	95	2						952	952	S/L	5	0
36	Computer	9/21/04	1,41	5						1,415	1,415	S/L	5	0
37	Office Furniture	1/12/04	30	8						308	248	S/L	10	31
38	Pump System	7/25/01	88	1						881	881	S/L	5	0
39	Refrigerator	10/15/01	47	3						473	473	S/L	5	0
40	Refrigerator	3/20/02	53	2						532	532	S/L	5	0
41	Wood Burning Stove	5/09/02	1,62	4						1,624	1,624	S/L	5	0
42	Cages	4/20/05	2,17	6						2,176	1,381	S/L	10	218
43	Camera	8/10/05	1,07	4						1,074	1,074	S/L	5	0
44	Computer	1/18/05	1,18	6						1,186	1,186	S/L	5	0
45	Computer	3/31/06	1,56	7						1,567	1,567	S/L	5	0
47	Chairs - 2	8/15/07	12	7						127	113	S/L	5	14
48	Computer	8/15/07	79	2						792	711	S/L	5	81
58	GV - mower	5/07/09	3,60	6						3,606	962	S/L	10	361
72	Equipment	6/01/10	1,62	1						1,621	367	S/L	7	232
98	Equipment	10/26/11	6,17	9						6,179	147	S/L	7	883
101	Equipment	3/21/12	6,39	9						6,399		S/L	7	686
102	Equipment	7/19/12	1,72	7						1,727		S/L	7	103
103	Equipment	10/10/12	2,11	8						2,118		S/L	7	76
104	Equipment	12/19/12	2,57	3						2,573		S/L	7	0
107	Equipment	9/21/12	1,68	9					- · ·	1,689		S/L	7	60
	Total Machinery and Equipment		70,07	9	0	0	() (0	70,079	44,357			2,752
	Total Depreciation		5,503,34	- 7	0	0) () 0	5,503,347	345,061			65,678

12/31/12 2012 California Book Depreciation Schedule Pag										
			Animal Place			68-	020066			
No. Description	Date Date <u>Acquired Sold</u>	Cur Cost/ Bus. 179 Basis Pct Bonus	Prior Special 179/ Depr. Bonus/ Allow. Sp. Depr.	Prior Salvage Dec. Bal. /Basis Depr. Reductn	Depr. Prior Basis Depr.	MethodLifeRate	Current Depr.			
Grand Total Depreciation		5,503,3470	0 0	0 0	5,503,347 345,061	_	65,67			

Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No. 1545-0047

Open to Public Inspection

B creating approtors Animal Place Animal P	Α	For th	ne 2012 calen	dar year, or tax year begin	ning	, 201	2, and ending	I		,	
Task and carrogs 17314 McCourtney Road Grass Valley, CA 95949 September number September number September number September number September number Femore and address of prosper officer: Kim Sturla HeQ) is this a group return fail indicated West Mean fail indicated included? West Mean fail included? West Mean fail indicated included? West Wes	В	Check it	f applicable:	С				D Em	ployer Ident	ification Number	
Transmitted Terminated Page P		Ad	ldress change	Animal Place				6	8-0200	668	
Transmitted Terminated Page P		Na	ime change	17314 McCourtney	Road			E Tel	ephone numl	ber	
Application particles		\vdash	-					5	30-477	-1757	
Application performs F Name and address of principal officer: Kim Sturtla Name As C Above Same		$\boldsymbol{\vdash}$							30 477	1757	
Application pondring F. Names and address of primition strains Same A.S. C. Above Note Name of primition Name of Same A.S. C. Above Note Name of primition Name of Same Name of Same of Sam		$\boldsymbol{\vdash}$						G 0"	ce receipte	\$ 2.015	752
Same As C Above Tale-attempt status X Dir(CX) Soft(e) () * (insert no.) 4947(a)(1) or 527		$\boldsymbol{\vdash}$		F Name and address of principal	officer: Vim	Cturla	l.			<u> </u>	
Tace-sempt status X 501(c)(x) 191(c) x (ester nc.) 4547(c)(1) or 1927 yebsite: yeww.animalplace.org yes of compensation: X coporation Trust Association chee+ Liver of Formation: 1989 M State of legal domicie: CA		Шир	plication pending		TALLII	Sturra		• •			
Website: Windy animal place.org	_	Tay	evemnt status)◀ (incert	no.) //9/7/a)/1)	or 527	If 'No,' attach a	list. (see ins	tructions)	
Part Summary	÷		•		, ,	110.) 4347(a)(1)		V-> Craun avamatic		•	
Briefly describe the organization's mission or most significant activities: The mission of Animal Place is to sextend compassion to all life with a special emphasis on farmed animals. This is executed by providing permanent sanctuary, education, legislation and appropriate placement of needy animals. 2 Check this box						NII .		• •			
Briefly describe the organization's mission or most significant activities: The mission of Animal Place is to extend compassion to all life with a special emphasis on farmed animals. This is executed by providing permanent. Sanctuary. education, legislation and appropriate placement of needy animals. 2 Check this box ~ [if the organization discontinued its operations or disposed of more than 25% of its net assets.] 3	_		_		Association	otner	L Year of Formation	on: 1989	IVI State of I	egal domicile: CA	L
extend compassion to all life with a special emphasis on farmed animals. This is executed by providing permanent sanctuary, education, legislation and appropriate placement of needy animals. 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). 4 Number of independent voting members of the governing body (Part VI, line 1a). 5 Total number of individuals employed in calendar year 2012 (Part VI, line 2a). 5 Total number of individuals employed in calendar year 2012 (Part VI, line 2a). 5 Total number of votinteers (estimate if necessary). 6 Total number of votinteers (estimate if necessary). 7 To Total number of votinteers (estimate if necessary). 8 Contributions and grants (Part VIII, line 1h). 9 Prior Year Current Year 9 Prior Year Current Year 9 Prior Year 10 Universiment income (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2b). 10 Investment income (Part VIII, lolumn (A), lines 3, 4, and 70). 11 Other revenue (Part VIII, column (A), lines 3, 4, and 70). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 2). 16 Professional fundraising fees (Part IX, column (A), line 2b). 17 Other expenses (Part IX, column (A), lines 11-10, line 2b). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2b). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total islabilities (Part X, line 26). 19 Revenue less expenses. Subtract line 18 from line 20. 10 Total islabilities (Part X, line 26). 20 Total assets (Part X, line 26). 21 Total islabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Total assets (Part X, line 26). 24 Signa	12	ert I	Summar Priofly dosori	bo the organization's missi	on or most sign	ificant activities:	.	C 7 '	1 D1		
executed by providing permanent sanctuary education, legislation and appropriate placement of needy animals: 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Gardinary Ga		'	briefly descri	be the organization's missi	on or most sign	inicant activities.	The missi	on of Ani	mal_Pl	<u>ace is to</u>	
b Net unrelated business taxable income from Form 990-T, line 34. Prior Year Current Year	Se										
b Net unrelated business taxable income from Form 990-T, line 34. Prior Year Current Year	nar					<u>nctuary, edu</u>	.cacion,	<u>registatio</u>	<u> </u>	abbrobr r	<u> 11e</u>
b Net unrelated business taxable income from Form 990-T, line 34. Prior Year Current Year	Ver			it of fieldy affilial	n discontinued i	ts operations or dis	snosed of mor	e than 25% of	its net as		
b Net unrelated business taxable income from Form 990-T, line 34. Prior Year Current Year	Ĝ									3013.	6
b Net unrelated business taxable income from Form 990-T, line 34. Prior Year Current Year	•প্										5
b Net unrelated business taxable income from Form 990-T, line 34. Prior Year Current Year	ties										13
b Net unrelated business taxable income from Form 990-T, line 34. Prior Year Current Year	Ξ	6	Total number	of volunteers (estimate if	necessary)				6		
Prior Year Surrent Year 936, 497. 1,919, 436.	Ac										0.
8 Contributions and grants (Part VIII, line 1h). 936, 497. 1,919, 436.		b	Net unrelated	d business taxable income	from Form 990-	T, line 34			7b		0.
9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 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). 16a Professional fundraising fees (Part IX, column (A), line 11e). 17 Other expenses (Part IX, column (D), line 25) ▶ 81,029. 18 Total expenses (Part IX, column (D), line 25) ▶ 81,029. 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total ilabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Total ilabilities (Part X, line 26). 24 Net assets or fund balances. Subtract line 21 from line 20. 25 Net assets or fund balances. Subtract line 21 from line 20. 26 North Part II Signature Block 27 Under perparer loader 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. 28 Primt's perparer's name 29 JENSEN SMITH CPAS 29 Preparer's signature 20 Date 20 Firm's address Pook X 160 20 Firm's address Pook X 160 21 Executive Director 22 Post 16 Primt some Preparer's signature 23 JENSEN SMITH CPAS 24 Preparer's signature 25 JENSEN SMITH CPAS 26 Proparer V 20 - 3009309 26 Proparer V 20 - 3009309 27 Proparer V 20 - 3009309 28 Proparer V 20 - 3009309 28 Proparer V 20 - 3009309 29 Proparer V 20 - 3009309 20 Proparer V 20 - 3009309 21 Proparer V 20 - 3009309 21 Proparer											
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 352, 441 . 65, 730 . 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 81,029 . 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 451, 380 . 978,956 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 803,821 . 1,044,686 . 19 Revenue less expenses. Subtract line 18 from line 12 . 229,516 . 959,933 . Beginning of Current Year End of Year 528,836 . 478,667 . 21 Total liabilities (Part X, line 16) . 528,836 . 478,667 . 22 Net assets or fund balances. Subtract line 21 from line 20 . 4,942,802 . 5,922,121 . 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 Print Sturla Signature of officer Preparer Date Check if PTIN Self-employed P01513142 Firm's address P0 BOX 160 Firm's address P10 BOX 160 P100 P100 P100 P100 P100 P100 P100 P											
16a Professional fundraising fees (Part IX, column (A), line 11e) 15 Total fundraising expenses (Part IX, column (D), line 25) 81,029 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 451,380 978,956 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 803,821 1,044,686 959,933 19 Revenue less expenses. Subtract line 18 from line 12 229,516 959,933 19 Revenue less expenses. Subtract line 18 from line 12 229,516 959,933 10 Total assets (Part X, line 16) 528,836 478,667 471,638 6,400,788 528,836 478,667 478,667 479,428 478,667 479,428 479				•							
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To Uniter expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Net assets or fund balances. Subtract line 21 from line 20. 24 June 18 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 Paid Preparer Paid Preparer Use Only Pint/Type preparer's name Preparer's signature Preparer's signa	nse	16a	Professional	fundraising fees (Part IX, o	column (A), line	11e)					
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19 Revenue less expenses. Subtract line 18 from line 12 229,516. 959,933.		18	Total expense	es. Add lines 13-17 (must e	equal Part IX, c	olumn (A), line 25)					
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Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20. 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 Paid Preparer Use Only Type or print name Firm's address JENSEN SMITH CPAS Firm's address PO BOX 160 LINCOLN, CA 95648 S128, 836. 478, 667. 4, 942, 802. 5, 922, 121. Date Executive Director Check if PTIN Self-employed P01513142 Firm's Elin 20-3009309 Phone no. 9164341662	0 0	+		· · · · · · · · · · · · · · · · · · ·							•
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 Name	sets	20	Total assets	(Part X, line 16)							
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 Name	t As	21	Total liabilitie	es (Part X, line 26)							
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 Nim Sturla	ž	22	Net assets or	fund balances. Subtract li	ne 21 from line	20		4.942	802	5.922	.121
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 Signature of officer	Pa	art II	Signatur	e Block				1/312	.,	0,322	<u>, </u>
Sign Here Sign Signature of officer Date					rn including accomp	anving schedules and sta	atements, and to the	ne hest of my knowle	edge and heli	ief it is true correc	t and
Here Kim Sturla Type or print name and title. Print/Type preparer's name Lisette L. Hutchens, CPA Firm's name Firm's name Firm's address Po BOX 160 Lincoln, CA 95648 Executive Director Check If PTIN Polity	com	plete. De	eclaration of prepa	arer (other than officer) is based on	all information of whi	ch preparer has any know	vledge.		9	,,	.,
Here Kim Sturla Type or print name and title. Print/Type preparer's name Lisette L. Hutchens, CPA Firm's name Firm's name Firm's address Po BOX 160 Lincoln, CA 95648 Executive Director Check If PTIN Polity											
Here Kim Sturla Type or print name and title. Print/Type preparer's name Lisette L. Hutchens, CPA Preparer Use Only Kim Sturla Type or print name and title. Preparer's signature Preparer's sig	Sid	n	Signatu	re of officer				Date			
Type or print name and title. Print/Type preparer's name Preparer's signature Print/Type preparer's name Lisette L. Hutchens, CPA Firm's name Firm's name Firm's address PO BOX 160 LINCOLN, CA 95648 Preparer Preparer's signature Date Check Self-employed PO1513142 Po1513142 Po1513142 Po1513142 Po1513142 Po1513142	He	re	▶ Kim	Sturla				Executive	e Dire	ctor	
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LINCOLN, CA 95648 Phone no. 9164341662			l					Firm's F	EIN ► 2N-	3009309	
					18						
	Ma	y the II	RS discuss th			(see instructions).					No

	990 (2012) Animal Place	68-0200668	Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	The mission of Animal Place is to extend compassion to all life		
	emphasis on farmed animals. This is executed by providing perma		
	education, legislation and appropriate placement of needy anima	<u>ls.</u>	
2	Did the organization undertake any significant program services during the year which were not listed on the	•	
	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
4	If 'Yes,' describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service.	ervices as measured by	expenses
·	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun others, the total expenses, and revenue, if any, for each program service reported.	t of grants and allocations	to
4 a		(Revenue \$)
	The Organization provided care for abused and discarded animals		
	provided a variety of educational resources for both children a		teach
	<u>kindness and compassion for all creatures, includding nation-wi</u> programs such as "Food for Thought", "ABC (About Building Compa		
	Campaigne "		<u>-n</u>
			. – – – – -
4 b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
			
			. – – – – -
	(Code:) (Expenses \$ including grants of \$)	(Payanua Š	
40	(Code) (Expenses 7 including grants of 7)	(Neverlue P	
4 c	Other program services. (Describe in Schedule O.)		
4.	(Expenses \$ including grants of \$) (Revenue Total program service expenses ▶ 851,999	Ş)

Form 990 (2012) Animal Place Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	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	3		Х
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? If 'Yes,' complete Schedule C, Part II	4		Х
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? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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>	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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>	11 b		Х
,	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? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	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? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
	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>	15		Х
	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? If 'Yes,' complete Schedule F, Parts III and IV	16		X
	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? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20 20 h		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) Animal Place Part IV Checklist of Required Schedules (continued)

			res	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? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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>	23		Х
24 a	a 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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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>	25a		Х
ŀ	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? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
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>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
$D \wedge A$		Form	aan /	つ 1 つ 1 つ 1

Form **990** (2012)

Form 990 (2012) Animal Place Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V.......

	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	1a 15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	ء Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable 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 State-				
	ments, filed for the calendar year ending with or within the year covered by this return	2a 13		v	
t	of fat least one is reported on line 2a, did the organization file all required federal employmen		2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see in	•	_		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year		3 a		Х
	of 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 financial account in a foreign country (such as a bank account, securities account, or other fi	er authority over, a	4a		Х
	If 'Yes,' enter the name of the foreign country:	nanolal accounty	a		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F	inancial Accounts			
5.8	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax		5 a		Χ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	•	5 b		X
	: 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, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?		7 c		Х
	I If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	7.0		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		Χ
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file				
ŀ	as required?	organization file a	7 g		
'	Form 1098-C?		7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
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:	•			
а	Gross income from members or shareholders	11 a			
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			
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of	1	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		12.		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedul	e ∪.			
	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	13b			
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	14b		

Form 990 (2012) Animal Place 68-0200668 Page 6 | 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 Nο 1 a Enter the number of voting members of the governing body at the end of the tax year. 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee?..... Χ 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?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhólders, or other persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?.... 8а X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.......... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a Χ b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?.. Χ 120 13 Did the organization have a written whistleblower policy?..... 13 Χ Did the organization have a written document retention and destruction policy?..... 14 Χ 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? Χ a The organization's CEO, Executive Director, or top management official..... 15 a **b** Other officers of key employees of the organization... See .Schedule..O..... X 15 h 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?..... Χ 16 a b If 'Yes,' did the organization follow 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 List the states with which a copy of this Form 990 is required to be filed ▶ None 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. X Upon request Another's website Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Form 990 (2012)	Animal Place	68-0200668 P	age
Part VII Com	pensation of Officers, Directors, Trustees, Key Er pendent Contractors	nployees, Highest Compensated Employees, a	and
Check	if Schedule O contains a response to any question in this Par	rt 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

employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) (E) (F) Name and Title Reportable compensation from Reportable compensation from Estimated Average hours per week (list any hours for related amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Individual to or director Officer Former employee Highest compensated (ey employee nstitutional trustee organiza-tions and related organizations below l trustee dotted (1) Kim Sturla 40 Executive Direc 0 Χ Χ 65,730 0 0. (2) Nedim C. Buyukmihci, V. 0 Vice President 0 Χ Χ 0. 0 0. (3) Marianne O'Connell 0 0 Χ Treasurer Χ 0. 0 0. (4) Diane Allevato 0 President 0 Χ Χ 0. 0 0. (5) Diana Phillips, DVM 0 Director 0 Χ 0. 0 0. 0 (6) Jan L. Novic Director 0 Χ 0. 0 0. (7) (8) (9) (10) (11) (12) (13) (14)

