

Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

2017

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2017 or tax year beginning 2017, and ending 20

Name of foundation: ANIMAL FRIENDS VA; A Employer identification number: 47-5065472; B Telephone number: (571) 437-6171; G Check all that apply: Initial return, Address change; H Check type of organization: Section 501(c)(3) exempt private foundation; J Accounting method: Cash; F Fair market value of all assets at end of year: \$16,221

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26), ending with Adjusted net income of 4,348.



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See inst.)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash -- non-interest-bearing		2,501	2,501
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ Less: allowance for doubtful accts. ▶			
	4	Pledges receivable ▶ Less: allowance for doubtful accts. ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments -- U.S. and state govt. obligations (attach schedule)			
	b	Investments -- corporate stock (attach schedule)			
	c	Investments -- corporate bonds (attach schedule)			
	11	Investments -- land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶			
	12	Investments -- mortgage loans			
	13	Investments -- other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶ 23,787 Less: accumulated depreciation (attach schedule) ▶ 3,160	5	20,627	
15	Other assets (describe ▶ SEE ATTACHMENT #6)			13,720	
16	Total assets (to be completed by all filers -- see the Instructions. Also, see page 1, item I)	0	23,128	16,221	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ SEE ATTACHMENT #7)		13,720	
23	Total liabilities (add lines 17 through 22)	0	13,720		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund		9,408	
	29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see instructions)	0	9,408		
31	Total liabilities and net assets/fund balances (see instructions)	0	23,128		

Part III Analysis of Changes In Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year -- Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	
2	Enter amount from Part I, line 27a	2	5,127
3	Other increases not included in line 2 (itemize) ▶ SEE ATTACHMENT #8	3	4,281
4	Add lines 1, 2, and 3	4	9,408
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) -- Part II, column (b), line 30	6	9,408



Part IV Capital Gains and Losses for Tax on Investment Income

Table with columns: (a) List and describe the kind(s) of property sold, (b) How acquired, (c) Date acquired, (d) Date sold, (e) Gross sales price, (f) Depreciation allowed, (g) Cost or other basis, (h) Gain or (loss), (i) FMV as of 12/31/69, (j) Adjusted basis, (k) Excess of col. (i) over col. (j), (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)).

Summary rows for Capital gain net income or (net capital loss) and Not short-term capital gain or (loss) as defined in sections 1222(5) and (6).

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? [] Yes [] No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

Table with columns: (a) Base period years, (b) Adjusted qualifying distributions, (c) Net value of noncharitable-use assets, (d) Distribution ratio.

Summary rows for qualification: 2 Total of line 1, column (d); 3 Average distribution ratio for the 5-year base period; 4 Enter the net value of noncharitable-use assets for 2017; 5 Multiply line 4 by line 3; 6 Enter 1% of net investment income; 7 Add lines 5 and 6; 8 Enter qualifying distributions from Part XII, line 4.



Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -- see instructions)

Table with 11 rows for excise tax calculations. Includes sub-sections for credits and payments (6a-6d) and total tax due/overpayment (7-11).

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, unrelated business income, and substantial contributors.



Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	Yes	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.ANTIMALFRIENDSVA.ORG	X	
14	The books are in care of SEE ATTACHMENT #9 Telephone no. _____ Located at _____ ZIP+4 _____		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	15	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	Yes	No
			X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year, did the foundation (either directly or indirectly):	Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here		X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 8d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years 20 __, 20 __, 20 __, 20 __	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement -- see instructions.)		X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 __, 20 __, 20 __, 20 __		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.)		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		X



Form 990-PF (2017)

ANIMAL FRIENDS VA 47-5065472

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

<p>5a During the year, did the foundation pay or incur any amount to:</p>		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions</p>		N/A	6b
<p>Organizations relying on a current notice regarding disaster assistance check here</p>		<input type="checkbox"/>	
<p>c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?</p>		N/A	
<p>If "Yes," attach the statement required by Regulations section 53.4945-5(d).</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			6b
<p>If "Yes" to 6b, file Form 8870.</p>			X
<p>7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?</p>		N/A	7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. see instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE ATTACHMENT #10				

2 Compensation of five highest-paid employees (other than those included on line 1 -- see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

