#### Form 990-PF

Department of the Treasury

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

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.

OMB No. 1545-0052

2017

	VI II BI I I		<u>e dowcolmaanh, iol lu</u>	istructions and the later	st information.	Open to Public Inspection			
Fo	r calc	endar year 2017 or tax year beginning		, 2017, and e	nding	, 20			
	Name of foundation  A Employer identification number								
A	ANIMAL FRIENDS VA 47-5065472								
Number and street (or P.O. box number if mail is not delivered to the hidge a) Room/suite B Telephone number (see instructions)									
1	354	2 POLAR CT			(571) 437-				
0	ty or	town, state or province, country, and ZIP of	or foreign postal code		C if exemption applica				
W	DOC	BRIDGE VA 22193	_ ,		1 -				
G	Chec	k all that apply: X Initial return	Initial return	of a former public charity	D 1. Foreign organi	zations, check here			
		Final return	Amended re						
		Address chang	ge Name chang	ae		tions meating tha 85% and attach computation			
Ħ	Chec	k type of organization; X Section 50	1(c)(3) exempt private fo	undation	E if private foundat	ion etatus was			
	Section	on 4947(a)(1) nonexempt charitable trust	Other taxable prive		terminated under 507(b)(1)(A), che	section ck here			
1 F	air m	arket value of all assets at end of J	Accounting method:			******* L			
3	ear (f	rom Part II, col. (c), line 16)	Other (specify)	J L	F If the foundation	is in a 60-month			
_	\$	16,221 (P	art I, column (d) must be	on cash basis.)	termination under	r section ck here · · · · · · · ▶			
P	art I	Analysis of Revenue and Expenses	(B) Revenue and			(d) Disbursements			
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the	Į.	(b) Net investment	(c) Adjusted net	for charitable			
		amounts in column (a) (see instructions).)	books	income	іпсоте	purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., received	3,939		The state of the s	a projectiva professionali in the			
	2	(attach schedule)  Check  It the foundation is NOT required to attach Sch. B		Tring Spine		n. " and Sharing Wall			
	3	interest on savings and temp, cash investments			way or as a summer.	PATRICTURE STREET			
	4	Dividends and interest from securities				The Control of the Co			
	5a	Gross rents			****	Transfer of the state of the st			
	þ	Net rental income or (form)	SERVICE OF THE PROPERTY.	2.42.56.34.788	100 miles (1980)	3 - 5 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4			
œ	6a	Net gain/(loss) from sole of muchs not on line 10	<del></del>	A September 200		Significanting of the Control of the			
Revenue	þ	Gross sales price for all assets on line 6a		and the party of the state of t	Salaring Street Control	a are in more and in apply the total and			
ě	7	Capital gain net income (from Part IV, line 2)		C	Burning days Annual Control				
æ	8	Net short-term capital gain				D 200 100 2			
	9	Income modifications	ionia P. C. Santana (1970)	management in					
	108	Gruss sales less raturns & allowances			Armsteresis/es	Section of the sectio			
	þ	Less: Cost of				were the second second second second			
	c	Gross profit or (loss) (attach schedule)	39.72	Section of the sectio	(dues) handaren, ver	P to the first of			
	11	Other income (attach schedule) #1.	50,094		50,094	Proping of the second			
	12	Total. Add lines 1 through 11	54,033		50.094	1 Carlotte Article			
	13	Gumpensation of officers, directors, trustees, etc.,				The state of the s			
	14	Other employee salaries and wages							
	15	Pension plans, employee benefits							
Ses	16a	Legal fees (attach schedule) #2.	275	·	275	5			
gen	ь	Accounting fees (attach schedule)							
Ж	1	Other professional fees (attach schedig)	755		755	,			
3	17	Interest			, - '				
Operating and Administrative Expens	18	Taxes (attach schedule) (see instructions)		·	· · · · · · · · · · · · · · · · · · ·				
Sin	19	Depreciation (attach sch.) and depletion	3,160			garage and the second			
Ĕ	20	Occupancy		**************************************	• 11484	English William			
₹	21	Travel, conferences, and meetings	2,116		2,116				
2	22	Printing and publications	<u>,                                      </u>						
5	23	Other expenses (attach schedule) #4.	42,600		42,600				
rati	24	Total operating and administrative		•	,				
		expenses. Add lines 13 through 23	48,906	o	45,746	0			
ں	25	Contributions, gifts, grants paid							
ĺ	26	Total exp. & disbursements.	48,906	0	45,746	0			
	27	Subtract line 26 from line 12:				ELEGISTIC ALL LANDS			
	a	Excess of revenue over expenses and disbursements	5,127	PROPERTY CONTRACTOR OF THE PROPERTY OF THE PRO					
	b	Net investment income (if neg., enter -0-)				The state of the s			
_ [		Adjusted net income (if neg., enter-D-)	70005	- 120 A 10	4.348				
				The state of the s	-,0	anymamayer or a company of the			