Part VII Section A. Officers, Directors, Trus	tees, (B)	Key	Em			es,	and	d Highest Com	pensated Emp	oyees (cont)
	(B)			(C	•			(D)	(E)	(F)
(A) Name and title	Average hours	box	, unle	ss pe	erson	than	h an	(D) Reportable	(E) Reportable	(F) Estimated
Name and the	per week				1	or/trus	,	compensation from the organization	compensation from related organizations	amount of other compensation
	(list any hours for related organiza	Indiv or di	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	idua	ribir	Œ	emp	oyee	er			and related organizations
	- tions below	r trustee	ों वि		loyee	omp				
	dotted line)	stee	uste		10	msa				
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(24)										
(25)	 									
1h Cub tatal								65 700	^	•
1 b Sub-total							•	65,730. 0.	0.	0.
d Total (add lines 1b and 1c)							•	65,730.	0.	0.
2 Total number of individuals (including but not limited t							ved		• • • • • • • • • • • • • • • • • • • •	
from the organization 0										
										Yes No
3 Did the organization list any former officer, director	or or trus	stee,	key	em	ploy	ee, c	or hi	ighest compensate	ed employee	2 1
on line 1a? If 'Yes,' complete Schedule J for such										. 3 X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater	eportab	le co	mpe	nsa	ation /es/	and	oth	er compensation	from	
such individual										. 4 X
5 Did any person listed on line 1a receive or accrue	comper	satio	n fr	om	any	unre	late	ed organization or	individual	F
for services rendered to the organization? <i>If 'Yes,</i> Section B. Independent Contractors	compie	te So	спеа	iuie	Ј ТО	r suc	сп р	erson		. 5 X
1 Complete this table for your five highest compensations.	ated inde	epen	dent	cor	ntrad	ctors	tha	t received more th	nan \$100,000 of	
compensation from the organization. Report compens	ation for	the c	alen	dar	year	endi	ing v			
(A) Name and business addre	:SS							(B) Description (of services	(C) Compensation
										•
2 Total number of independent contractors (including bu		ited t	o tho	ose	liste	d abo	ve)	who received more	than	
\$100,000 in compensation from the organization	0									Farm 000 (2012)

Form 990 (2012) Animal Place Part VIII Statement of Revenue

ı aı		Check if Schedule O contains a response to any questi	on in this Part VIII .			
0			(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	b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e				
	g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lns 1a-1f: \$ 80,000. Total. Add lines 1a-1f. Business Code	1,919,436.			
PROGRAM SERVICE REVENUE	2 a b c d e f					
PR	3 4	Total. Add lines 2a-2f	14,928.			14,928.
	b c	Royalties (i) Real (ii) Personal Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)				
	b	Gross amount from sales of assets other than inventory. Less: cost or other basis and sales expenses				
	d	Net gain or (loss)	4,191.			4,191.
OTHER REVENUE		Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18				
0	С	Net income or (loss) from fundraising events ▶	7,915.			7,915.
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses				
		Gross sales of inventory, less returns and allowances				
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	4,167.			4,167.
	11 a		40.040			40,940.
		Cancellation of Debt Chicken Adoptions	40,940. 6,938.	6,938.		40,940.
		Horticulture	5,918.	5,918.		
	d	All other revenue	186.			186.
		Total. Add lines 11a-11d	53,982.			
	12	Total revenue. See instructions	2,004,619.	12,856.	0.	72,327.

Part IX Statement of Functional Expenses

SOP 98-2 (ASC 958-720).....

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX. (C) (D) (B) Do not include amounts reported on lines 6b, Total expenses Fundráising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21..... Grants and other assistance to individuals in the United States. See Part IV, line 22..... Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Compensation of current officers, directors, trustees, and key employees 65,730. 49,955 11,174 4,601. 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. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)..... 10 Payroll taxes 11 Fees for services (non-employees): c Accounting..... **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0)...... Advertising and promotion..... 12 1,937 1,937 14 Information technology..... 15 Royalties..... 16 Occupancy..... 2,039 2,039 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 632 632. 20 Interest 21,123 21,123 Payments to affiliates..... 22 Depreciation, depletion, and amortization . . . 65,678 65,678 10,617. 10,617. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e a Personnel Costs 348,215 264,643 59,197 24,375. b Postage and Printing ___ 153,195 121,547 1,261 30,387. 73,779 c Outside Services 92,766 542 18,445. d Animal Care 81,044 81,044 e All other expenses...See..Sch...O..... 201,710. 182,065. 16,424 3,221. 25 Total functional expenses. Add lines 1 through 24e. . . . 1,044,686 851,999 111,658 81,029. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. X if following Check here ►

		Check if Schedule O contains a response to any qu	estion in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			263,834.	1	54,230.
	2	Savings and temporary cash investments			426,898.	2	657,731.
	3	Pledges and grants receivable, net			,	3	,
	4	Accounts receivable, net			400.	4	500.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	nnlovees	s. Complete		5	
	6	Loans and other receivables from other disqualified pesection 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a	s defined under			
Α	_			-		6	
A S S E T S	7	Notes and loans receivable, net		<u> </u>		7	4,600.
Ě	8	Inventories for sale or use		_	15,353.	8	17,733.
S	9	Prepaid expenses and deferred charges			3,108.	9	364.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		5,503,347.			
	b	Less: accumulated depreciation		410,739.	4,643,057.	10 c	5,092,608.
	11	Investments — publicly traded securities				11	443,103.
	12	Investments — other securities. See Part IV, line 11		<u></u>		12	
	13	Investments — program-related. See Part IV, line 11.				13	
	14	Intangible assets		<u></u>		14	
	15	Other assets. See Part IV, line 11		L	118,988.	15	129,919.
	16	Total assets. Add lines 1 through 15 (must equal line	34)		5,471,638.	16	6,400,788.
	17	Accounts payable and accrued expenses		19,585.	17	17,715.	
	18 19	Grants payable				18 19	
		Deferred revenue		<u> </u>		20	
i	20	Tax-exempt bond liabilities		_		21	
A B	21	Escrow or custodial account liability. Complete Part I'		L.		21	
LIABILITIES	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l disquali	fied persons.		22	
Ė	23	Secured mortgages and notes payable to unrelated th	ird partie	es	485,002.	23	440,184.
s	24	Unsecured notes and loans payable to unrelated third	parties.		•	24	•
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			24,249.	25	20,768.
	26	Total liabilities. Add lines 17 through 25			528,836.	26	478,667.
N E T		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re►	X and complete			
A S	27	Unrestricted net assets			4,813,910.	27	5,793,229.
ASSETS	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets		<u></u>	128,892.	29	128,892.
Q R .F		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	neck here	·			
F U N D	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipm				31	
Ľ	32	Retained earnings, endowment, accumulated income,		<u> </u>		32	
BALAZCES	33	Total net assets or fund balances		4,942,802.	33	5,922,121.	
S	34	Total liabilities and net assets/fund balances			5,471,638.	34	6,400,788.

BAA Form **990** (2012)

Pa	rt 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	2,0	04,	519.		
2	Total expenses (must equal Part IX, column (A), line 25).	2	1,0	44,	586.		
3	Revenue less expenses. Subtract line 2 from line 1	3		59,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,9	42,8	302.		
5	Net unrealized gains (losses) on investments	5	•	35,0	023.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5.9	22,	121.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				П		
	chook in concedure a contained a response to drift question in this real value.				No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			103	110		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	ed on a					
	Separate basis Consolidated basis Both consolidated and separate basis						
	b Were the organization's financial statements audited by an independent accountant?		2b	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te					
	X Separate basis Consolidated basis Both consolidated and separate basis						
	c 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?	, 	2c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3	a 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?		За		Х		
	b 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	lit 	3b				
BAA	1		Forn	990	(2012)		

TEEA0112L 08/09/11

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Ani	ma:	l Place								200668			
Par				(All organizations					See ii	nstruct	ions.		
The o	orga	nization is not a priva	ate foundation becaus	e it is: (For lines 1 thro	ough 11,	check c	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 coope	erative hospital servic	e organization describe	ed in sec	tion 17	0(b)(1)(A	۸)(iii).					
4		A medical research	organization operated	in conjunction with a h	nospital (describe	ed in sec	ction 17	0(b)(1)(A	A)(iii) . Er	nter the hos	spital's	3
	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				overnmental unit descr									
7		in section 170(b)(1)(A)(vi). (Complete Par				nental un	it or fror	m the ge	neral put	olic describe	d	
8	Ш	A community trust de	escribed in section 17	70(b)(1)(A)(vi). (Comple	ete Part I	l.)							
9	X	related to its exempt f	unctions - subject to co	re than 33-1/3% of its su ertain exceptions, and (2 1 tax) from businesses acq	2) no mor	e than 3	3-1/3%	of its sup	port fror	n gross i	nvestment i	om acti ncome	ivities and
10		An organization orga	anized and operated e	exclusively to test for po	ublic safe	ety. See	section	1 509(a)	(4).				
11		supported organization	zed and operated exclus ns described in section ion and complete line	sively for the benefit of, to 509(a)(1) or section 509 as 11e through 11h.	o perform 9(a)(2). S	the fund ee sectio	ctions of, on 509(a)	or carry (3). Ched	out the p ck the bo	ourposes ox that de	of one or me escribes the	ore put type o	olicly f
		a Type I b	Type II c	Type III – Functio	nally inte	egrated		d 🗌 🧵	Type III	Non-f	unctionally	integr	ated
е		By checking this box other than foundation section 509(a)(2).	x, I certify that the org managers and other that	anization is not control an one or more publicly	lled dired supported	tly or ind d organi	ndirectly zations d	by one lescribed	or more I in secti	disqual on 509(a	ified persor)(1) or	าร	
f		If the organization rec	eived a written determi	nation from the IRS that	is a Type	l, Type	II or Typ	oe III sup	porting	organiza	tion,		
g		Since August 17, 20	06, has the organizati	on accepted any gift	or contrib	ution fr	om any	of the fo	ollowing	persons	s?		
_												Yes	No
		(i) A person who obelow, the gove	directly or indirectly co erning body of the sup	ontrols, either alone or oported organization?.	together	with pe	ersons d	escribe	d in (ii) i	and (iii)	11 g (i)		
		(ii) A family memb	er of a person descril	bed in (i) above?							11 g (ii)		
		(iii) A 35% controll	ed entity of a person	described in (i) or (ii) a	above?						11 g (iii)		
h		Provide the following	information about th	e supported organizati	on(s).						3 ()	ш	1
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the sation in light listed in overning ment?	(v) Did yo the organ column (supp	ization in i) of your	organiz	s the ration in mn (i) ed in the S.?	(vii) Amoun sup	t of mon port	etary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)					1								
<u>(D)</u>													
<u>(E)</u>													
Total													

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.)

Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (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). 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.	Sec	tion A. Public Support			1	1		
membrashs has reserved, (0) not include includes any included grain. It is a considerable in the paid to or expended on its behalf. 2 Tax revenues leveled for the definition of the company of the comp			(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
organization's benefit and either paid to or expended on its behalf. 3 The value of services or 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 organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 5 Public support. Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, similar sources. 9 Net income from unerelated business activities, whether or not the business is regularly carried on 10 Other income, Do not include capital assess (Explain in Part IV.) 11 Total support. Add lines 7 through 10. 11 Total support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or lifth 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 2012 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). 16 33-1/3% support test — 2012. 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. 17 a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more, and if the organization medis the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the o	1	membership fees received. (Do not						
facilities furnished by a governmental unit to the geographic degree of the governmental unit to the geographic degree of the governmental unit of public supports of total contributions by each person (other than a governmental unit of publicy supported line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, retis, similar sources. 9 Net income from interest, dividends, payments received on securities loans, retis, 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 Gross receipts from related activities, etc (see instructions). 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 or 2012 (line 6, column (f) divided by line 11, column (f)). 14 Public support percentage from 2011 Schedule A, Part II, line 14. 15 33-1/3% support test – 2012. 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. 17 a 10%-facts-and-circumstances test – 2011. 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. The organization did not sheek 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. 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-c	2	organization's benefit and either paid to or expended						
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) 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business activities, whether or not the 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 If through 10. 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. Poblic support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). 14 Whice support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2011 Schedule A, Part II, line 14. 16 a 33-1/3% support test — 2012. 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. 17 a 10%-facts-and-circumstances test — 2011. 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, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how or more, and if the organization meets the 'facts-and-c	3	facilities furnished by a governmental unit to the						
contributions by each person (other than a governmental unit or publicly supported organization) included on the public of organization included on the public of the public support organization (a) the public support (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total beginning in) - 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities (boars, rents, royalties and income from similar sources. 9 Net income from unrelated business is regularly to the business is regularly in a comparation of the business is regularly in a comparation of the public support. 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions). 13 First five years, if the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization. 15 Public support percentage from 2011 Schedule A, Part II, line 14. 16 a 33-13% support test — 2012. If the organization did not check he 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. 17 a 10%-facts-and-circumstances test — 2011. 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, check this box and stop here. Explain in Part IV how or more, and if the organization meets the "facts-and-circumstances' test, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances' te	4	Total. Add lines 1 through 3						
Section B. Total Support Calendar year (or fiscal year beginning in) >	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Calendar year (or fiscal year beginning in) >	6	Public support. Subtract line 5 from line 4						
peginning in) F 7 Amounts from line 4	Sec	tion B. Total Support			1	1	ı ı	
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). 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 2012 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2011 Schedule A, Part II, line 14. 16a 33-1/3% support test — 2012. 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. 17a 10%-facts-and-circumstances test — 2012. 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 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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			(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business sactivities, 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). 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 2012 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2011 Schedule A, Part II, line 14. 16a 33-1/3% support test – 2012. 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. 17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, and line 15 is 33-1/3% or more, check this box and stop here. 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, check this box and stop here. Explain in Part IV how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly	7	Amounts from line 4						
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gain or loss from the sale of capital assets (Explain in Part IV.)	9	business activities, whether or not the business is regularly						
through 10	10	gain or loss from the sale of capital assets (Explain in						
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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2011 Schedule A, Part II, line 14 16 a 33-1/3% support test — 2012. 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. 17 a 10%-facts-and-circumstances test — 2012. 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. 18 10%-facts-and-circumstances test — 2012. 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. 18 10%-facts-and-circumstances test — 2011. 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circums	11							
Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activ	ities, etc (see ins	tructions)				
Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □
Public support percentage from 2011 Schedule A, Part II, line 14		• • • • • • • • • • • • • • • • • • •		•				
16a 33-1/3% support test — 2012. 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 — 2011. 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 — 2012. 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 — 2011. 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, 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.		,, ,	•	•			<u> </u>	
and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test — 2011. 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 — 2012. 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 — 2011. 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. • □	15	Public support percentage from	2011 Schedule A,	Part II, line 14			15	%
and stop here. The organization qualifies as a publicly supported organization	16 a 33-1/3% support test − 2012. 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.							
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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	17 a	or more, and if the organization	meets the 'facts-a	and-circumstance	s' test check this	hox and stop her	e. Explain in Part	IV how
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 ►	k	or more, and if the organization	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how the
	18	Private foundation. If the organia	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►

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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						1 C0 C
2	any 'unusual grants.')	2,080,428.	1,851,811.	728,567.	936,497.	1,919,436.	7,516,739.
2	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,689.	3,414.	13,007.	13,300.	17,209.	49,619.
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.
	Total. Add lines 1 through 5	2,083,117.	1,855,225.	741,574.	949,797.	1,936,645.	7,566,358.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	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.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)						7,566,358.
	tion B. Total Support	4 > 0000	4 > 0000	4 > 0010	4 15 0044		
	dar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	2,083,117.	1,855,225.	741,574.	949,797.	1,936,645.	7,566,358.
	dividends, payments received on securities loans, rents, royalties and income from similar sources	-90,447.	6,154.	19,528.	17,016.	19,119.	-28,630. 0.
c	: Add lines 10a and 10b	-90,447.	6,154.	19,528.	17,016.	19,119.	-28,630.
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.)						0.
13	Total support. (Add Ins 9, 10c, 11, and 12.)	1,992,670.	1,861,379.	761,102.	966.813.	1,955,764.	7,537,728.
	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.						
	tion C. Computation of Pu						
	Public support percentage for 20	•	•				100.00 %
16	Public support percentage from	2011 Schedule A,	Part III, line 15	<u></u>	<u> </u>	16	99.89 %
Sec	tion D. Computation of Inv						
17							
18	Investment income percentage from 2011 Schedule A, Part III, line 17						
	33-1/3% support tests -2012 . It is not more than $33-1/3%$, check	this box and sto	p here. The organi	zation qualifies a	is a publicly supp	orted organization	nd line 17
	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%	6, check this box a	and stop here. The	organization qua	alifies as a public	ly supported orgai	nization -
20	Private foundation. If the organi	zation did not che	ck a box on line 1	4, 19a, or 19b, c	heck this box and	see instructions.	