Form 990-PF (2017) ANIMAL FRIENDS VA 47-5065472

COPY

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE ATTACHMENT #11	23,295
2 SEE ATTACHMENT #12	15,471
3 SEE ATTACHMENT #13	4,621
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	



Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

Table with 6 rows and 2 columns. Row 1: Fair market value of assets not used... purposes. Row 2: Acquisition indebtedness applicable to line 1 assets. Row 3: Subtract line 2 from line 1d. Row 4: Cash deemed held for charitable activities. Row 5: Net value of noncharitable-use assets. Row 6: Minimum investment return. Enter 5% of line 5.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

Table with 7 rows and 2 columns. Row 1: Minimum investment return from Part X, line 5. Row 2: Tax on investment income for 2017 from Part VI, line 5. Row 3: Add lines 2a and 2b. Row 4: Distributable amount before adjustments. Row 5: Recoveries of amounts treated as qualifying distributions. Row 6: Deduction from distributable amount. Row 7: Distributable amount as adjusted. Subtract line 6 from line 5.

Part XII Qualifying Distributions (see instructions)

Table with 6 rows and 2 columns. Row 1: Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. Row 2: Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. Row 3: Amounts set aside for specific charitable projects that satisfy the: Suitability test, Cash distribution test. Row 4: Qualifying distributions. Add lines 1a through 3b. Row 5: Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Row 6: Adjusted qualifying distributions. Subtract line 5 from line 4.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only				
b Total for prior years: 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required -- see instructions)				
c Treated as distributions out of corpus (Election required -- see instructions)				
d Applied to 2017 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount -- see instructions				
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount -- see instructions				
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required -- see instructions)				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				



Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

Table with 5 columns: (a) 2017, (b) 2016, (c) 2015, (d) 2014, (e) Total. Rows include 1a, 2a, 2b, 3a, 3b, 3c, 3d, 3e, 3f, 3g, 3h, 3i, 3j, 3k, 3l, 3m, 3n, 3o, 3p, 3q, 3r, 3s, 3t, 3u, 3v, 3w, 3x, 3y, 3z.

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here [X] If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



Form 990-PF (2017) ANIMAL FRIENDS VA 47-5065472

Part XV Supplementary Information (continued)

9 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Total				0
b Approved for future payment				
Total				0



Form 990-PF (2017) ANIMAL FRIENDS VA 47-5065472

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See Instructions.)
	(a) Business code	(b) Amount	(c) Excl. code	(d) Amount	
1 Program service revenue:					
a SEE ATTACHMENT #14					50,094
b					
c					
d					
e					
f					
g Fees & contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		0	50,094
13 Total. Add line 12, columns (b), (d), and (e)			13		50,094

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See Instructions.)
17	SEE ATTACHMENT #15



Form 990-PF (2017) ANIMAL FRIENDS VA 47-5065472

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [] Yes [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature: Bob Nelson, Date: 2/15/18, Title: DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date: 02-15-2018, Check self-employed [X], PTIN: P01727218, Firm's name: HRB TAX GROUP INC, Firm's EIN: 431871840, Firm's address: 12357 DILLINGHAM SQ, Phone no.: (703) 897-1936

2017 FORM 990 SCHEDULE OF OTHER INCOME **COPY**

ATTACHMENT 1: PAGE 1 - 990-PF PAGE 1, PART I, LINE 11

OPEN TO PUBLIC

INSPECTION

For calendar year 7or tax period beginning

, and ending

Name of Organization

ANIMAL FRIENDS VA

Employer Identification Number

47-5065472

Description of Other Income	Revenue and Expenses	Net Investment Income	Adjusted Net Income
ADOPTION FEES	50,094		50,094
Totals:	50,094		50,094

2017 FORM 990 SCHEDULE OF LEGAL FEES



ATTACHMENT 2: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16A

OPEN TO PUBLIC INSPECTION

For calendar year 2017, or tax period beginning , and ending

Name of Organization

ANIMAL FRIENDS VA

Employer Identification Number

47-5065472

Legal Description	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity
501C3 APPLICATION	275		275	
Total:	275		275	

2017 FORM 990 SCHEDULE OF OTHER PROFESSIONAL FEES

COPIY

ATTACHMENT 3: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16C

OPEN TO PUBLIC

INSPECTION

For calendar year 2017, or tax period beginning , and ending

Name of Organization

ANIMAL FRIENDS VA

Employer Identification Number

47-5065472

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity
TAX PREPARATION	530		530	
PROFESSIONAL SERVICES	225		225	
Total:	755		755	