	111 221		065472				Page ∡
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See inst.)		·	ing of year	End of year			
	1 4		(a) Boo	ok Value	(b) Book Value		(c) Fair Market Value
	1	Cash non-interest-bearing			2,5	501	2,501
	2	Savings and temporary each invoctmente					
	3	Accounts receivable	Control in it	······································	The state of the s	AW.	The same of the sa
		Less: allowance for doubtful accts.					
	4	Pledges receivable >					The state of the s
		Lass: allowance for doubtful accts.					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
	7	disqualified persons (attach schedule) (see instructions) Other nates and loans facelvable (attach schedule) Lessi allowance for doubtful accounts	- ALLONDON			in i	1900-000-00-00-00-00-00-00-00-00-00-00-00
<u> </u>	8	Inventories for sale or use				_	
Assets	9	Prepaid expenses and deferred charges					
ä	10a						
	ь	Investments corporate stock (attach schedule)			**************************************		
	c	Investments corporate bonds (attach schedule)					· · · · · · · · · · · · · · · · · · ·
	11	Investments land, buildings, and equipment: bacis		des at 15 · · ·			<b>25</b> 7
	13	Investments other (attach schedule)					
	14	Land, buildings, and equipment: basis   Less: accumulated depreciation (attach schedule)	#5	isasida (	20,6	₹ 27	
	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	23,1	.28	16,221
	17	Accounts payable and accrued expenses					man and the same
40	18	Grants payable					
ij	19	Deferred revenue					
Liabilities	20	Loans from afficers, directors, trustage, and other disqualified persons			·		
쁜	21						
	22	Other liabilities (describe > SEE ATTACHMENT #7			13,7	20	
	23	Total flabilities (add lines 17 through 22)		0	13,7	20	
		Foundations that follow SFAS 117, check here			-	$\neg$	
æ		and complete lines 24 through 25, and lines 30 and 31.	-	ĺ			
nces	24	Unrestricted				ĺ	
aja	25	Temporarily restricted	7				
m m	26	Permanently restricted					
Net Assets or Fund Bala		Foundations that do not follow \$FAS 117, check here ► X				$\exists$	CONTRACTION OF THE PARTY OF THE
አ		and complete lines 27 through 31.		Ì			
Ď	27	Capital stock, trust principal, or current funds				ľ	
2	28	Paid-in or capital surplus, or land, bldg., and equipment fund		•	9,4	na l	
4	29	Retained earnings, accumulated income, endowment, or other funds			· · · · · · · · · · · · · · · · · · ·	-	
욷		Total net assets or fund balances (see instructions)		ö	9,4	กล	
ľ		Total liabilities and net assets/fund balances (see instructions)		0			
_	H III		2222		20,1	<u>د ۷ (</u>	AMELIANOC A COMMENT OF STREET
_		net assets or fund balances at beginning of year Part II, column		\ /musch =======	uuisha .		
•		of-year figure reported on prior year's return)			1	.	
2		amount from Part I, line 27a				.	E 107
				* 1	<u> </u>	2	5,127
		r Increases not included in line 2 (itemize) SEE ATTACHMEN		·-		3	4,281
		lines 1, 2, and 3	, , , , , , , ,	*********	<u> </u>	-	9,408
		pases not included in line 2 (itemize)	D-411*	/h\ H			
<u>~</u> _	, ytal	net assets or fund balances at end of year (line 4 minus line 5) I	raπ II, ÇQIU	rrin (a), line 30	<u>}                                    </u>	5	9,408