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

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization		Employer identification number						
Animal Place		68-0200668						
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	\overline{X} 501(c)($\underline{3}$) (enter number) of	X 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 foundat	tion						
	4947(a)(1) nonexempt charitable	trust treated as a private foundation						
	501(c)(3) taxable private foundat	tion						
Check if your organization is cover	red 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	e General Rule and a Special Rule. See instructions.						
General Rule								
Y For an organization filing Form 9	90, 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								
509(a)(1) and 170(b)(1)(A)(vi)	zation filing Form 990 or 990-EZ that met the 33-1/ and received from any one contributor, during the orm 990, Part VIII, line 1h or (ii) Form 990-EZ, line	year, a contribution of the greater of (1) \$5,000 or						
	l0) organization filing Form 990 or 990-EZ that receiven \$1,000 for use <i>exclusively</i> for religious, charitable							
the prevention of cruelty to chi	Idren or animals. Complete Parts I, II, and III.	e, scientific, fiterary, or educational purposes, or						
For a section 501(c)(7), (8), or (1	lo) organization filing Form 990 or 990-EZ that receive for religious, charitable, etc. purposes, but these contr	ed from any one contributor, during the year,						
If this box is checked, enter here	the total contributions that were received during the v	rear for an <i>exclusively</i> religious, charitable, etc.						
purpose. Do not complete any of	the parts unless the General Rule applies to this organ	nization because it received nonexclusively						
religious, charitable, etc, contri	ibutions of \$5,000 or more during the year							
answer 'No' on Part IV, line 2, of its Form	l by the General Rule and/or the Special Rules does not file Sche 1990; or check the box on line H of its Form 990-EZ or on Pa hedule B (Form 990, 990-EZ, or 990-PF).	dule B (Form 990, 990-EZ, or990-PF) but it must art I, line 2, of its Form 990-PF, to certify that it does not						
	ct Notice, see the Instructions for Form 990, 990E	Z, Schedule B (Form 990, 990-EZ, or 990-PF) (2012)						
or 990-PF.								

TEEA0701L 11/30/12

Page

1 of

3 of **Part 1**

Name of organization

Employer identification number

Animal Place 68-0200668

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	d.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>12,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>11,425.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>415,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$ <u>14,674.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

3 of **Part 1**

Page 2 of Employer identification number

Animal Place	68-0200668

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>9,250.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$14,584.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>58,165.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>6,500.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>		\$ <u>44,100.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page

3 of

3 of **Part 1**

identification number

Name of organization	Employer identification
Animal Place	68-0200668

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$ <u>5,810.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$151,002.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$54,169.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u>		\$158,487.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>		\$ <u>87,657.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	 	\$60,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page

1 of Part II

Name of organization

Part II

Animal Place

Employer identification number

68-0200668

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received N/A (c) FMV (or estimate) (see instructions) (a) No. (b) (d) from Description of noncash property given Date received Part I (a) No. (b) (d) (c) FMV (or estimate) (see instructions) from Part I Description of noncash property given Date received (a) No. from (d) Date received (b) (c) FMV (or estimate) (see instructions) Description of noncash property given Part I (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (d) Date received Part I (see instructions) (b) Description of noncash property given (a) No. (c) (d) FMV (or estimate) Date received from (see instructions) Part I

1 to

1 of Part III

Name of organization
Animal Place

Employer identification number 68-0200668

Part III Exclusively religious, charitable, etc. individual contributions to section 501(c)(7). (8) or (10)

ur (III	organizations that total more than	\$1,000 for the year. Comple	ete columns (a)	through (e) and the following line entry.	
	For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once, S	naritable, etc, ee instructior	ns.)▶\$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, addres	Relationship of transferor to transferee			
(a)	(b)	(c)		(d)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift ss, 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	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Animal Place 68-0200668 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 Total number at end of year..... 1 Aggregate contributions to (during year). . . . Aggregate grants from (during year) Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes 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 No impermissible private benefit? Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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..... 2 a b Total acreage restricted by conservation easements..... 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)?..... In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a 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 XIII, 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 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:

Part III Organizations Maintaining	Collection	s of Art, Histo	rical Treasures, or	Other Similar Ass	sets (c	ontinu	ea)
Using the organization's acquisition, accesitems (check all that apply):	ssion, and othe	er records, check ar	ny of the following that ar	re a significant use of its	collection	on	
a Public exhibition		d Loan o	r exchange programs				
b Scholarly research		e Other					
c Preservation for future generations		<u></u>					
4 Provide a description of the organization's Part XIII.	collections an	d explain how they	further the organization's	s exempt purpose in			
5 During the year, did the organization so to be sold to raise funds rather than to	be maintaine	d as part of the or	ganization's collection?	?	Yes		No
Part IV Escrow and Custodial Arrangen reported an amount on For	nents. Comple m 990, Par	ete if the organiza t X, line 21.	ation answered 'Yes' to	Form 990, Part IV,lir	ne 9, or		
1 a Is the organization an agent, trustee, con Form 990, Part X?	ustodian, or c	ther intermediary	for contributions or oth	er assets not included	Yes	Г	No
b If 'Yes,' explain the arrangement in Pa						L	
bit res, explain the arrangement in ra	TO ATTE COL	ripiete the following	ig table.		Amoun	t	
c Beginning balance				1 с	7 11110411		
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an amoun				L	Yes		No
b If 'Yes,' explain the arrangement in Pa						📙	7
		•	•			L	_
Part V Endowment Funds. Compl	ete if the o	rganization ans	swered 'Yes' to For	m 990, Part IV, Iir	ne 10.		
(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) F	our yea	rs
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		, and balance (line	1				
2 Provide the estimated percentage of the	e current yea	end balance (line	e rg, column (a)) neld	as:			
a Board designated or quasi-endowment ►	%	o					
b Permanent endowment ► c Temporarily restricted endowment ►		%					
<u> </u>	a chauld agus						
The percentages in lines 2a, 2b, and 2	siloulu equa	1 100%.					
3a Are there endowment funds not in the pos	session of the	organization that a	re held and administered	I for the	Г	Yes	No
organization by: (i) unrelated organizations					. 3a(i)	162	NO
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations.					3b		
4 Describe in Part XIII the intended uses		•			. Ju		<u> </u>
Part VI Land, Buildings, and Equi							
Description of property		est or other basis	(b) Cost or other	(c) Accumulated	(d)	Book va	alue
Description of property	(2)	investment)	basis (other)	depreciation	(4)	DOOK VC	iiuc
1 a Land			4,011,085.		4	,011	,085.
b Buildings			1,004,898.	230,582.		•	,316.
c Leasehold improvements			350,147.	72,586.			,561.
d Equipment			130,164.	105,094.			,070.
e Other			7,053.	2,477.			,576.
Total. Add lines 1a through 1e. (Column (d)	must equal Fo	orm 990, Part X, c			5		,608.
BAA				Sched	dule D (Fo		

Part VII	Investments — Other Securities. Se	e Form 990, Part X,	line 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co end-of-year market valu	
(1) Financ	cial derivatives		end-or-year market van	ue
	y-held equity interests.			
(3) Other				
(A) (B) (C) (D) (E)				
(C)		_		
(D)		_		
(E)				
(F)				
(G)				
(H)				
(l)				
Total. (Colum	mn (b) must equal Form 990, Part X, column (B) line 12.)	>		
	Investments - Program Related. Se		line 13. N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Co end-of-year market valu	ost or ue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colum	mn (b) must equal Form 990, Part X, column (B) line 13.)	>		
Part IX	Other Assets. See Form 990, Part X			
(1)	(a) [Description		(b) Book value
(1)				
(2)				
(4)				
(5)				
(b)				
(6)				
(7)				
(7) (8)				
(7) (8) (9)				
(7) (8) (9) (10)	olumn (b) must equal Form 990. Part X. column	(B), line 15.).	>	
(7) (8) (9) (10) Total. (Co	olumn (b) must equal Form 990, Part X, column			
(7) (8) (9) (10)	Other Liabilities. See Form 990, Par	t X, line 25.		
(7) (8) (9) (10) Total. (Co			▶	
(7) (8) (9) (10) Total. (Co	Other Liabilities. See Form 990, Par (a) Description of liability eral income taxes	t X, line 25. (b) Book value		
(7) (8) (9) (10) Total. (Co Part X (1) Fede (2) Com	Other Liabilities. See Form 990, Par (a) Description of liability	t X, line 25.		
(7) (8) (9) (10) Total. (Co Part X (1) Fede (2) Com (3)	Other Liabilities. See Form 990, Par (a) Description of liability eral income taxes	t X, line 25. (b) Book value		
(7) (8) (9) (10) Total. (Co Part X (1) Fede (2) Com	Other Liabilities. See Form 990, Par (a) Description of liability eral income taxes	t X, line 25. (b) Book value		
(7) (8) (9) (10) Total. (Co Part X (1) Fede (2) Com (3) (4)	Other Liabilities. See Form 990, Par (a) Description of liability eral income taxes	t X, line 25. (b) Book value		
(7) (8) (9) (10) Total. (Co Part X (1) Fede (2) Com (3) (4) (5)	Other Liabilities. See Form 990, Par (a) Description of liability eral income taxes	t X, line 25. (b) Book value		
(7) (8) (9) (10) Total. (Co Part X (1) Fede (2) Com (3) (4) (5) (6)	Other Liabilities. See Form 990, Par (a) Description of liability eral income taxes	t X, line 25. (b) Book value		
(7) (8) (9) (10) Total. (Co Part X (1) Fede (2) Com (3) (4) (5) (6) (7)	Other Liabilities. See Form 990, Par (a) Description of liability eral income taxes	t X, line 25. (b) Book value		
(7) (8) (9) (10) Total. (Co Part X (1) Fede (2) Com (3) (4) (5) (6) (7) (8)	Other Liabilities. See Form 990, Par (a) Description of liability eral income taxes	t X, line 25. (b) Book value		
(7) (8) (9) (10) Total. (Co Part X (1) Fede (2) Com (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. See Form 990, Par (a) Description of liability eral income taxes	t X, line 25. (b) Book value		
(7) (8) (9) (10) Total. (Co Part X (1) Fede (2) Com (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Liabilities. See Form 990, Par (a) Description of liability eral income taxes	t X, line 25. (b) Book value 20,76	58.	

BAA

Schedule **D** (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Re	turn	
1 Total revenue, gains, and other support per audited financial statements		1	2,015,752.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2c		
	2d 11,133.		
e Add lines 2a through 2d.		2 e	11,133.
3 Subtract line 2e from line 1		3	2,004,619.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			, ,
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b.		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,004,619.
Part XII Reconciliation of Expenses per Audited Financial Statement		Return	, ,
1 Total expenses and losses per audited financial statements		1	1,055,819.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			<u> </u>
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses.	2c		
d Other (Describe in Part XIII.) . See Part XIII	2d 11,133.		
e Add lines 2a through 2d		2 e	11,133.
3 Subtract line 2e from line 1		3	1,044,686.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			, ,
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	1,044,686.
Part XIII Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comp Part V, Line 4 - Intended Uses Of Endowment Fund	t III, lines 1a and 4; Part IV, lete this part to provide any		
Income from permanent endowment may be used for proc	gram expenses.		

2012	Schedule D, Part XIII - Supplemental Information	Page 5
	Animal Place	68-0200668
	Part XI, Line 2d ue Included In F/S But Not Included On Form 990	
Special eve	ents expense not netted on FS \S Total \S	11,133. 11,133.
Schedule D, F Other Expens	Part XII, Line 2d ses And Losses Per Audited F/S	
Special eve	ents expense not netted on FS	11,133. 11,133.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Animal Place 68-0200668 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations Yes X No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (vi) Amount paid to (or retained by) (ii) Activity (iv) Gross receipts (v) Amount paid to (iii) Did fundraiser have custody or control of contributions? (or retained by) fundraiser listed in from activity organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 0. Total. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

Sche	dule	G (Form 990 or 990-EZ) 2012 Animal	Place		68-020	00668 Page 2					
Par	t II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great events.	event contributions	nswered 'Yes' to Fo s and gross income	rm 990, Part IV, lir on Form 990-EZ,	ne 18, or reported lines 1 and 6b.					
R			(a) Event #1 Music in the M (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))					
REVENU	1	Gross receipts	16,878.			16,878.					
Ē	2	Less: Charitable contributions									
	3	Gross income (line 1 minus line 2)	16,878.			16,878.					
	4	Cash prizes.									
	5	Noncash prizes									
DIRECT	6	Rent/facility costs									
	7	Food and beverages									
E Y P	8	Entertainment									
EXPENSES	9	Other direct expenses	6,945.			6,945.					
S	10 11	Direct expense summary. Add lines 4 thr Net income summary. Combine line 3, co	-			6,945. 9,933.					
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Yes			•					
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))					
Ü	1	Gross revenue									
E	2	Cash prizes									
D I P E N	3	Non-cash prizes									
C S T E S	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	Yes %	Yes 8	Yes %						
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		>						
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7	.						

b If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

Sche		8-0200668	Page 3
11	Does the organization operate gaming activities with nonmembers?	· · · · · Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	□ No
a k	Indicate the percentage of gaming activity operated in: a The organization's facility. b An outside facility.	13 b	00
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record: Name ►		
t	a Does the organization have a contact with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the organization \$ and the organization If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the organization \$ and the organization If 'Yes,' enter name and address of the third party:		No
	Name ►Address ►		!
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	Director/officer Employee 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? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	Yes	No
	organization's own exempt activities during the tax year ► \$		
Par	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as application this part to provide any additional information (see instructions).	by Part I, line 2 able. Also comp	2b, olete
-			

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization

Animal Place 68-0200668 **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

(a) Name of disqualified person		(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	(d) Corrected?		
•		person and organization		Yes	No		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
2 E	nter the amount of tax incurred by	/ the organization managers or disqualified pe	ersons during the year under				

section 4958.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In (lefault?	(h) Ap by bo comm	proved ard or nittee?	(i) Wi agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1) Nedim Buyukn	nihci											
(2)	Director	Land	X		323,775.	98,975.		X	X		X	
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						98,975.						

Grants or Assistance Benefiting Interested Persons.

Complete if the organization 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 assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule **L** (Form 990 or 990-EZ) 2012

(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?		
	organization			Yes	No No	
(1)						
(2)						
(3)						
(5)						
(6)						
(7)						
(9)						
(10)						
Part V Supplemental Information Complete this part to provide addit	tional information for responses	s to questions on Schec	lule L (see instructions)			
Complete this part to provide additi	and mornidan for responses	to questions on conce	idio E (300 matraotiona).			
					· — — -	
					. — — -	
		. – – – – – – –				
					· — — -	
		. – – – – – – – –				

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

2012

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Open To Public Inspection

Animal Place

Employer identification number 68-0200668

AIIIIII	1 1 acc
Part I	Types of Property

I ai	ti Types of Floperty						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d) nod of detern contribution	nining amounts
1	Art — Works of art						
2	Art – Historical treasures						
3	Art – Fractional interests.						
4	Books and publications.						
5	Clothing and household goods						
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						
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 ► (Food Donations)			40,000.	FMV		
26	Other ► (Prof. Services)			40,000.			
27	Other ► ()			,			
28	Other ► ()						
29	Number of Forms 8283 received by the organization of	during the tax	vear for contributions for	or which the			
	organization completed Form 8283, Part IV, Done				29		
						Yes	No
20-	During the year, did the organization receive by co	ontribution o	any proporty reported in	a Part I lines 1 20 that	it must		
Sua	hold for at least three years from the date of the initia						
	purposes for the entire holding period?		•	•		30 a	Х
b	If 'Yes,' describe the arrangement in Part II.						
31	Does the organization have a gift acceptance poli-				ns?	31	X
32a	Does the organization hire or use third parties or noncash contributions?	•				32 a	Х
b	If 'Yes,' describe in Part II.						
33	If the organization did not report an amount in column	n (c) for a typ	e of property for which o	column (a) is checked,			
	describe in Part II.						
DAA	For Panamuark Paduction Act Natice can the Inc		Ганна 000		Cabadu	la M /Farm O	20) 2012

 ${\bf BAA\ \ For\ Paperwork\ Reduction\ Act\ Notice,\ see\ the\ Instructions\ for\ Form\ 990.}$

Schedule **M** (Form 990) 2012

Schedule	: M (Form 990) 20	12 Ar	nimal I	Place							68-	-02006	68	Page 2
Part II	Supplement and 33, and number of it	tal Infor	rmation. er the or	Compleganization	te this pa	art to proporting in	ovide Part	the inform	natior (b),	n requir	red by F	Part I, li contrib	nes 30k utions,	o, 32b, the
	number of it	ems rec	ceiveu,	or a com	DITIALIOIT	OI DOUI.	. AISO	complete	: IIIS	part for	arry at	JUILIOHA	I IIIIOIIII	ialioii.
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							. 							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

Open to Public Inspection

Name of the organization	Employer identification number
Animal Place	68-0200668
Form 990, Part VI, Line 11b - Form 990 Review Process	
990 is provided to board members in electronic format prior to	filing the return.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	ıflicts
Employees and board are required to complete the conflict of in	terest forms
annually.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers	& Key Employees
The board of directors annually reviews the Executive Directors	s salary in comparison
with other non-profits of similar size and purpose and approves	the salary at a
board meeting.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Available upon request through website or phone. 990 is availab	ole on Guidestar
website.	

Page 2

Animal Place

68-0200668

Form 990, Part IX, Line 24e Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management <u>& General</u>	Fundraising
Dank Changes		502.12005		
Bank Charges	15,337.	6 007	15,337.	
Computer Services Contract Services	6,097. 1,375.	6,097. 1,045.	234.	96.
Dues & Subs	1,864.	1,864.	234.	90.
Filing Fees	2,774.	1,004.		2,774.
Horticulture	1,981.	1,981.		۷, ۱۱4.
In-kind Food Donations	40,000.	40,000.		
In-kind Volunteers	40,000.	40,000.		
Miscellaneous	6,406.	6,406.		
Office Supplies	5,017.	3,813.	853.	351.
Permits and Land Use	1,203.	1,203.	055.	551.
Property Taxes & Water Rights	13,665.	13,665.		
Rental Program	1,796.	1,796.		
Repair & Maintenance	11,014.	11,014.		
Rescue Expenses	1,371.	1,371.		
Sales Tax	780.	780.		
Small Equipment	2,995.	2,995.		
Supplies Expenses	6,310.	6,310.		
Telephone	6,071.	6,071.		
Utilities	15,192.	15,192.		
Vehicle Expenses	16,372.	16,372.		
Veterinary Care	4,090.	4,090.		
Total \$	201,710.		\$ 16,424.	\$ 3,221.