2017 FORM 990 OTHER EXPENSES SCHEDULE

COPY

ATTACHMENT 4: PAGE 1 990-PF PAGE 1, PART I, LINE 23

OPEN TO PUBLIC

INSPECTION

For calendar year 2017, or tax period beginning

, and ending

Name of Organization

ANIMAL FRIENDS VA

Employer Identification Number

47-5065472

Description of Activity	Revenue and Expenses	Net Investment Income	Adjusted Net Income	Disbursements for Charity
ADVERTISING	157		157	
ADOPTION REFUNDS	1,562		1,562	
COMMISSIONS AND FEES	802		802	
OFFICE EXPENSES	1,112		1,112	
ANIMAL SUPPLIES	2,767		2,767	
UTILITIES	507		507	
VETERINARY BILLS	20,801		20,801	
ADOPTION COSTS OTHER				
AGENCIES	11,861		11,861	
MEDICINES FOR ANIMALS	1,433		1,433	
MICROCHIPS AND LOCATORS	1,031		1,031	
FUNDRAISING SUPPLIES	415		415	
POSTAGE	152		152	
Total:	42,600		42,600	

2017 FORM 990 SCHEDULE OF LAND, BUILDING & EQUIPMENT

ATTACHMENT 5: PAGE 1 - 990-PF PAGE 2, PART II, LINE 14

and ending

Name of Organization
ANIMAL FRIENDS VA

Employer Identification Number
47-5065472

For Calendar year 2017, or tax year period beginning

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
2013 TOWN AND COUNTRY	23,787	3,160	20,627	
Total:	23,787	3,160	20,627	

COPY

2017 FORM 990 SCHEDULE OF OTHER ASSETS



ATTACHMENT 6: PAGE 1 - 990-PF PAGE 2, PART II, LINE 15

OPEN TO PUBLIC

INSPECTION

For calendar year 2017, or tax period beginning

, and ending

Name of Organization

ANIMAL FRIENDS VA

Employer Identification Number

47-5065472

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
2013 TOWN AND COUNTRY FMV FROM LINE 14. OUR SYSTEM WOULD NOT CARRY FMV TO PROPER LINE 14.			13,720
Totals:			13,720

2017 FORM 990 SCHEDULE OF OTHER LIABILITIES

COPY

ATTACHMENT 7: PAGE 1 - 990-PF PAGE 2, PART II, LINE 22

OPEN TO PUBLIC

INSPECTION

For calendar year 2017, or tax period beginning , and ending

Name of Organization

ANIMAL FRIENDS VA

Employer Identification Number

47-5065472

Description of Liability	Beginning of Year	End of Year
CARMAX LOAN, FINANCED \$15787.33 ON 4/7/17		13,720
Totals:		13,720

2017 FORM 990 SCHEDULE OF OTHER INCREASES **COPY**

ATTACHMENT 8: PAGE 1 - 990- PF PAGE 2, PART III, LINE 3

OPEN TO PUBLIC
INSPECTION

For calendar year 2017, or tax period beginning , and ending

Name of Organization

ANIMAL FRIENDS VA

Employer Identification Number

47-5065472

Description of Increase	Total Amount
DIFFERENCE BETWEEN FMV AND BOOK VALUE OF ASSET (VAN)	4,281
Total:	4,281

2017 FORM 990 BOOKS ARE IN CARE OF 

ATTACHMENT 9 - 990-PF PAGE 5, PART VII-A, LINE 14

OPEN TO PUBLIC INSPECTION	For calendar year 2017, or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
ANIMAL FRIENDS VA	47-5065472	
Part VII-A - Line 14		

Individual Name BETH NELSON

or
Business Name:

Street Address 13542 POLAR CT

U.S. Address:

Zip code 22193 City WOODBRIDGE State VA

Foreign Address

City

Province or State

Country

Postal code

Phone Number (571) 437-6171

Fax Number

2017 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 10: PAGE 1 - 990-PF PAGE 6, PART VIII

OPEN TO PUBLIC

INSPECTION

For calendar year 2017, or tax period beginning , and ending

Name of Organization

Employer Identification Number

ANIMAL FRIENDS VA

47-5065472

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (if not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
BETH NELSON 13542 POLAR CT WOODBIDGE, VA 22193	DIRECTOR 30.00			