California Exempt Organization Annual Information Return 2012

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Calendar Y	ear 2012 or fi	scal year beginning month	day	year	, and endir	ng month	da	ıy year	
Corporation/Or	ganization Name			<u> </u>		- 7	(California corporation n	umber
ANIMAL	PLACE							C1650391	
	room, or PMB no.)						FEIN	
17314 N	ACCOURTNE	Y ROAD					- 6	68-0200668	
City					State	ZIP Code			
GRASS V	/ALLEY				CA !	95949			
A First Retu B Amended C IRC Section D Final Retu E Check acc 1 Federal re 1 G Is this a condition of the section of the secti	Return	e subordinates/affiliates? e instructions oup exemption?	Yes 2 Yes 2 Awn) (990) Yes 2	orgar politi legisl under publi legisl under legisle legisl under legisl	mpt under R&TC Sec ization during the ye cal campaign, or (2) ation or any ballot mere R&TC Section 2370 control contr	ction 23701d, has the ar: (1) participated i attempted to influence easure, or (3) made 4.5 (relating to lobbying the form FTB 3509. It under R&TC Section is, educational, or chay (50% or more) by poor more) by poor more in the Liability Company or more 100 or Form 109 caudit by the IRS or heart (1) participated Liability Company or more 100 or Form 109 caudit by the IRS or heart (1) participated Liability Company or more 100 or Form 109 caudit by the IRS or heart (1) participated Liability Company caudit by the IRS or heart (1) participated the liability Company caudit by the IRS or heart (1) participated to influence the liability Company caudit by the IRS or heart (1) participated to influence as the liability Company caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence as the liability caudit by the IRS or heart (1) participated to influence	n any se an electing by	Yes Ig? Yes X Yes Yes Yes Yes IRS	X No X No
governing that have If 'Yes,' e	instrument, artic not been reported xplain, and attach	ny changes in its activities, les of incorporation, or bylaws I to the Franchise Tax Board? ● [copies of revised documents.		K No				● ∐Yes	X No
Part I		rt I unless not required to file th						T	
		ales or receipts from other source				1	2	96	<u>,316.</u>
Receipts								1 010	426
and		ontributions, gitts, grants, and si oss receipts for filing requiremen				S.CHB. ●	3	1,919	,436.
Revenues		e must be completed. If the resu		_		ruction B	4	2,015	752
		goods sold				raction B		2,013	, 152.
		other basis, and sales expenses							
		ests. Add line 5 and line 6					7		
		oss income. Subtract line 7 from				•	8	2,015	752.
		penses and disbursements. From					9	1,055	
Expenses		of receipts over expenses and d					10		,933.
	11 Filing fe	ee \$10 or \$25. See General Instr	uction F				11		-
Filing	-	ayments					12		
Fee		es and Interest. See General Ins				l l	13		
	14 Use tax	. See General Instruction K					14		
	15 Balance	e due. Add line 11, line 13, and I	ine 14.				15		
		Ibtract line 12 from the result f perjury, I declare that I have examined thi						knowledge and helief	it is true
Sign	correct, and comp	plete. Declaration of preparer (other than ta	xpayer) is base	ed on all information	on of which preparer h	nas any knowledge.			, io tiuc,
Here	Signature -		Title			Date	•	 Telephone 	
	Signature of officer		EX	ECUTIVE I				530-477-175	7
	Preparer's ►				Date	Check if self-	7 I	PTIN	
Paid Preparer's	signature	TEMOEN ONTHE OFFI				employed		P01513142 • FEIN	
Use Only	Firm's name (or yours, if	► JENSEN SMITH CPAS PO BOX 160	•					•	
	self-employed) and address	LINCOLN, CA 95648	<u> </u>				- 4	20-3009309 ● Telephone	
		TINCOUN, CA 93040	,				\dashv	9164341662	
	May the FTF	B discuss this return with the pre	narer show	n above? See	e instructions		_	X Yes	No
-	IL	and the pro-	- 3. 0. 011011	020701 000				<u> </u>	

ANIMAL PLACE

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

		1	Gross sales or receipts from all I	ousiness activities. See	instructions		1	4,167.
		2	Interest				2	
		3	Dividends				3	14,928.
Rece	ipts	4	Gross rents				4	·
from		5	Gross royalties				5	
Othe Sour		6	Gross amount received from sale				6	4,191.
		7	Other income. Attach schedule.	·	-		7	73,030.
		8	Total gross sales or receipts from other s				8	96,316.
Expe	nses	9	Contributions, gifts, grants, and similar ar	-			9	30,0201
and		10	Disbursements to or for member				10	
Disb		11	Compensation of officers, director				11	65,730.
	.5	12	Other salaries and wages				12	05,750.
		13	Interest				13	21,123.
		14	Taxes				14	21,125.
		15	Rents				15	
		16	Depreciation and depletion (See					65 670
		17	Other Expenses and Disburseme					65,678. 903,288.
		18	Total expenses and disbursements. Add I				18	
Cob	edule		· · · · · · · · · · · · · · · · · · ·					1,055,819.
Asse		L	Balance Sheets	Beginning of			of tax	able year
				(a)	(b)	(c)	•	(d)
1 2			receivable		690,732. 400.		•	711/0010
3			eivable		400.		•	
4					15,353.		•	
5			state government obligations		10,000.		•	
6			in other bonds				•	
7			in stock				•	443,103.
8			ns				•	
9			nents Attach schedule		118,988.		•	129,919.
10 a			assets	1,392,033.		1,492,2	62.	223,3234
			lated depreciation	345,061.	1,046,972.	410,7		1,081,523.
11				010,0021	3,596,085.		•	
12			Attach schedule		3,108.		•	
13					5,471,638.			6,400,788.
			net worth		0,1,1,0001			0,100,7001
14	Account	s nav	able		19,585.		•	17,715.
15		, ,	gifts, or grants payable		23,000.		•	
16			otes payable				•	
17			yable		485,002.		•	440,184.
18			es. Attach schedule		24,249.			20,768.
19			or principle fund		4,942,802.		•	
20			pital surplus. Attach reconciliation		1,512,002.		•	
21			nings or income fund				•	
22			es and net worth		5,471,638.			6,400,788.
Sch	edule	М-	1 Reconciliation of income per Do not complete this schedul	r books with income per e if the amount on Sche	r return	n (d), is less than	\$50,00	_
1	Net inco	me p	er books	959,933.	7 Income recorded or	books this year not inc	luded	
2			ne tax			ch sch		
3	Excess	of cap	oital losses over capital gains		8 Deductions in this	_		
4			ecorded on books this year.		against book incom			
_			ule					
5	-		orded on books this year not deducted			nd line 8		
_			. Attach schedule	050 033	10 Net income per	r return. from line 6		050 033
6_	rotal. A	uu III	ne 1 through line 5	959,933.	Subtract line 9			959,933.

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

Department of the Treasury Internal Revenue Service

CA PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization		Employer identification number
Animal Place		68-0200668
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)($\underline{3}$) (enter number) or	rganization
	4947(a)(1) nonexempt charitable	trust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundat	tion
	4947(a)(1) nonexempt charitable	trust treated as a private foundation
	501(c)(3) taxable private foundat	ion
Check if your organization is covered	ed 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	e General Rule and a Special Rule. See instructions.
General Rule		
	00, 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 a	ind II.)	+-, or more (more) or property, and
Special Rules		
509(a)(1) and $170(b)(1)(A)(vi)$ a	ation filing Form 990 or 990-EZ that met the 33-1/ and received from any one contributor, during the m 990, Part VIII, line 1h or (ii) Form 990-EZ, line	3% support test of the regulations under sections year, a contribution of the greater of (1) \$5,000 or
``	0) organization filing Form 990 or 990-EZ that receive	·
total contributions of more than	\$1,000 for use <i>exclusively</i> for religious, charitable dren or animals. Complete Parts I, II, and III.	
'	•	d frame and an application during the design
contributions for use exclusively for	0) organization filing Form 990 or 990-EZ that received religious, charitable, etc, purposes, but these contri	d from any one contributor, during the year, ibutions did not total to more than \$1,000.
If this box is checked, enter here	the total contributions that were received during the yearth the parts unless the General Rule applies to this organ	rear for an <i>exclusively</i> religious, charitable, etc.
	outions of \$5,000 or more during the year	. ,
answer 'No' on Part IV, line 2, of its Form	by the General Rule and/or the Special Rules does not file Scheo 990; or check the box on line H of its Form 990-EZ or on Pa ledule B (Form 990, 990-EZ, or 990-PF).	Jule B (Form 990, 990-EZ, 0/990-PF) but it must rt I, line 2, of its Form 990-PF, to certify that it does not
	t Notice, see the Instructions for Form 990, 990E	Z , Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
or 990-PF.		

Page

1 of

3 of **Part 1**

Name of organization

Employer identification number

Animal Place 68-0200668

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	d.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>12,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>11,425.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>415,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$ <u>14,674.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

3 of **Part 1**

Page 2 of Employer identification number

Animal Place	68-0200668

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>9,250.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$14,584.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$58,165.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>6,500.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>		\$ <u>44,100.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page

3 of

3 of **Part 1**

identification number

Name of organization	Employer identification
Animal Place	68-0200668

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$ <u>5,810.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$151,002.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$54,169.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u>		\$158,487.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>		\$ <u>87,657.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	 	\$60,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page

1 of Part II

Name of organization

Part II

Animal Place

Employer identification number

68-0200668

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received N/A (c) FMV (or estimate) (see instructions) (a) No. (b) (d) from Description of noncash property given Date received Part I (a) No. (b) (d) (c) FMV (or estimate) (see instructions) from Part I Description of noncash property given Date received (a) No. from (d) Date received (b) (c) FMV (or estimate) (see instructions) Description of noncash property given Part I (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (d) Date received Part I (see instructions) (b) Description of noncash property given (a) No. (c) (d) FMV (or estimate) Date received from (see instructions) Part I

1 to

1 of Part III

Name of organization
Animal Place

Employer identification number 68-0200668

Part III Exclusively religious, charitable, etc. individual contributions to section 501(c)(7). (8) or (10)

ur (III	organizations that total more than	\$1,000 for the year. Comple	te columns (a)	through (e) and the following line entry.	
	For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once, S	aritable, etc, ee instructior	ns.)▶\$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, addres	Fransfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held	
		(e)			
	Transferee's name, addres	Transfer of gift	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	
	Transferee's name, addres	Rela	ationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee	

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	-		-							
	ch to Form 100 or Form	100W. FOR	м 199							
Corpo	ration name						Calif	ornia cor	poratio	n number
AN]	MAL PLACE						C1	6503	91	
Par	t Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179						
1	Maximum deduction un	nder IRC Section	n 179 for California.							\$25 , 000
2	Total cost of IRC Section	on 179 property	placed in service							
3	Threshold cost of IRC S		-							\$200,000
4	Reduction in limitation.									
5	Dollar limitation for tax							5		
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) Ele	cted cost			
7	Listed property (elected	d IRC Section 1	79 cost)		7					
8	Total elected cost of IR	RC Section 179 p	property. Add amou	ınts in column (c),	line 6 and I	line 7				
9	Tentative deduction. En									
10	Carryover of disallowed		,							
11	Business income limita									
12	IRC Section 179 expen				_			12		
13	Carryover of disallowed						0.405.0			
Par	[II Depreciation and	1	ditional First Year I		1	CIC Section				
14	(a) Description	(b) Date	(c)	(d)	(e)	(f)	r Donro	(g) ciation	for	(h) Additional first
	of property	acquired	Cost or other basis	Depreciation allowed or	Deprecia tion	a-Life o rate		s year	101	year
	. 11 9			allowable in	method			. ,		depreciation
		10/00/00	22.226	earlier years	- /-		_			
	IDA CR-V	12/22/00	20,386.	20,386.	S/L		5			
	34 TOYOTA T100	6/12/02	8,000.	8,000.	S/L		5			
200)5 TOYOTA TUND	10/11/04	28,699.	28,699.	S/L		5			
BAF	RN	7/08/98	101,582.	45,711.	S/L	3	30	3,38	36.	
RAE	BBIT BARN	4/26/99	10,066.	10,066.	S/L	1	.0			
15	Add the amounts in co	lumn (g) and co	lumn (h). The total	of column (h) may	not exceed	d				
	\$2,000. See instruction	is for line 14, co	lumn (h)	<u></u>		15	5 (65 , 67	78.	
Par	t III Summary									
16	Total: If the corporation									
	IRC Section 179 expen Additional first year de	se, add the amo	ount on line 12 and R&TC Section 243	line 15, column (g 356, add the amour) or its on line 1	15 column	ıs (a) and (h) or		
	Depreciation (if no elec								16	
	Total depreciation clair								17	
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter the difference	ce here and	d on_Form	100 or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin	ie 6. If line 17 is ie 12 (If Califori	i less than line 16, on a denrectation am	enter the difference sounts are used to	e nere and o determine r	on Form I net income	00 or hefore			
	state adjustments on F	orm 100 or Form	n 100W, no adjustn	nent is necessary.)					18	
Par	t IV Amortization			-						
19	(a)	(b)	(c)	(d)	(e)	(f))		(g)
	Description	Date	Cost o		tization r allowable	R&TC		od or		Amortization
	of property	acquired	d other bas		ier years	section (see inst		ilage		for this year
				54.11	<i>y</i>	(2.20)0				
									1	
						1	+		1	
						1	+		\vdash	
						1			1	
20	T-1-1 A 11 11					1		22	1	
20	Total. Add the amounts	107						20	-	
21	Total amortization clair		•					21	1	
22	Amortization adjustmer Form 100W, Side 1, lin	nt. If line 21 is o	reater than line 20	, enter the difference	ce here and	d on Form	100 or		1	
	Form 100W, Side 1, lin	ie o. ii iifie ∠i IS ie 12	iess tilali lille 20, i	enter the amerence	e nere and	OII LOIIII I	OU OI	22		
	. 5 15577, 5146 1, 1111	<u> </u>							1	

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Atta	ch to Form 100 or Form	100W. FOR	M 199										
Corpo	ration name	1010	100					C	Californi	ia corp	oration	number	
ANI	MAL PLACE							ار	165	039	1		
Par		nse Certain Pro	perty Under IRC Se	ection 179						000			
1	Maximum deduction un								[1		\$25	,000
2	Total cost of IRC Section								_	2			,
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in limitation	1					3		\$200	,000
4	Reduction in limitation.	Subtract line 3	from line 2. If zero	or less, enter	-0					4			•
5	Dollar limitation for tax	able year. Subtr	ract line 4 from line	1. If zero or le	ess, er	nter -0			[5			
6	(a) Des	scription of property		(b) Cost (busi	iness us	e only)	(c) Ele	cted cost					
7	Listed property (elected	d IRC Section 17	79 cost)			7							
8	Total elected cost of IR	RC Section 179 p	oroperty. Add amou	ints in column	(c), lin	ne 6 and lii	ne 7			8			
9	Tentative deduction. En	nter the smaller	of line 5 or line 8.						[9			
10	Carryover of disallowed	d deduction from	n prior taxable years	s					· · · · <u> </u>	10			
11	Business income limita								_	11			
12	IRC Section 179 expen					_				12			
13	,												
Par		l Election of Ad	ditional First Year I	Expense Dedu	ction l	Under R&	C Section	n 24356					
14	(a) Description	(b)	(c)	(d)	20	(e)	(f)	. Dor	(g)) stion t	for	(h)	firet
	of property	Date acquired	Cost or other basis	Depreciation allowed or		Deprecia- tion	Life o	or Det	orecia this y		ior	Additional year	IIISt
	2. p. sp 2. sy			allowable i	in	method						deprecia	tion
		1 (01 (00		earlier yea		~ /-					_		
	O'L BARN IMPRO	1/31/99	7,743.	3,33		S/L		30		25	8.		
	TTERS ROOFING	1/29/00	2,495.	2,49		S/L		LO			_		
	ECTRICAL WORK	9/14/00	709.		66.	S/L		30		2	4.		
	ERHANG, ROOFIN	12/24/00	1,650.	1,65		S/L		LO					
ROC	M ADDITION	6/04/01	5 , 780.	2,04	42.	S/L] 3	30		19	3.		
15	Add the amounts in co \$2,000. See instruction							5					
Par			(.,,										
	Total: If the corporation	n is electing:											
	IRC Section 179 expen	ise, add the amo	ount on line 12 and	line 15, colum	ın (g) (or							
	Additional first year deposition (if no electrons)										6		
17	Total depreciation clair				•					-	7		
	Depreciation adjustmer		•	·									
	Form 100W, Side 1, lin Form 100W, Side 1, lin	ie 6. If line 17 is	less than line 16,	enter the differ	ence h	here and o	n Form 1	00 or					
	state adjustments on F									1	8		
Par			,		<i>j</i> - <i>j</i> -								
19	(a)	(b)	(c)		(d))	(e)		(f)			(g)	
	Description	Date	Cost o		Amortiz	zation	R&TC		eriod			Amortizati	
	of property	acquired	d other bas			allowable r years	section (see inst		centa	ige		for this yea	ar
					000	. , , , , , ,	(000	.,					
				+									
20	Total. Add the amounts	in column (c)		1			<u> </u>			20			
		107							``` ⊢	21			
21	Total amortization clair		•						· · · ·	4 1			
22	Amortization adjustmer Form 100W, Side 1, lin	nt. If line 21 is g ie 6. If line 21 is	greater than line 20 Lless than line 20	, enter the differenter the differ	erence ence f	e nere and here and o	on Form n Form 1	100 or 00 or					
	Form 100W, Side 1, lin								<u></u>	22			

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	ch to Form 100 or Form	100W. FOR	м 199									
Corpo	ration name								Califor	nia cor	poratio	n number
AN	MAL PLACE								C16	503	91	
Par	t Election to Expe	nse Certain Pro	perty Under IRC Se	ection 17	79							
1	Maximum deduction un	nder IRC Section	n 179 for California.							1		\$25 , 000
2	Total cost of IRC Section	on 179 property	placed in service							2		
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in lim	nitation					3		\$200 , 000
4	Reduction in limitation.									4		
5	Dollar limitation for tax			1. If zer	o or less, e	enter -0				5		
6	(a) Des	scription of property		(b) Co	st (business ι	use only)	(c) E	lected	cost			
7	Listed property (elected	d IRC Section 17	79 cost)			7						
8	Total elected cost of IR	RC Section 179 p	property. Add amou	ınts in co	olumn (c), l	ine 6 and	line 7			8		
9	Tentative deduction. En									9		
10	Carryover of disallowed									10		
11	Business income limita									11		
12	IRC Section 179 expen									12		
13	,								1256			
Par		I I	ditional First Year I			1	kic Sect	ion 24				
14	(a) Description	(b) Date	(c) Cost or		(d)	(e)	(f) a- Life		Deprec	g) intion	for	(h) Additional first
	of property	acquired	other basis		reciation wed or	Deprecia tion	rat			year	101	year
	, , ,				wable in	method				,		depreciation
		6 (0.1 (0.1	4.6.4	earii	er years	- /-	+					
	OM ADDITION -	6/04/01	464.		464.	S/L	+	5				
	JNDRY HUTCH AD	9/15/01	1,348.		1,348.	S/L		5				
	RTABLE BARN	12/14/01	723.		723.	S/L		10				
POI	LE BARN	3/20/02	14,580.		L4,510.	S/L		10		-	70.	
ADI	DITIONAL BARN	12/31/01	19,062.	1	L9,062.	S/L		10				
15	Add the amounts in co \$2,000. See instruction							15				
Par	t III Summary										•	
16	Total: If the corporation											
	IRC Section 179 expen Additional first year de	ise, add the amo	ount on line 12 and	line 15,	column (g)	or	15 oolun	anc (c) and (h	٠.		
	Depreciation (if no elec										16	
17	Total depreciation clair	,,				(3)				_	17	
	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter th	ne differenc	e here and	d on Forr	n 100	or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin	ne 6. If line 17 is	s less than line 16,	enter the	e difference	here and	on Form	100 c	or fore			
	state adjustments on F	form 100 or Form	n 100W, no adjustn	nent is n	ecessary.).						18	
Par			•									
19	(a)	(b)	(c)		((d)	(e)		(f)			(g)
	Description	Date	Cost o			ization	R&	ГС	Period			Amortization
	of property	acquired	d other bas	515		r allowable er years	secti (see ir		percent	age		for this year
					56711	. ,	(20011				1	
											1	
				+							1	
				-							1	
20	T-1-1 A-1-1 " '	- 11								20	1	
20	Total. Add the amounts	107								20	1	
21	Total amortization clair		•							21	1	
22	Amortization adjustmer Form 100W, Side 1, lin	nt. If line 21 is g	reater than line 20	, enter the	ne difference	ce here and	d on Form	n 100	or			
	Form 100W, Side 1, lin	ie 12				allu		100 (22	1	
	,,										-	

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	ch to Form 100 or Form	100W. FOR	м 199									
Corpo	ration name								Califor	rnia cor	poratio	n number
AN]	MAL PLACE								C16	503	91	
Par	t Election to Expe	nse Certain Pro	perty Under IRC Se	ection 17	79							
1	Maximum deduction ur	nder IRC Section	179 for California.							1		\$25 , 000
2	Total cost of IRC Section		•							2		
3	Threshold cost of IRC S		-							3		\$200 , 000
4	Reduction in limitation.									4		
5	Dollar limitation for tax		act line 4 from line							5		
6	(a) Des	scription of property		(b) Co	ost (business ı	use only)	(c)	Elected	d cost			
7	Listed property (elected	d IRC Section 17	79 cost)			7						
8	Total elected cost of IR	RC Section 179 p	property. Add amou	ınts in co	olumn (c), l	ine 6 and	line 7			8		
9	Tentative deduction. En									9		
10	Carryover of disallowed									10		
11	Business income limita				•	-				11		
12	IRC Section 179 expen					-				12		
13	Carryover of disallowed								11050			
Par			ditional First Year I			1	&IC Sec	ction 2			ı	
14	(a) Description	(b) Date	(c)		(d)	(e)		f) e or	Deprec	g) iotion	for	(h) Additional first
	of property	acquired	Cost or other basis		reciation owed or	Deprecia tion		e or ite		year		year
	, , ,				wable in	method				,		depreciation
		0.44.5.40.0		earii	er years	- /-	+	4.0				
	ED STORAGE/EMP	2/15/02	6,325.		6,277.	S/L	+	10			48.	
	ARTMENT	12/01/05	35,724.		7,245.	S/L	-	30		1,19		
	RN IMPROVEMENT	11/28/05	3,769.		778.	S/L		30			26.	
SHI	ED	9/14/05	1,641.		1,107.	S/L		10		16	64.	
BAI	RN	6/30/05	12,269.		2,863.	S/L		30		4(09.	
15	Add the amounts in co \$2,000. See instruction							15				
Par	t III Summary							•			•	
16	Total: If the corporation											
	IRC Section 179 expen Additional first year de	ise, add the amo	ount on line 12 and	line 15,	column (g)	or	15 oolu	mnc (a) and (h	۱ ۵۳		
	Depreciation (if no elec										16	
17	Total depreciation clair	•				107					17	
	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter th	ne differenc	e here and	d on Fo	rm 100	0 or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin	ne 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Forr	n 100	or efore			
	state adjustments on F	orm 100 or Forn	n 100W. no adiustn	nent is r	necessarv.).						18	
Par			•		<u> </u>							
19	(a)	(b)	(c)		((d)	(e	e)	(f)			(g)
	Description	Date	Cost o		Amort	ization	R8	&TC	Perio			Amortization
	of property	acquired	d other bas	SIS		r allowable er years	e sec (see	tion instr)	percen	tage		for this year
					III Juilly	, 50015	(300					
20	Total. Add the amounts	(0)								20		
21	Total amortization clair									21		
22	Amortization adjustment Form 100W, Side 1, lin	nt. If line 21 is g	reater than line 20	, enter th	he difference	e here and	d on Fo	rm 10	0 or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin	IE 0. IT IINE 21 IS IE 12	iess than line 20,	enter the	e aimerence	nere and	on Forr	11 100	or	22		
	. Jim 130 vv, Jiue 1, IIII										1	

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Attac	ch to Form 100 or Form	100W. FORI	м 199										
Corpo	ration name								Califor	rnia cor	poratio	n number	
AN]	MAL PLACE								C16	5039	91		
Par		nse Certain Pro	perty Under IRC Se	ection 17	9								
1	Maximum deduction un									1		\$25,0	00
2	Total cost of IRC Section	on 179 property	placed in service							2		•	
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in lim	itation					3		\$200,0	00
4	Reduction in limitation.	Subtract line 3	from line 2. If zero	or less,	enter -0					4			
5	Dollar limitation for tax	able year. Subtr	act line 4 from line	1. If zero	or less, e	enter -0				5			
6	(a) Des	scription of property		(b) Co:	st (business ı	use only)	(c)	Elected	d cost				
7	Listed property (elected	d IRC Section 17	79 cost)			7				-			
8	Total elected cost of IR	RC Section 179 p	property. Add amou	ınts in co	lumn (c), l	line 6 and	line 7			8			
9	Tentative deduction. En	nter the smaller	of line 5 or line 8.							9			
10	Carryover of disallowed	d deduction from	n prior taxable years	S						10			
11	Business income limita									11			
12	IRC Section 179 expen					-				12			
13	,												
Par	t II Depreciation and	l Election of Ad	ditional First Year I	Expense	Deduction	under R	&TC Sec	ction 2	24356				
14	(a)	(b)	(c)		d)	_ (e)		f)	_ (g)_		(h)	
	Description of property	Date acquired	Cost or other basis		eciation wed or	Deprecia tion		e or ate	Deprec	iation year	tor	Additional firs	st
	or property	acquired	Other basis	allow	able in	method	10	ito	tillo	ycai		depreciation	l
				earlie	er years								
POF	RTABLE CORRAL	6/20/92	815.		815.	S/L		7					
COF	RRAL GATE/PANE	12/31/98	558.		558.	S/L		5					
CRI	TTER CORRAL	7/12/00	2,520.		2,520.	S/L		10					
FEN	CING	9/28/01	7,812.		7,812.	S/L		10					
COF	RRAL (PANELS 7	3/18/02	1,830.		1,784.	S/L		10		4	16.		
15	Add the amounts in co	lumn (a) and co	lumn (h). The total	of colum	ın (h) mav	not excee	٦.						
	\$2,000. See instruction							15					
Par	t III Summary							•					
16	Total: If the corporation												
	IRC Section 179 expen Additional first year de	ise, add the amo	ount on line 12 and	line 15,	column (g)	or	15 oolu	mnc (a) and (h) or			
	Depreciation (if no elec										16		
17	Total depreciation clair	•				107				_	17		
18	Depreciation adjustmer	nt. If line 17 is g	reater than line 16,	, enter th	e differenc	e here and	d on Fo	rm 100	0 or				
	Form 100W, Side 1, lin Form 100W, Side 1, lin												
	state adjustments on F										18		
Par			, ,		,								
19	(a)	(b)	(c)		((d)	(6	e)	(f)			(g)	
	Description	Date	Cost o		Amort	tization	Ri	ŠTC	Perio			Amortization	
	of property	acquired	d other bas	SIS		r allowable er years	e sec (see	tion instr)	percen	tage		for this year	
				+	iii Gaill	or yours	(366				1		_
											-		
							-						
							+				1		
											-		
	Total. Add the amounts	(0)								20	<u> </u>		
21	Total amortization clair									21	<u> </u>		
22	Amortization adjustmen	nt. If line 21 is g	reater than line 20	, enter th	e difference	ce here and	d on Fo	rm 10	0 or				
	Form 100W, Side 1, lin Form 100W, Side 1, lin									22			
	1 5.111 10011, Olde 1, IIII			<u> </u>			· · · · · · · ·				1		

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Atta	ch to Form 100 or Form	100W. FORI	M 199										
Corpo	ration name								Califor	nia cor	ooration	n number	
AN]	MAL PLACE								C16	5039	91		
Par		nse Certain Pro	perty Under IRC Se	ection 179									
1	Maximum deduction un									1		\$25,	000
2	Total cost of IRC Section	on 179 property	placed in service							2		· · · · ·	
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in limitat	ion					3		\$200,	000
4	Reduction in limitation.	Subtract line 3	from line 2. If zero	or less, ent	er -0					4			
5	Dollar limitation for tax	able year. Subtr	act line 4 from line	1. If zero or	r less, e	enter -0				5			
6	(a) Des	scription of property		(b) Cost (b	ousiness ι	use only)	(c)	Elected	cost				
7	Listed property (elected	d IRC Section 17	79 cost)			7							
8	Total elected cost of IR	RC Section 179 p	property. Add amou	ınts in colum	nn (c), l	ine 6 and I	ine 7			8			
9	Tentative deduction. En	nter the smaller	of line 5 or line 8.							9			
10	Carryover of disallowed		'							10			
11	Business income limita									11			
12	IRC Section 179 expen					_				12			
13	,												
Par			ditional First Year I		duction	1	1	- 1					
14	(a) Description	(b) Date	(c) Cost or	(d) Deprecia	ation	(e)	(f		(<u>)</u> Deprec	g)	for	(h) Additional	firct
	of property	acquired	other basis	allowed		Deprecia tion	ra	e or te		year	101	year	IIISt
	1 1 3			allowab		method				,		depreciat	ion
		0 /10 /00	2.664	earlier y		G /-	+	1.0					
	TER TANKS - PI	9/18/02	3,664.		386.	S/L	+	10			8.		
	CING	7/01/03	3,058.		601.	S/L		10			16.		
	CING & GATE	5/28/04	3,237.		457.	S/L	+	10			4.		
	L IN PROGRESS	7/06/06	11,445.	·	101.	S/L		30		38	2.		
TRA	AILER - 12FT.	12/30/94	3,922.	3,	922.	S/L	1 ,	7					
15	Add the amounts in co	lumn (g) and co	lumn (h). The total	of column ((h) may	not exceed	d						
	\$2,000. See instruction	ns for line 14, co	lumn (h)					15					
Par													
16	Total: If the corporation IRC Section 179 expen		ount on line 12 and	lino 15 coli	ump (a)								
	Additional first year de	preciation under	R&TC Section 243	356, add the	amoun	ts on line 1	I5, colu	mns (g) and (h) or			
	Depreciation (if no elec									` <u> </u>	16		
	Total depreciation clair		•							· · ·	17		
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16,	, enter the d	lifferenc	e here and	d on For	m 100	or or				
	Form 100W, Side 1, lin												
	state adjustments on F	orm 100 or Forn	n 100W, no adjustn	nent is nece	essary.).						18		
Par	t IV Amortization			1									
19	(a)	(b)	(c)	_		d) tization	(e) TC	(f) Period	4 0 "		(g)	
	Description of property	Date acquired	Cost o			r allowable			percent			Amortization for this year	
		'			in earli	er years	(see i	nstr)	<u>'</u>			ioi tino you	
20	Total. Add the amounts	s in column (g).								20			
21	Total amortization clair	(0)								21			
22	Amortization adjustmen	nt. If line 21 is a	reater than line 20.	. enter the d	lifferenc	e here and	d on For	m 100	or or				
_	Form 100W, Side 1, lin	ie 6. If line 21 is	less than line 20,	enter the dif	ference	here and	on Forn	า 100	or				
	Form 100W, Side 1, lin	ie 12								22			

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	ch to Form 100 or Form	100W. FOR	M 199						
Corpoi	ration name						Califor	nia corpor	ation number
	MAL PLACE						C16	50391	
Parl			perty Under IRC Se						
1	Maximum deduction un							1	\$25 , 000
_	Total cost of IRC Section		•					2	
3	Threshold cost of IRC S		-					3	\$200,000
4	Reduction in limitation.							5	
<u>5</u>	Dollar limitation for taxa		act line 4 from line	(b) Cost (business)				3	
-	(a) Des	scription of property		(n) Cost (nasiness	use only)	(c) Elected	1 0081		
7	Listed property (elected	NIDC Section 17	70 cost)		7				
8	Total elected cost of IR					no 7		8	
9	Tentative deduction. Er							9	
10	Carryover of disallowed							10	
11	Business income limita		•					11	-
12	IRC Section 179 expens	se deduction. A	dd line 9 and line 1	I0, but do not enter	more than	line 11		12	
	Carryover of disallowed	deduction to 20	013. Add line 9 and	l line 10, less line 1	12	13			
Par	II Depreciation and	Election of Add	ditional First Year I	Expense Deduction	n Under R&	TC Section 2	24356		
14	(a)	(b)	(c)	(d)	(e)	(f)	_ ((g)	(h)
	Description of property	Date acquired	Cost or other basis	Depreciation allowed or	Deprecia- tion	 Life or rate 		ation fo year	or Additional first year
	or property	aoqanoa	01101 50515	allowable in	method	1410	4113	you	depreciation
		2 / 2 / 2 -	10.011	earlier years	- 1-	_			_
	ACTOR - NEW HO	3/13/97	13,811.	13,482.	S/L	7			
	REBEL 35MM S	3/13/02	341.	334.	S/L	10		7	•
	AFTSMAN LAWN T	5/06/02	1,187.	1,187.	S/L	5			_
	VASAKI MULE	2/22/03	11,799.	11,799.	S/L	5			_
COM	IPUTER	3/24/04	952.	952.	S/L	5			
15	Add the amounts in col								
David	\$2,000. See instruction	s for line 14, co	lumn (h)			15			
Par		, is algotings							
10	Total: If the corporation IRC Section 179 expens	se. add the amo	ount on line 12 and	line 15. column (a)) or				
	Additional first year dep	preciation under	R&TC Section 243	356, add the amoun	its on line 1				
17	Depreciation (if no elec				107				
	Total depreciation clain Depreciation adjustmen		•	· ·				17	_
10	Form 100W, Side 1, line	e 6. If line 17 is	less than line 16,	enter the difference	e here and c	on Form 100	or		
	Form 100W, Side 1, line state adjustments on Fe							18	
Par		onn 100 or Forn	ii 100vv, 110 aujustii	nent is necessary.).			<u> </u>	10	
19	(a)	(b)	(c)	- (d)	(e)	(f)		(g)
	Description	Date	Cost o	or Amor	tization	R&TC	Period		Amortization
	of property	acquired	d other bas		r allowable ier years	section (see instr)	percent	age	for this year
				iii Caiii	ioi yours	(300 111311)			
20	Total. Add the amounts	in column (a)		<u> </u>		1		20	
	Total amortization clain	107						21	
	Amortization adjustmen		•						
	Form 100W, Side 1, line	e 6. If line 21 is	less than line 20,	enter the difference	e here and c	on Form 100	or		
	Form 100W, Side 1, line	e 12						22	