 COPY

2017 FORM 990 SUMMARY OF DIRECT CHARITABLE ACTIVITIES **COPY**

ATTACHMENT 11: PAGE 1 - 990-PF PAGE 7, PART IX-A, LINE 1

OPEN TO PUBLIC
INSPECTION

For calendar year 2017, or tax period beginning , and ending

Name of Organization

ANIMAL FRIENDS VA

Employer Identification Number

47-5065472

Charitable Activity

PROVIDE ACCESS TO VETERINARY SERVICES FOR RESCUED ANIMALS INCLUDING

2017 FORM 990 SUMMARY OF DIRECT CHARITABLE ACTIVITIES **COPY**

ATTACHMENT 11: PAGE 2 - 990-PF PAGE 7, PART IX-A, LINE 1

OPEN TO PUBLIC

INSPECTION

For calendar year 2017, or tax period beginning , and ending

Name of Organization

ANIMAL FRIENDS VA

Employer Identification Number

47-5065472

Charitable Activity

MEDICINES, MICROCHIPS, AND SPAY/NEUTERING SURGERIES

2017 FORM 990 SUMMARY OF DIRECT CHARITABLE ACTIVITIES **ES** COPY

ATTACHMENT 12: PAGE 1 - 990-PF PAGE 7, PART IX-A, LINE 2

OPEN TO PUBLIC
INSPECTION

For calendar year 2017, or tax period beginning , and ending

Name of Organization

ANIMAL FRIENDS VA

Employer Identification Number

47-5065472

Charitable Activity

PROVIDE ANIMAL ADOPTIONS FOR RESCUED ANIMALS

2017 FORM 990 SUMMARY OF DIRECT CHARITABLE ACTIVITIES

COPY

ATTACHMENT 13: PAGE 1 - 990-PF PAGE 7, PART IX-A, LINE 3

OPEN TO PUBLIC
INSPECTION

For calendar year 2017, or tax period beginning , and ending

Name of Organization

ANIMAL FRIENDS VA

Employer Identification Number

47-5065472

Charitable Activity

TRANSPORT ANIMALS TO AND FROM FACILITIES, FOSTER FAMILIES, AND ADOPTION
SITES. EXPENSES ARE ACTUAL EXPENSES CALCULATED FOR VEHICLE PURCHASED BY

2017 FORM 990 PART VII - ANALYSIS OF INCOME-PRODUCING ACTIVITIES

COPY

ATTACHMENT 14: PAGE 1 - 990-PF PAGE 12, PART XVI-A, LINE 1

OPEN TO PUBLIC

INSPECTION

For calendar year 2017, or tax period beginning , and ending

Name of Organization

ANIMAL FRIENDS VA

Employer Identification Number

47-5065472

Item	Program Service Revenue	Unrelated Business Income		Excluded by Section 512, 513 or 614		(e) Related or Exempt Function Income (see instructions)
		(a) Bus Code	(b) Amount	(c) Exc Code	(d) Amount	
A	ADOPTION FEES	812910				50,094
Totals:						50,094

2017 FORM 990 SCHEDULE OF RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES **COPY**

ATTACHMENT 15: PAGE 1 990-PF PAGE 12, PART XVI-B

OPEN TO PUBLIC

INSPECTION

For calendar year 2017, or tax period beginning

, and ending

Name of Organization

ANIMAL FRIENDS VA

Employer Identification Number

47-5065472

Line Number

Briefly Describe How the Activity Reported In Column (E) of Part VII Specifically Contributed to the Accomplishment of the Organization's Exempt Purposes (other than by providing funds for such purposes).

1A

ADOPTION FEES PAY, IN AGGRAGATE, FOR THE MEDICAL, ADOPTION, AND TRANSPORTATION EXPENSES OF ALL OF THE ANIMALS WHO ARE FOSTERED AND ADOPTED



Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2017

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

ANIMAL FRIENDS VA

Business or activity to which this form relates

FOR FORM 990

Identifying number

47-5065472

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Columns include line numbers and descriptions of property and costs. Row 1: Maximum amount. Row 2: Total cost of section 179 property. Row 3: Threshold cost of section 179 property. Row 4: Reduction in limitation. Row 5: Dollar limitation for tax year. Row 6: (a) Description of property, (b) Cost (busn. use only), (c) Elected cost. Row 7: Listed property. Row 8: Total elected cost of section 179 property. Row 9: Tentative deduction. Row 10: Carryover of disallowed deduction. Row 11: Business income limitation. Row 12: Section 179 expense deduction. Row 13: Carryover of disallowed deduction to 2018.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

Table with 3 rows for Part II. Row 14: Special depreciation allowance for qualified property. Row 15: Property subject to section 168(f)(1) election. Row 16: Other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Row 17: MACRS deductions for assets placed in service in tax years beginning before 2017. Row 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B -- Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depr., (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C -- Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 5 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows include 12-year and 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Row 21: Listed property. Row 22: Total. Row 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2017)

ANIMAL FRIENDS VA 47-5065472



Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Busn./investment use percentage (d) Cost or other basis (e) Basis for depr. (busn./investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use:
2013 TOWN 04-07-2017 100.0% 23,787 23,787 05 DB200HY 3,160
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 3,160
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):
43 Amortization of costs that began before your 2017 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

2017 AUTO EXPENSE WORKSHEET



ANIMAL FRIENDS VA
47-5065472

Keep for Your Records

VEHICLE INFORMATION

- 1. Vehicle description 1. 2013 TOWN AND COUNTRY
- 2. Carried to form or schedule 2. FORM 990
- 3. Date vehicle was placed in service 3. 04-07-2017
- 4. Odometer beginning mileage _____ ending mileage _____

CALCULATION OF BUSINESS USE PERCENTAGES

- 5. Total business mileage driven during the year 5. 6,801
- 6. Total commuting mileage driven during the year 6. _____
- 7. Total other personal mileage driven during the year 7. _____
- 8. Total mileage driven during the year 8. 6,801
- 9. Business use percentage (line 5 divided by line 8) *9. 100.00 %

CALCULATION OF THE ACTUAL EXPENSE METHOD

	Input		Deduction Allowed
10. Parking fees and tolls		10.	
11. Gasoline and oil	<u>342</u> x Line 9	11.	<u>342</u>
12. Repairs	<u>46</u> x Line 9	12.	<u>46</u>
13. Licensing fees	_____ x Line 9	13.	
14. Registration fees	_____ x Line 9	14.	
15. Insurance	<u>983</u> x Line 9	15.	<u>983</u>
16. Other expenses	_____ x Line 9	16.	
17. Total automobile expenses (line 10 through 16) (carries to auto expense line of form on line 2)		17.	<u>1,371</u>
18. Property tax (carries to taxes line of form on line 2)	<u>90</u> x Line 9	18.	<u>90</u>
19. Interest expense (carries to interest expense line of form on line 2)	<u>458</u> x Line 9	19.	<u>458</u>
20. Lease payments	_____ x Line 9	20.	
21. Inclusion amount	_____ x Line 9	21.	
22. Total lease expense (line 20 less line 21) (carries to lease expense line of form on line 2)		22.	
23. Section 179 expense deduction		*23.	
24. Special depreciation allowance		**24.	
25. Current depreciation expense		**25.	<u>3,160</u>
26. Total depreciation expense (lines 23 through 25) (carries to depreciation expense line of form on line 2)		26.	<u>3,160</u>
27. Value of employer-provided vehicle	_____ x Line 9	27.	
28. Total expenses using Actual Expense Method (total of lines 17, 18, 19, 22, 26, and 27)		28.	<u>5,079</u>

* Not subject to business use percentage.

** Already adjusted for business use percentage.

2017 FEDERAL AGT DEPRECIATION SCHEDULE

ANIMAL FRIENDS VA

47-5065472

DESCRIPTION	DATE	METHOD	COST	PRIOR	CURRENT	PR SECC	CURR SPEC	BASIS	PRIOR	CURRENT	ACCUA	ADJ
		- LIFE		179	179	ALLOW	ALLOW		DEPR	DEPR	DEPR	BASIS
FORM 990												
2013 FORM AND C 04-07-17 150DENV-5			23787	0	0	0	0	23787	0	3160	3160	20627
I ASSETS		TOTALS:	23787	0	0	0	0	23787	0	3160	3160	20627

 COPY

12AMTDEPR