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	ch to Form 100 or Form	100W. FOR	м 199								
Corpo	ration name						Califor	rnia corp	oratio	n number	
AN]	MAL PLACE						C16	5039	1		
Par	t Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179							
1	Maximum deduction ur							1		\$25 , 000)
2	Total cost of IRC Section	' ' '	•					2			
3	Threshold cost of IRC S		-					3		\$200,000)
4	Reduction in limitation.							4			_
5	Dollar limitation for tax		act line 4 from line					5			
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) Electe	ed cost				
								_			
7	Listed property (elected		•								
8	Total elected cost of IR							8			
9	Tentative deduction. E							9			_
10	Carryover of disallowed							10			_
11	Business income limita							11			_
12	IRC Section 179 expen				_			12			
13 Par	,		ditional First Year I	•			24256				
				·	1					45	_
14	(a) Description	(b) Date	(c) Cost or	(d) Depreciation	(e) Deprecia	(f) a- Life or	Deprec	g) iation	for	(h) Additional first	
	of property	acquired	other basis	allowed or	tion	rate		year	101	year	
				allowable in earlier years	method					depreciation	
CON	MPUTER	9/21/04	1,415.	1,415.	S/L	5					-
			308.	248.		10			1		-
	FICE FURNITURE	1/12/04			S/L		+		1.		_
	MP SYSTEM	7/25/01	881.	881.	S/L	5					_
	FRIGERATOR	10/15/01	473.	473.	S/L	5					_
REI	FRIGERATOR	3/20/02	532.	532.	S/L	5					_
15	Add the amounts in co \$2,000. See instruction										
Par	t III Summary										
16	Total: If the corporation										
	IRC Section 179 expen Additional first year de	ise, add the amo preciation under	ount on line 12 and R&TC Section 243	line 15, column (g 356, add the amour) or its on line 1	15 columns	(a) and (h) or			
	Depreciation (if no elec								16		
	Total depreciation clair							1	7		
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter the difference	ce here and	d on Form 10	00 or				
	Form 100W, Side 1, lin Form 100W, Side 1, lin	ne 6. ii iirie 17 is ne 12. (If Califori	nia depreciation am	enter the difference nounts are used to	determine i	on Form Tuc net income b	or Defore				
	state adjustments on F	orm 100 or Forr	n 100W, no adjustn	nent is necessary.)				1	18		
Par	t IV Amortization										
19	(a)	(b)	(c)		d)	(e)	_ (f)			(g)	
	Description of property	Date acquired	Cost o		tization r allowable	R&TC section	Period percent			Amortization for this year	
	0. p. op 0. ty	aoquiio	3 3 3 3 3 3 3		ier years	(see instr)	p 0. 00	ugo		ioi tilis yeal	
											_
											_
					-						
											_
20	Total. Add the amounts	s in column (a)						20			
21	Total amortization clair	(0)						21			-
22			•					<u> </u>			-
	Amortization adjustment Form 100W, Side 1, lin	ne 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or				
	Form 100W, Side 1, lin	ne 12	<u></u>					22			_

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	ch to Form 100 or Form	100W. FORM	1 199									
Corpo	ration name						Californi	a corporation	on number			
	MAL PLACE						C165	0391				
Par			perty Under IRC Se									
1	Maximum deduction un						<u> </u>	1	\$25 , 000			
2	Total cost of IRC Section							2	****			
3 4	Threshold cost of IRC S							3 4	\$200,000			
5	Reduction in limitation. Dollar limitation for taxa							5				
		scription of property	act line + from line	(b) Cost (business		(c) Elected						
	(4) 500	or property		(b) Cost (business	uso only)	(C) Liberton	1 0001					
7	Listed property (elected	IRC Section 17	9 cost)		7							
8	Total elected cost of IR	C Section 179 p	roperty. Add amou	nts in column (c),	line 6 and li	ne 7		8				
9	Tentative deduction. Er						<u> </u>	9				
10	Carryover of disallowed							10				
11	Business income limita			•	•			11 12				
12 13	IRC Section 179 expen Carryover of disallowed							12				
Par				Expense Deduction			24356					
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)			
• •	Description	Date	Cost or	Depreciation	Deprecia-	Life or	Deprecia	tion for	Additional first			
	of property	acquired	other basis	allowed or allowable in	tion method	rate	this y	ear	year depreciation			
	earlier years											
WOO	OOD BURNING STO 5/09/02 1,624. 1,624. S/L 5											
CAG	ES	4/20/05	2,176.	1,381.	S/L	10		218.				
	IERA	8/10/05	1,074.	1,074.	S/L	5						
	IPUTER	1/18/05	1,186.	1,186.	S/L	5						
CON	IPUTER	3/31/06	1,567.	1,567.	S/L	5						
15	Add the amounts in col \$2,000. See instruction											
Par	t III Summary											
16	Total: If the corporation		unt on line 10 and	line 15 column (a)	\							
	IRC Section 179 expensional first year dep	oreciation under	R&TC Section 243	56, add the amoun	ts on line 1:	5, columns (g) and (h)	or				
	Depreciation (if no elec	•										
	Total depreciation clain							17				
18	Depreciation adjustmer Form 100W, Side 1, lin	e 6. If line 17 is gr	less than line 16,	, enter the difference enter the difference	ce nere and c e here and c	on Form 100 on Form 100	or or					
	Form 100W, Side 1, lin	e 12. (If Californ	ia depreciation am	lounts are used to (determine n	iet income be	etore	10				
Par	state adjustments on F	orm 100 or Form	i Tuuw, no adjustn	nent is necessary.).				18				
19	(a)	(b)	(c)	- (d)	(e)	(f)		(g)			
13	Description	Date	Cost o	r Amor	tization	R&TC	Period (Amortization			
	of property	acquired	other bas		r allowable ier years	section (see instr)	percenta	ge	for this year			
				iii daiii	,	(555 111511)						
									_			
20	Total. Add the amounts	in column (g)						20				
21	Total amortization clain	ned for federal p	urposes from fede	ral Form 4562, line	: 44			21				
22	Amortization adjustmer	nt. If line 21 is gi	reater than line 20,	, enter the difference	ce here and	on Form 10	0 or					
	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the difference	e here and c	on Form 100	or	22				
	Form 100W, Side 1, lin	ᡛ 1∠										

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Attac	ch to Form 100 or Form	100W. FOR	м 199								
Corpo	ration name	1010	133					Califor	rnia corpo	oration nu	ımber
ANI	MAL PLACE							C16	5039	1	
Par		nse Certain Pro	perty Under IRC Se	ection 179				1000			
1	Maximum deduction un								1		\$25,000
2	Total cost of IRC Section	on 179 property	placed in service						2		•
3	Threshold cost of IRC S	Section 179 pro	perty before reducti	ion in limitatio	n				3		\$200,000
4	Reduction in limitation.	Subtract line 3	from line 2. If zero	or less, enter	r -0				4		
5	Dollar limitation for tax	able year. Subti	ract line 4 from line	1. If zero or I	less, e	nter -0			5		
6	(a) Des	scription of property		(b) Cost (bus	siness u	se only)	(c) Elect	ed cost	_		
									_		
7	Listed property (elected										
8	Total elected cost of IR								8		
9	Tentative deduction. En								9		
10	Carryover of disallowed		'						10		
11	Business income limita			-					11 12		
12 13	IRC Section 179 expen Carryover of disallowed					_			12		
Par			ditional First Year I					24356			
14	(a)	1	(c)	(d)	uction		(f)		a)		(h)
14	Description	(b) Date	Cost or	Depreciat	ion	(e) Deprecia		Deprec	g) iation f	or A	Additional first
	of property	acquired	other basis	allowed		tion	rate	this	year		year
				allowable earlier yea		method					depreciation
LAN	1D	8/13/07	325,908.)			
	AIRS - 2	8/15/07	127.	1	.13.	S/L	5		14	4.	
	1PUTER	8/15/07	792.		11.	S/L	5		8:		
	LL AND REVERSE	12/07/07	23,880.		376.	S/L	20	+	1,19		
	ASS VALLEY PRO	10/07/08	2,876,389.								
	Add the amounts in co			of column (h)) may	not evceed					
13	\$2,000. See instruction										
Par		,	. ,					l.		ı	
16	Total: If the corporation	n is electing:									
	IRC Section 179 expen Additional first year de	ise, add the amo	ount on line 12 and	line 15, colur	nn (g)	or	5 columns	(a) and (h) 05		
	Depreciation (if no elec									6	
17	Total depreciation clair	med for federal	purposes from fede	ral Form 4562	2, line	22			1	7	
18	Depreciation adjustmen	nt. If line 17 is o	reater than line 16,	, enter the diff	ference	e here and	on_Form_10	00 or			
	Form 100W, Side 1, lin Form 100W, Side 1, lin										
	state adjustments on F								18	8	
Par	t IV Amortization										
19	(a)	(b)	(c)		(d		(e)	(f)			(g)
	Description of property	Date acquired	Cost o			ization allowable	R&TC section	Period percent			mortization or this year
	5. [5. 5]5	5.5 45				er years	(see instr)	porton	9	10	n tins year
20	Total. Add the amounts	s in column (g).							20		
21	Total amortization clair	med for federal	purposes from fede	ral Form 4562	2, line	44			21		
22	Amortization adjustmen	nt. If line 21 is o	reater than line 20	, enter the diff	ferenc	e here and	on_Form 1	00 or			
	Form 100W, Side 1, lin								22		
	Form 100W, Side 1, lin	IC I Z							22		

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	ch to Form 100 or Form	100W. FORI	м 199										
Corpoi	ration name						Californ	nia corporati	on number				
	MAL PLACE						C165	0391					
Par			perty Under IRC Se					- 1					
1	Maximum deduction un						-	1	\$25 , 000				
2	Total cost of IRC Section	, , ,	•				<u> </u>	3	¢200 000				
3 4	Threshold cost of IRC S Reduction in limitation.						<u> </u>	4	\$200,000				
5	Dollar limitation for tax						-	5					
6		scription of property	act line + from line	(b) Cost (business		(c) Elected		<u> </u>					
	(4) 500	somption of property		(a) ooot (acimoso	uso only)	(C) LIGOTOR	2 0031						
7	Listed property (elected	d IRC Section 17	79 cost)		7								
8	Total elected cost of IR					ne 7		8					
9	Tentative deduction. Er	nter the smaller	of line 5 or line $8.$				[9					
10	Carryover of disallowed							10					
11	Business income limita			•	•		-	11					
12	IRC Section 179 expen							12					
13 Part	,			Expense Deduction			2/256						
14	•	1		1	1			`	(b)				
14	(a) Description	(b) Date	(c) Cost or	(d) Depreciation	(e) Deprecia-	(f) Life or	(g) Deprecia) ation for	(h) Additional first				
	of property	acquired	other basis	allowed or	tion	rate	this	year	year				
				allowable in earlier years	method				depreciation				
FEN	CING - WEST P	5/30/08	465.	164.	S/L	10		47.					
	ATER RUNOFF SYS 1/29/08 3,288. 1,151. S/L 10 329.												
WEI	L IMPROVEMENT	2/22/08	4,060.	1,421.	S/L	10		406.					
ľAW	TER SYSTEM IMP	5/30/08	1,096.	385.	S/L	10		110.					
GV	LAND PURCHASE	10/07/08	3,099.			0							
15	Add the amounts in col	lumn (a) and co	lumn (h). The total	of column (h) may	not exceed								
	\$2,000. See instruction												
Par													
16	Total: If the corporation IRC Section 179 expen		ount on line 12 and	line 15 column (a)	۱ ۵۳								
	Additional first year dep	preciation under	R&TC Section 243	356, add the amoun	its on line 15	5, columns (g) and (h)	or					
	Depreciation (if no elec	•			107			<u> </u>					
	Total depreciation clain							17					
10	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g ie 6. If line 17 is	less than line 16,	, enter the difference enter the difference	ce nere and o here and o	on Form 100 on Form 100	or or						
	Form 100W, Side 1, lin	ie 12. (It Calitorr	nia depreciation am	nounts are used to (determine n	et income be	etore	10					
Par	state adjustments on F	orm 100 or Forr	n 100w, no adjustn	nent is necessary.).				18					
19	(a)	(b)	(c)	- (d)	(e)	(f)		(g)				
	Description	Date	Cost o	r Amor	tization	R&TC	Period		Amortization				
	of property	acquired	d other bas		r allowable er years	section (see instr)	percenta	age	for this year				
				iii caiii	, 5015	(555 1150)							
20	Total. Add the amounts	s in column (a)						20					
21	Total amortization clair	(0)					F	21					
	Amortization adjustmer		•	,			-						
-	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the difference	here and o	n Form 100	or						
	Form 100W, Side 1, lin	e 12						22					

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	-		-									
	ch to Form 100 or Form	100W. FOR	м 199									
Corpo	ration name								Califor	rnia co	rporatio	n number
AN]	MAL PLACE								C16	503	91	
Par	t Election to Expe	nse Certain Pro	perty Under IRC Se	ection 17	'9							
1	Maximum deduction ur	nder IRC Section	n 179 for California.							1		\$25 , 000
2	Total cost of IRC Section	on 179 property	placed in service							2		
3	Threshold cost of IRC S		-							3		\$200 , 000
4	Reduction in limitation.									4		
5	Dollar limitation for tax	-		T T						5		
6	(a) De:	scription of property		(b) Co	st (business ι	use only)	(c)	Elected	cost	4		
										4		
										_		
_	Listed property (elected		•								1	
8	Total elected cost of IR									8		
9	Tentative deduction. E									9		
10 11	Carryover of disallowed Business income limita		,							10 11		
12	IRC Section 179 expen									12		
13	·					_				12		
Par			ditional First Year I					ction 2	24356			
14	(a)	(b)	(c)		(d)	(e)	1 .	f)		g)		(h)
1-7	Description	Date	Cost or	Depr	eciation	Deprecia		e or	Deprec	iatior		Additional first
	of property	acquired	other basis		wed or vable in	tion method	ra	ate	this	year		year
					er years	memou						depreciation
GV	LAND DEVELOPM	10/07/08	15,689.		-			0				
	- FENCING	11/19/09	69,198.	1	4,417.	S/L		10		6,9	20.	
	- MOWER	5/07/09	3,606.		962.	S/L		10		•	61.	
	-POT BELLIED P	8/11/09	32,291.		2,600.	S/L		30		1,0		
	-LARGE PIG BAR	8/11/09	73,970.		5,959.	S/L		30		2,4		
	Add the amounts in co		•	of colum	•		А					
13	\$2,000. See instruction							15				
Par		,										
	Total: If the corporation											
	IRC Section 179 expen Additional first year de	se, add the amo	ount on line 12 and	line 15,	column (g)	or	15 ool	ımne (a) and (h	\ 0 "		
	Depreciation (if no elec										16	
17	Total depreciation clair	ned for federal p	ourposes from fede	ral Form	4562, line	22					17	
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter th	ne differenc	e here and	d on_Fo	rm 100	or or	Ī		
	Form 100W, Side 1, lin Form 100W, Side 1, lin	ie 6. If line 1/ is ie 12 (If Califori	i less than line 16, c nia depreciation am	enter the	e difference re used to d	here and	on Form	n 100 ome be	or efore			
	state adjustments on F	orm 100 or Forr	n 100W, no adjustn	nent is n	ecessary.).						18	
Par	t IV Amortization											
19	(a)	(b)	(c)			d)	(6	2)	(f)			(g)
	Description of property	Date acquired	Cost o			tization r allowable		&TC ction	Period percent			Amortization
	or property	acquirec	d Other bas	313		er years		instr)	perceri	lage		for this year
20	Total. Add the amounts	s in column (a).								20		
21	Total amortization clair	107								21		
			•									
	Amortization adjustment Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the	difference	here and	on Forr	n 100	or			
	Form 100W, Side 1, lin	e 12								22		

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Attac	ch to Form 100 or Form	100W. FOR	М 199										
Corpo	Tation name California corporation number C1650391 Election to Expense Certain Property Under IRC Section 179												
AN]	MAL PLACE								C16	5039	91		
Par	l Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179					•				
1	Maximum deduction un	der IRC Section	179 for California.							1		\$25,0	00
2	Total cost of IRC Section	on 179 property	placed in service							2			
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in limit	ation					3		\$200 , 0	00
4	Reduction in limitation.									4			
5	Dollar limitation for tax	able year. Subtr	act line 4 from line	1. If zero	or less, e	enter -0				5			
6	(a) Des	scription of property		(b) Cost	(business ι	use only)	(c)	Elected	d cost				
7													
8	Total elected cost of IR									8			
9	Tentative deduction. Er									9			
10	Carryover of disallowed		,							10 11			
11 12	Business income limita IRC Section 179 expen			•						12			
13	•					_				12			
Par			ditional First Year I					tion 2	24356				
14	(a)	(b)	(c)	(d		(e)	(1			g)		(h)	
14	Description	Date	Cost or		ciation	Deprecia	a- Life	e or	Deprec	رو iation	for	Additional fir	st
	of property	acquired	other basis		ed or	tion		te	this	year		year depreciation	_
				allowa earlier	years	method						depreciation	ı
GV	- POULTRY BAR	8/11/09	52,712.		1,246.	S/L		30		1,75	57.		
	-RABBIT BARN	8/11/09	53,092.		277.	S/L		30		1,77			
	TRAVEL TRAILE	12/27/09	3,000.		600.	S/L		10		_	00.		
	- LAND 50% OF	7/29/09	375,000.					0					
	- BUILDINGS 5	7/29/09	375,000.	30	,208.	S/L		30	1:	2,50	00.		
	Add the amounts in col						4						
13	\$2,000. See instruction							15					
Par		,					1						
	Total: If the corporation	n is electing:											
	IRC Section 179 expen Additional first year dep	se, add the amo	ount on line 12 and	line 15, co	olumn (g)	or	1E oolu	mne (a) and (h	\			
	Depreciation (if no elec										16		
17	Total depreciation clain	•				107				_	17		
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter the	differenc	e here and	d on_For	m 100	or or				
	Form 100W, Side 1, lin Form 100W, Side 1, lin												
	state adjustments on F									.	18		
Par	t IV Amortization		•										
19	(a)	(b)	(c)			d)	(e		(f)			(g)	
	Description of property	Date acquired	Cost o			ization r allowable		kTC tion	Period percent			Amortization	
	or property	acquirec	other bas	313 6		er years	(see i		percern	aye		for this year	
20	Total. Add the amounts	s in column (a).								20			
21	Total amortization clair	(0)								21			
	Amortization adjustmen	nt. If line 21 is a	reater than line 20.	. enter the	differenc	e here and	d on Fo	rm 10	0 or				
_	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the c	difference	here and	on Forn	n 100	or				
	Form 100W, Side 1, lin	e 12								22			

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	ch to Form 100 or Form	100W. FORI	м 199						
Corpo	ration name						Californi	a corporation	on number
	MAL PLACE						C165	0391	
Par	•		perty Under IRC Se					- 1	
1	Maximum deduction un						 	1	\$25,000
2	Total cost of IRC Section		•				<u> </u>	3	6000 000
3 4	Threshold cost of IRC S Reduction in limitation.							4	\$200,000
5	Dollar limitation for taxa							5	
6		scription of property	act inic + nom inic	(b) Cost (business		(c) Elected		<u> </u>	
	(4) 500	oription of property		(b) oost (business	s asc only)	(C) Licotol	1 0051		
7	Listed property (elected	IRC Section 17	79 cost)		7				
8	Total elected cost of IR					ne 7		8	
9	Tentative deduction. Er							9	
10	Carryover of disallowed	I deduction from	n prior taxable year	S				10	
11	Business income limita			•				11	
12	IRC Section 179 expens				_			12	
13	,						1050		
Par	•		ditional First Year	1		1			
14	(a) Description	(b) Date	(c) Cost or	(d) Depreciation	(e) Deprecia	(f) - Life or	(g) Deprecia	tion for	(h) Additional first
	of property	acquired	other basis	allowed or	tion	rate	this y		year
				allowable in earlier years	method				depreciation
GV	- PERMITS/FEE	7/29/09	40,572.	3,695	. S/L	30	1	,352.	
	- MISC 7 YR P	7/29/09		,478.					
	SIGNS	6/13/09	17,347. 1,640.	5,989 605		7		234.	
	LL HOUSE	1/19/10	1,080.	69		30		36.	
	RN DOORS	1/22/10	1,890.	121		30		63.	
	Add the amounts in col		•		•				
13	\$2,000. See instruction								
Par		,				·			
16	Total: If the corporation								
	IRC Section 179 expense Additional first year dep	se, add the amo	ount on line 12 and R&TC Section 243	line 15, column (356, add the amou	g) or Ints on line 1	5 columns ('a) and (h)	or	
	Depreciation (if no elec								
	Total depreciation clain							17	
18	Depreciation adjustment Form 100W, Side 1, line	nt. If line 17 is g	reater than line 16	, enter the differer	nce here and	on Form 10	0 or		
	Form 100W, Side 1, lin	e 12. (If Califorr	nia depreciation am	nounts are used to	determine r	et income b	efore		
	state adjustments on Fo	orm 100 or Forn	n 100W, no adjustn	ment is necessary.	.)			18	
Par	t IV Amortization			<u>, </u>					
19	(a) Description	(b) Date	(c) Cost o	.r Amo	(d) ortization	(e) R&TC	(f) Period	or	(g)
	of property	acquired			or allowable	section	percenta		Amortization for this year
		·		in ear	lier years	(see instr)			
							<u> </u>		
20	Total. Add the amounts	(0)					-	20	
21	Total amortization clain	ned for federal p	ourposes from fede	eral Form 4562, lin	e 44			21	
22	Amortization adjustmen	nt. If line 21 is g	reater than line 20	, enter the differen	nce here and	on Form 10	0 or		
	Form 100W, Side 1, line Form 100W, Side 1, line							22	
								ı	

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	ch to Form 100 or Form	100W. FOR	м 199						
Corpo	ration name						Californ	nia corpoi	ration number
AN:	MAL PLACE						C16	50391	<u> </u>
Par	t Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179					
1	Maximum deduction un	nder IRC Section	179 for California.					1	\$25 , 000
2	Total cost of IRC Section		•					2	
3	Threshold cost of IRC S		-					3	\$200 , 000
4	Reduction in limitation.							4	
5	Dollar limitation for tax		act line 4 from line					5	
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) Electe	d cost		
7	Listed property (elected		•						
8	Total elected cost of IR							8	
9	Tentative deduction. En							9	
10	Carryover of disallowed							10	
11	Business income limita			•				11	
12	IRC Section 179 expen				_			12	
13 Do:	,		ditional First Year I				24256		
Par					1	1			4.5
14	(a) Description	(b) Date	(c) Cost or	(d) Depreciation	(e) Deprecia	(f) a- Life or	(g Depreci	I) ation fo	(h) or Additional first
	of property	acquired	other basis	allowed or	tion	rate		year	year
				allowable in earlier years	method				depreciation
D 7\ T	RN REMODEL	12/21/10	1 620		C /T	30		54	1
		12/31/10	1,620.	54.	S/L	-			
	JIPMENT	6/01/10	1,621.	367.		7	-	232	
	NCING	1/19/10	14,500.	2,779.		10		L,450	
	NCING	3/16/10	33,928.	5,938.	S/L	10	j	3,393	
SI	1K	1/28/10	426.	117.	S/L			61	. •
15	Add the amounts in co \$2,000. See instruction								
Par	- 15	•							-
16	Total: If the corporation								
	IRC Section 179 expen Additional first year de	se, add the amo	ount on line 12 and	line 15, column (g	or	IE salumna	(a) and (b)		
	Depreciation (if no elec								s
17	Total depreciation clair	* *			107				,
18	Depreciation adjustmer	nt. If line 17 is g	reater than line 16,	, enter the difference	ce here and	d on Form 10	0 or		
	Form 100W, Side 1, lin Form 100W, Side 1, lin	ne 6. If line 17 is	less than line 16,	enter the difference	e here and	on Form 100	or efore		
	state adjustments on F	orm 100 or Forn	n 100W. no adiustn	nent is necessary.)				18	3
Par			•	<i>,</i>				ı	-
19	(a)	(b)	(c)	(d)	(e)	(f)		(g)
	Description	Date	Cost o		tization	R&TC	Period		Amortization
	of property	acquired	d other bas		r allowable ier years	section (see instr)	percent	age	for this year
				53111	,	(172 1100)			
								- 	
								-+	
20	Total Add the server to	in polygon (C)						20	
20	Total. Add the amounts	(0)						20	
21	Total amortization clair		•				l l	21	
22	Amortization adjustment Form 100W, Side 1, lin	nt. If line 21 is g	reater than line 20	, enter the difference	ce here and	d on Form 10	0 or		
	Form 100W, Side 1, lin	ie 0. ii iiile 21 IS ie 12					UI	22	

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Atta	ch to Form 100 or Form	100W. FORI	M 199										
Corpo													
AN]	MAL PLACE								C16	5039	91		
Par		nse Certain Pro	perty Under IRC Se	ection 179									
1										1		\$25,	000
2	Total cost of IRC Section	on 179 property	placed in service							2		•	
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in limitatio	n					3		\$200,	000
4	Reduction in limitation.	L PLACE Election to Expense Certain Property Under IRC Section 179 Election to Expense Certain Property Under IRC Section 179 Eximum deduction under IRC Section 179 for California. al cost of IRC Section 179 property placed in service. Pershold cost of IRC Section 179 property before reduction in limitation. 3 \$200,000 duction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 4 Illar limitation for taxable year. (a) Description of property (b) Cost (business use only) (c) Elected cost 4 Illar limitation for taxable year. (a) Description of property. Add amounts in column (c), line 6 and line 7. 8 Intrative deduction. Enter the smaller of line 5 or line 8. 9 ryrover of disallowed deduction from prior taxable years. 10 Siness income limitation. Enter the smaller of business income (not less than zero) or line 5. 111 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11. 12 ryrover of disallowed deduction of Additional First Year Expense Deduction Under R&TC Section 24356 (c) Description Date Cost or Depreciation allowed or allowed or acquired other basis allowable in earlier years 10 Description Date Cost or Depreciation allowed or allowed or acquired other basis allowable in earlier years 11 Description Date Cost or Depreciation allowed or acquired other basis allowable in earlier years 12 L/28/10 1,405. 385. S/L 7 201. 13 Depreciation for property acquired other basis allowable in earlier years 14 L/28/10 1,405. 385. S/L 7 107. 15 LCALS 2/09/10 350. 205. S/L 7 107. 16 LVEMENTS 5/01/10 30,488. 4,573. S/L 10 3,049. 17 LORGE AND FT 4/02/10 114. 28. S/L 7 16. 18 LORGE AND FT 4/02/10 114. 28. S/L 10 3,049. 18 LORGE AND FT 4/02/10 114. 29. S/L 10 3,049. 18 LORGE AND FT 4/02/10 15,468. 912. S/L 10 3,049. 18 LORGE AND FT 4/02/10 15, column (f) may not exceed to determine column (g) and column (h). The total of column (h) may not exceed to determine column (g) and column (h). The total of column (h) may not exceed to determine the co											
5	Dollar limitation for tax	able year. Subtr	act line 4 from line	1. If zero or le	ess, e	nter -0				5			
6	(a) Des	scription of property		(b) Cost (bus	siness u	se only)	(c)	Elected	l cost				
7	Listed property (elected	d IRC Section 17	79 cost)			7							
8										8			
9													
10	•		,										
11				•		•							
12	•					_				12			
13 Par								tion 2	M2EC				
		1		1	action		1	- 1				(1-)	
14	(a) Description				ion				Depreci	3) iation	for		first
				allowed o	or	tion					101	year	
						method						depreciati	on
CAF	BINETS	1/28/10	1 405	-		g / T.		7		20	11		
	CUBICALS		•										
				•						_			
			•	•			.	10		<u> </u>	. , .		
15								15					
Par	- 1	13 101 11110 14, 00	Tarrir (11)										
		n is electina:											
	IRC Section 179 expen	se, add the amo	ount on line 12 and	line 15, colum	nn (g)	or		,					
											16		
17	,	• • • • • • • • • • • • • • • • • • • •				107				<u> </u>			
	Form 100W, Side 1, lin	e 6. If line 17 is	less than line 16,	enter the differ	rence	here and o	n Forn	า 100	or				
										-	18		
Par													
19	(a)	(b)	(c)		(c)	(e)	(f)			(g)	
	Description	Date	Cost o		Amort	ization	R8	TC	Period			Amortizatio	
	of property	acquired	d other bas			allowable er years	section (see i		percent	age		for this yea	r
						, you.o	(000)						
								1					
		1											
		<u> </u>		<u> </u>									
								+					
20	Total. Add the amounts	in column (a)		I						20			
21	Total amortization clair	(0)								21			
			•										
22	Amortization adjustmer Form 100W, Side 1, lin	ıı. ıı ıı⊓e ∠1 IS g ıe 6. If line 21 is	reater than line 20 less than line 20.	, enter the diffe enter the diffei	rence rence	e nere and here and d	on Forn	เก 100 า 100	or or				
	Form 100W, Side 1, lin									22			

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	ch to Form 100 or Form	100W. FOR	м 199									
Corpo	ration name						Califor	rnia corp	oration r	number		
ANI	MAL PLACE						C16	5039	1			
Parl	Election to Expe	nse Certain Pro	perty Under IRC Se	ection 179								
1	Maximum deduction un	nder IRC Section	n 179 for California.					1		\$25 , 000		
2	Total cost of IRC Section		•					2				
3	Threshold cost of IRC S							3		\$200,000		
4	Reduction in limitation.							4				
5	Dollar limitation for tax							5				
6	(a) Des	scription of property		(b) Cost (busine	ess use only)	(c) Electe	d cost					
								_				
7	Listed property (elected											
8	Total elected cost of IR							8				
9	Tentative deduction. En							9				
10	Carryover of disallowed							10				
11	Business income limita			•				11 12				
12 13	IRC Section 179 expen							12				
Parl	Carryover of disallowed		ditional First Year				2/1356					
14	•			· -		1	1	<u>~</u> \		(b)		
14	(a) Description	(b) Date	(c) Cost or	(d) Depreciation	(e) Depreci	ia- Life or	Deprec	g) iation	for	(h) Additional first		
	of property	acquired	other basis	allowed or	tion	rate		year		year		
				allowable in earlier years		1				depreciation		
TMF	PROVEMENTS	1/11/11	11,731.	_		30		39	1.			
	RN IMPROVEMENT											
	FICE REMODEL	12/23/11	44									
	ICING	9/30/11	13,207. 27,075.	67	7. S/L	30 10		2 , 70				
	AIN WALL, DRA	9/30/11	3,855.	9		10		38				
			-			•			``			
13	Add the amounts in co \$2,000. See instruction											
Par		15 101 1110 1 1, 00										
	Total: If the corporation	n is electina:										
	IRC Section 179 expen	ise, add the amo	ount on line 12 and	line 15, column	(g) or							
	Additional first year deposition (if no electronic deposition)								6			
17	Total depreciation clair	•			107			_	7			
								··· -				
	Depreciation adjustmer Form 100W, Side 1, lin	e 6. If line 17 is	less than line 16,	enter the differe	nce here and	on Form 100	or					
	Form 100W, Side 1, lin state adjustments on F							1	8			
Par		01111 100 01 1 011	11 10011, 110 dajasti	TICHE IS TICCCSSUI	<i>y . j.</i>							
19	(a)	(b)	(c)		(d)	(e)	(f)			(g)		
	Description	Date	Cost o		nortization	R&TC	Period			Amortization		
	of property	acquire	d other bas		d or allowabl arlier years	e section (see instr)	percen	tage	1	for this year		
				111 6	arnor years	(SCC ITISH)						
	-							00				
	Total. Add the amounts	(0)						20				
21	Total amortization clair	'	•	•				21				
22	Amortization adjustmer Form 100W, Side 1, lin	nt. If line 21 is o	reater than line 20	, enter the differ	ence here ar	nd on Form 10	00 or					
	Form 100W, Side 1, lin							22				
	· · · · · · · · · · · · · · · · · · ·											

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Attac	ch to Form 100 or Form	100W. FORI	м 199						
Corpo	ration name						California	corporation	on number
AN]	MAL PLACE						C165	0391	
Par	Election to Expend	nse Certain Pro	perty Under IRC Se	ection 179					
1	Maximum deduction un	ider IRC Section	179 for California.					1	\$25 , 000
2	Total cost of IRC Section	on 179 property	placed in service					2	
3	Threshold cost of IRC S		-				· · · · · · · ·	3	\$200 , 000
4	Reduction in limitation.							4	
5_	Dollar limitation for tax		act line 4 from line					5	
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) Elected	cost		
7	Listed property (elected		•				_	0	
8	Total elected cost of IR							8	
9 10	Tentative deduction. En Carryover of disallowed							9	
11	Business income limita		,				· · · · · · · ·	11	
12	IRC Section 179 expen			•				12	
13	Carryover of disallowed				_			-	
Par			ditional First Year	,			24356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date	Cost or	Depreciation	Deprecia	 Life or 	Deprecial		Additional first
	of property	acquired	other basis	allowed or allowable in	tion method	rate	this y	ear	year depreciation
				earlier years	motriou				doprodiation
BAF	RN GUTTERS	12/12/11	1,250.	10	. S/L	10		125.	
PLU	MBING/WELL	4/13/11	9,254.	694	. S/L	10		925.	
PLU	MBING/WELL	6/17/11	3,000.	150	. S/L	10		300.	
PLU	MBING/WELL	11/02/11	1,300.	22	. S/L	10		130.	
GRA	DING/PAVING	8/10/11	16,391.	683	. S/L	10	1,	639.	
15	Add the amounts in col	lumn (a) and co	lumn (h). The total	of column (h) ma	v not exceed	1			
	\$2,000. See instruction								
Par	t III Summary								
16	Total: If the corporation								
	IRC Section 179 expen Additional first year dep	se, add the amo preciation under	ount on line 12 and R&TC Section 243	line 15, column (g 856, add the amou	g) or nts on line 1	5. columns (a) and (h)	or	
	Depreciation (if no elec								
	Total depreciation clain							. 17	
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16	, enter the differer	ice here and	on Form 100	or or		
	Form 100W, Side 1, lin								
	state adjustments on F	orm 100 or Forr	n 100W, no adjustn	nent is necessary.)			. 18	
Par	t IV Amortization			1		T			
19	(a) Description	(b) Date	(c) Cost o		(d) rtization	(e) R&TC	(f) Period o	\r	(g)
	of property	acquired			or allowable	section	percentag		Amortization for this year
				in ear	lier years	(see instr)			
							п		
20	Total. Add the amounts	(0)					-	20	
21	Total amortization clair		•				· · · · · · · · · —	21	
22	Amortization adjustmen	nt. If line 21 is g	reater than line 20	, enter the differer	nce here and	on Form 10	0 or		
	Form 100W, Side 1, lin Form 100W, Side 1, lin							22	
	. Jim 100 vv, Jiuc 1, IIII	· 14							

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Attac	th to Form 100 or Form	100W. FOR	M 199									
Corpo	ration name	2010	100					Califor	nia corp	oration	number	
ANT	MAL PLACE							C16	5039	1		
Parl		nse Certain Pro	perty Under IRC Se	ection 179				1000				
1	Maximum deduction un								1		\$25,	000
2	Total cost of IRC Section	on 179 property	placed in service						2		•	
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in limitation.					3		\$200,	000
4	Reduction in limitation.								4			
5	Dollar limitation for tax	able year. Subtr	ract line 4 from line	1. If zero or les	s, enter -0-				5			
6	(a) Des	scription of property		(b) Cost (busin	ess use only)	(c) E	lected	cost				
7	Listed property (elected					1						
8	Total elected cost of IR								8			
9	Tentative deduction. En								9 10			
10 11	Carryover of disallowed Business income limita		,						11			
12	IRC Section 179 expen			•		•			12			
	Carryover of disallowed											
Par			ditional First Year I				ion 24	1356				
14	(a)	(b)	(c)	(d)	(e)	(f)		(9	1)		(h)	
	Description	Date	Cost or	Depreciation	n Depred	cia- Life	or	Depreci	ation 1	for	Additional f	irst
	of property	acquired	other basis	allowed or allowable in	tion metho		=	uns	year		year depreciation	on
				earlier years	3							
GRA	DING/PAVING	12/09/11	6,805.		7. S/I		10		68	1.		
ELE	CTRIC INFRAST	7/27/11	1,409.	5	9. S/I		10		14			
ELE	CTRIC INFRAST	9/30/11	13,573.	33			10	1	L , 35	7.		
ELE	CTRIC INFRAST	11/02/11	5,883.	9	8. S/I		10		58	8.		
SIG	NAGE	8/26/11	1,000.	4	8. S/I	<u>. </u>	7		14	3.		
15	Add the amounts in co											
	\$2,000. See instruction	ns for line 14, co	lumn (h)				15					
Par												
16	Total: If the corporation IRC Section 179 expen	n is electing: ise add the amo	ount on line 12 and	line 15 column	(a) or							
	Additional first year de	preciation under	R&TC Section 243	356, add the am	ounts on line							
4-	Depreciation (if no elec	•			107				_	6		
	Total depreciation clair Depreciation adjustmen								· · · <u> </u>	7		
10	Form 100W, Side 1, lin	ie 6. If line 17 is g	less than line 16,	enter the differe	nce here an	d on Form	100 c	or				
	Form 100W, Side 1, lin								١,			
Par	state adjustments on F	Offil 100 of Forf	n 100w, no adjustn	nent is necessar	у.)				1	8		
19	(a)	(b)	(c)		(d)	(e)		(f)			(g)	
	Description	Date	Cost o		nortization	R&	ГС	Period			Amortization	1
	of property	acquired	d other bas		d or allowab	ole secti (see in		percent	age		for this year	
				ine	arlier years	(200 11	Su)					
						+						
20	Total. Add the amounts	s in column (a)		1			l I		20			
	Total amortization clair	107							21			
	Amortization adjustmen		•									
	Form 100W, Side 1, lin	ie 6. If line 21 is	less than line 20,	enter the differe	nce here an	d on Form	100 c	or				
	Form 100W, Side 1, lin								22			

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Atta	ch to Form 100 or Form	100W. FOR	м 199										
Corpo	ration name								Califor	nia corp	ooration	n number	
AN]	MAL PLACE								C16	5039	91		
		nse Certain Pro	perty Under IRC Se	ection 1	79								
1										1		\$25,	000
2	Total cost of IRC Section	on 179 property	placed in service							2		•	
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in lin	nitation					3		\$200,	000
4	Reduction in limitation.	California corporation number C1650391 C1650391											
5	Dollar limitation for tax	able year. Subtr	ract line 4 from line	1. If ze	ro or less, e	enter -0				5			
6	(a) Des	scription of property		(b) C	ost (business ι	use only)	(c)	Elected	cost				
7	Listed property (elected	d IRC Section 17	79 cost)			7							
8										8			
9													
10	Content Cont												
11					•								
12	•					_				12			
								tion 2	12EC				
		ı					1	- 1			1	(1-)	
14	(a) Description								Deprec	3) iation	for		first
				allo	owed or	tion						year	
						method						depreciat	ion
SEI	PTTC	11/11/11	22 - 517	Carr		S/T		1.0		2 - 25	2		
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15								15					
Par		15 101 11110 14, 00	, , , , , , , , , , , , , , , , , , ,								l l		
		n is electina:											
	IRC Section 179 expen	se, add the amo	ount on line 12 and	line 15,	column (g)	or		,					
											16		
17	,					107				_			
	•		•										
	Form 100W, Side 1, lin	e 6. If line 17 is	less than line 16,	enter the	e difference	here and	on Forn	n 100	or				
										-	18		
Par													
19		(b)	(c)		((<u>t)</u>	(e	(:)	(f)			(a)	
	Description	Date	Cost o		Amort	ization	R8	KTC	Period			Amortizatio	
	of property	acquired	d other bas	SIS					percent	age		for this yea	r
					σαι	o. you.o	(000)						
20	Total Add the amounts	s in column (a)					1			20			
21		107											
			•										
~~	Form 100W, Side 1, lin	ie 6. If line 21 is g	less than line 20,	enter the	e difference	here and	on Forn	n 100	or or				
	Form 100W, Side 1, lin									22			

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Attac	ch to Form 100 or Form	100W. FOR	M 199										
Corpo													
AN]	MAL PLACE								C16	5039	91		
Par	Election to Expe	nse Certain Pro	perty Under IRC Se	ection 1	79				l l				
1	Maximum deduction un	nder IRC Section	179 for California.							1		\$25,	000
2	Total cost of IRC Section	on 179 property	placed in service							2		•	
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in Iir	nitation					3		\$200,	000
4		Election to Expense Certain Property Under IRC Section 179 Eximum deduction under IRC Section 179 for California											
5	Dollar limitation for tax	able year. Subtr	act line 4 from line	1. If ze	ro or less, e	enter -0				5			
6	(a) Des	scription of property		(b) C	ost (business ι	use only)	(c)	Elected	cost				
7													
8													
9													
10	•		•										
11					•	•							
12 13						_				12			
Par								ion 2	4356				
14		1		LAPONS			1	- 1		۸)		(h)	
14	Description			Dep					Depreci	iation	for		first
	of property	acquired	other basis				rat	е	this	year		year	:
						metrioa						depreciai	1011
EOU	JIPMENT	3/21/12	6,399.			S/L		7		68	6.		
	JIPMENT		·										
	JIPMENT		·										
	JIPMENT									·			
	CING	12/31/12	5,550.			S/L		10					
			•	of colum	mn (h) may	•	, T						
13	Add the amounts in co \$2,000. See instruction							15					
Par		,,	(-)										
	Total: If the corporation	n is electing:											
	IRC Section 179 expen	ise, add the amo	ount on line 12 and	line 15,	column (g)	or	ما الحال		an) a m al (la)				
	Additional first year deposition (if no electrons)										16		
17	Total depreciation clair	•				107				_	17		
18	Depreciation adjustmer	nt. If line 17 is g	reater than line 16,	, enter t	he differenc	e here and	l on Forr	n 100	or or				
	Form 100W, Side 1, lin Form 100W, Side 1, lin												
	state adjustments on F									1	18		
Par			· · ·		, ,								
19	(a)	(b)	(c)			d)	(e)		(f)			(g)	
	Description of property	Date acquired	Cost o			tization r allowable	R& sect		Period percent			Amortizatio	
	or property	acquirec	otilei bas	515		er years	(see ir		percent	aye		for this yea	r
							1						
							1						
20	Total. Add the amounts	s in column (a).								20			
21	Total amortization clair	(0)								21			
	Amortization adjustmen	nt. If line 21 is a	reater than line 20.	. enter t	he difference	ce here and	d on Fori	m 100	or or				
	Form 100W, Side 1, lin	ie 6. If line 21 iš	less than line 20,	enter th	e difference	here and	on Form	100	or				
	Form 100W, Side 1, lin	ie 12								22			

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Attac	th to Form 100 or Form	100W. FOR	м 199								
Corpo	ration name	L PLACE C1650391									
ANI	MAL PLACE	Election to Expense Certain Property Under IRC Section 179 um deduction under IRC Section 179 for California. 1 \$25,000									
Parl	Election to Expe	nse Certain Pro	perty Under IRC Se	ection 1	79						
1	Maximum deduction un	nder IRC Section	n 179 for California.						1		\$25,000
2			•								
3		L PLACE Election to Expense Certain Property Under IRC Section 179 ximum deduction under IRC Section 179 for California. al cost of IRC Section 179 property placed in service. reshold cost of IRC Section 179 property before reduction in limitation. duction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. (a) Description of property (b) Cost (business use only) ted property (elected IRC Section 179 cost). (a) Description of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. al elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7. Section 179 expense deduction from prior taxable years. siness income limitation. Enter the smaller of business income (not less than zero) or line 5. Perpreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356 (a) Description of property (b) Cost or allowable in earlier years S/L 10 Depreciation for taxable year such as a second content of the passis and line 10, but do not enter more than line 11. Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356 (b) Description of property ROLD IMPROV 12/31/12 79,096. Cost or allowable in earlier years S/L 10 Cost or allowable in earlier years Calor of this year adaption for this year adaption of this year adaption of property Cost or allowable in earlier years Cost or allowable in earlier years Election 179 Expense defunction for this year adaption of the year adaption of the year and year adaption of the year and year adaption of the year adaption of the year and year adaption of the year and year adaption of the year and y									
4											
5				1					5		
6	(a) Des	scription of property	<u> </u>	(b) C	ost (business i	ise only)	(c) Elected	1 cost			
7	Linkad munnauku (alanka	d IDC Cartion 1	70			7					
7 8							ino 7		Q		
9											
10											
11	,		,								
12					•	-			12		
13	Carryover of disallowed	d deduction to 2	013. Add line 9 and	d line 10	, less line 1	2	13				
Par	I Depreciation and	Election of Ad	ditional First Year	Expense	e Deduction	Under R&	TC Section 2	24356			
14	_ (a)							_ ((g)	. .	
		1 2 1 1								or A	
	or property	aoquiroa	01101 54515	allo	wable in		1410	4115	you	(
		10/01/10		earl	ier years	- /-					
			·	-						_	
	JIPMENT		•				+		60	J.	
CAL	PITAL EXP - PA	12/31/12	1,0//.			S/L	10				
15											
Par	: III Summary										
16	Total: If the corporation	n is electing:	aumt am lima 10 am d	llina 15	a a la m (m)						
	Additional first year de	preciation unde	r R&TC Section 243	356, add	the amoun	ts on line 1	5, columns (g) and (h) or		
	Depreciation (if no elec	ction is made),	enter the amount fr	om line	15, column	(g)			10		
									<u>1</u>	7	
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 1/ is one 6 If line 17 is	reater than line 16 Less than line 16	, enter the	he differenc e difference	te here and the here and to	on Form 100 on Form 100	0 or or			
	Form 100W, Side 1, lin	ne 12. (If Califor	nia depreciation an	าounts a	re used to d	determine r	net income be	efore			
D	state adjustments on F	orm 100 or Fori	m 100W, no adjustr	nent is r	necessary.).				18	8	
Par		(6)	(-)			J\	(-)				(=)
19	(a) Description	(b) Date	(c) Cost o	or		d) tization	(e) R&TC	(f) Period	dor	Δr	(g) nortization
	of property	acquire	d other bas	sis	allowed or	r allowable	section	percent	age		this year
					in earii	er years	(see instr)				
20	Total. Add the amounts	s in column (a)							20		
	Total amortization clair	107							21		
									-1		
22	Amortization adjustmer Form 100W, Side 1, lin	nc. II IIII e ZI IS (ne 6. If line 21 is	greater than line 20 s less than line 20,	enter the	ne umerenc e difference	here and the	on Form 10	or or			
	Form 100W, Side 1, lin								22		

2012	California Stateme	nts		Page 1
	Animal Place			68-0200668
Statement 1 Form 199, Part II, Line 7 Other Income Cancellation of Debt. Chicken Adoptions. Horticulture. Income from Special Events. Other Income.				40,940. 6,938. 5,918. 19,048. 186. 73,030.
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, Tr Current Officers:	Title and Average Hours	Compen-	Contri- bution to	Account/
Name and Address Kim Sturla 14024 Will Tree Lane Grass Valley, CA 95949	Per Week Devoted Executive Direc 40.00	<u>sation</u> \$ 65,730.		<pre>\$ 0ther \$ 0.</pre>
Nedim C. Buyukmihci, V.M.D. 298 La Cueva Rd. Glorieta, NM 87535	Vice President 0	0.	0.	0
Marianne O'Connell 165 Cloudview Terrace Sausalito, CA 94965	Treasurer 0	0.	0.	0 .
Diane Allevato 422 Olive Avenue Novato, CA 94545	President 0	0.	0.	0 .
Diana Phillips, DVM 422 Olive Avenue Novato, CA 94545	Director 0	0.	0.	0 .
Jan L. Novic 1099 Western Ave. Ben Lomand, CA 95005	Director 0	0.	0.	0 .
	Total	\$ 65,730.	\$ 0.	\$ 0.
Statement 3 Form 199, Part II, Line 17 Other Expenses Advertising and Promotion Animal Care Bank Charges Computer Services Conferences, Conventions, and				1,937. 81,044. 15,337. 6,097. 632.

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California Statements

Page 2

Animal Place

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Statement 3 (continued)
Form 199, Part II, Line 17
Other Expenses

Contract Services	\$	1,375.
Dues & Subs		1,864.
Filing Fees		2,774.
Horticulture		1,981.
In-kind Food Donations		40,000.
In-kind Volunteers		40,000.
Insurance		10,617.
Miscellaneous		6,406.
Office Supplies		5,017.
Outside Services		92,766.
Permits and Land Use.		1,203.
Personnel Costs		348,215.
Postage and Printing		153,195.
Property Taxes & Water Rights		13,665.
Rental Program		1,796.
Repair & Maintenance.		11,014.
Rescue Expenses		1,371.
Sales Tax		780.
Small Equipment		2,995.
Special Event Expenses		11,133.
Supplies Expenses		6,310.
Telephone Telephone		6,071.
Travel		2,039.
II+iji+iog		15,192.
Utilities		16,372.
Vehicle Expenses		
Veterinary Care	۲.	4,090. 903,288.
Total	\$	903,200.

Statement 4 Form 199, Schedule L, Line 12 Other Assets

Statement 5 Form 199, Schedule L, Line 18 Other Liabilities

IN

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

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

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.



State Charity Registration Number C1650391		Check if: Change of address				
ANIMAL PLACE						
Name of Organization						
17314 MCCOURTNEY ROAD Address (Number and Street) Corporate or Organization No. C1650391						
GRASS VALLEY, CA 95949 City or Town State ZIP Code Federal Employer ID No. 68-0200668						
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			ee	
Less than \$25,000 0	Between \$100,001 and \$250,000	.000 \$50 Between \$1,000,001 and \$10 million			150	
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million	. , , ,			3225 300	
PART A – ACTIVITIES			Greater than \$50 million	Ψ	300	
For your most recent full accounting per	iod (beginning 1/01/12	ending	12/31/12) list:			
Gross annual revenue \$ 2			6,400,788.			
PART B – STATEMENTS REGARDIN	G ORGANIZATION DURING	G THE PERIO	OD OF THIS REPORT			
				- for o	ach	
Note: If you answer 'yes' to any of the ques 'yes' response. Please review RRF-1			providing an explanation and details) IOI C	acii	
1 During this reporting period, were there as	ny contracts, loans, leases or oth	er financial tran	nsactions between the	Yes	No	
organization and any officer, director or trust director or trustee had any financial intere	ee thereof either directly or with an	entity in which a	iny such officer, SEE STATEMENT 1	x		
2 During this reporting period, was there any the property or funds?	neft, embezzlement, diversion or mi	suse of the orga	nization's charitable		x	
3 During this reporting period, did non-prog	ram expenditures exceed 50% of	gross revenues	s?		x	
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.					x	
5 During this reporting period, were the serv purposes used? If 'yes,' provide an attachme provider.	vices of a commercial fundraiser int listing the name, address, and to	or fundraising of elephone number	counsel for charitable r of the service		x	
6 During this reporting period, did the organiza the name of the agency, mailing address,			de an attachment listing		x	
7 During this reporting period, did the organiza indicating the number of raffles and the did		ooses? If 'yes,' p	rovide an attachment		X	
Does the organization conduct a vehicle done the program is operated by the charity or charitable purposes.	ation program? If 'yes,' provide an a whether the organization contrac	attachment indicates with a comm	ating whether ercial fundraiser for		х	
9 Did your organization have prepared an a principles for this reporting period?	udited financial statement in acco	ordance with ge	enerally accepted accounting	x		
Organization's area code and telephone number 530-477-1757						
Organization's e-mail address						
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.						
KTM	STURLA	EXECUTATIVE	DIRECTOR			
	I Name	Title	Date			

Animal Place

68-0200668

Statement 1 Form RRF-1, Part B, line 1 Financial Transactions

Animal Place has a loan payable to a member of its board of directors. The loan originated in August of 2007 when the Organization purchased 50% of the land on which it conducts its activities in Vacaville, CA. The terms of the loan include a purchase price in the amount of \$323,775 with a deposit of \$100,000 and annual payments of \$25,000 including interest accruing at 4.61% on a secured promissory note which requires the lender's written approval prior to any sale, conveyance, or alienation of the property. The balance of this loan at December 31, 2012 was \$98,975.