OIII 980-31 (2017)	AL FRIENDS VA 47-5065472		<del></del>	COP	Page 5
	and Losses for Tax on Inv		T	7	
	the kind(s) of property sold (for exam arehouse; or common stock, 200 shs.		(b) How acquired P Purchase D Danation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
10					
<u>b</u>					
<u>C</u>	• • •				
<u>d</u>		;			
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expens			or (loss) ) minus (g))
8					
<u>b</u>					
<u> </u>					
<u>d</u>					
ė					
Complete only for assets sho	owing gain in column (h) and owned l	by the foundation on	12/31/69.	(I) Gains (Col.	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess o over col. (j)		•	ess than -0-) or om col. (h))
a					
b					
С					
<u>d</u>					
6					
2 Capital gain net income or (	net capital loss) If gain, al	so enter in Part I, line enter -0- in Part I, lin	8 7 16 7	2	C
3 Not short-term capital gain o	or (lose) as defined in sections 1222(5		· · _		
	no 8, calumn (c). See instructions. If (l		-1	·	
		•	]	3	C
	Under Section 4940(e) for R		Net Investm	ent Income	
	ivate foundations subject to the section				
section 4940(d)(2) applies, leav	ve this part blank				
	section 4942 tax on the distributable		n the base period	17	∐ Yes ∐ No
	qualify under section 4940(e). Do not o				·
	nt in each column for each year; see	the instructions bafor	**	tries.	
(a) Base period years	(b)	N	(c) let value of	Distr	(d) ibution ratio
Calondar year (dr tax yéar beginning	Adjusted qualifying distribution	nonchai	itable-use ascets	(col. (p) q	ivided by col. (c))
2016	· · · · · · · · · · · · · · · · · · ·				,
2015					
2014					. , , , , , , , , , , , , , , , , , , ,
2013					
2012			· · · · · · · · · · · · · · · · · · ·		
C. Takal of Book at language felts.					
, , ,	r the 5-year base period divide the				***************************************
			•	1 1	
or years the foundation has	been in existence if less than 5 years	*************		3	
A Enter the not using all annex	naritableuse assets for 2017 from Par	+ V line =			
4 Clienting but value of Hotics	INTERPORT TO SHARE ASSETS TO SOLVE TO THE PARTY	(CX, IRAÇ Ş		4	
E Multiply line 4 by line 2					
a watapiy line 4 by line 3	,,,			5	
2 Entar 40/ of not introcurrent					
6 Enter 1% of net investment i	income (1% of Part I, line 27b)			6	
7 Add lines 5 and s	**************				
· Udd Huda a gift 0 · · · · · ·	***************************************	**********		7	<del></del>
B Enter qualifying distributions	from Part XII, line 4				
	r than line 7, check the box in Part VI,				ıe Part VI
instructions.	·	•			

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Forn	1990-PF (2017) ANIMAL FRIENDS VA 47-5065472		Page 4
Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see Instru	ctions)	
1a	Exempt operating foundations described in section 4940(d)(2) check here   and enter "N/A" on line 1	Liver and them	er nessen
	Date of ruling or determination letter: (attach copy of letter if necessary see inst.)	Marie Comment	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	Labora sass garden	0
	here ▶ and enter 1% of Part I, line 27b.	Basemanna (1977)	······································
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	A distant	
	Part I, line 12, col. (b).	3.7	e a haaaaaaa
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; Others, enter -0-) 2		0
3	Add lines 1 and 2		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; Others, enter -0-) 4		0
5	Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0 5		0
6	Credits/Payments;	ARTON CONTRACTOR	Latitude .
а	2017 estimated tax payments and 2016 overpayment credited to 2017 68		anganaka as
þ	Exempt foreign organizations — tax withheld at source		
C	Tax paid with application for extension of time to file (Form 8868) 6c	APART.	
d	Backup Withholding erroneously withheld 6d		13. T.
7	Total credits and payments. Add lines 6a through 6d	HARBERTHAN OF	·. :: 0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		-
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11		
Par			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	Ye	s No
	intervene in any political campaign?	1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the	- <del></del>	+
	definition	1b	x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	Statement	in to institute
	or distributed by the foundation in connection with the activities.		
c	Did the foundation file Form 1120-POL for this year?	1c 967	ANTE ARTHREE.
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	39.00	72 7 8 880
	(1) On the foundation. ▶ \$ 0 (2) On foundation managers. ▶ \$ 0		12 Ven (A)
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	All and the second seco	ergina ergina
	on foundation managers, > \$		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? ,,	2	×
	If "Yes," attach a detailed description of the activities.	W5224 12.1	: :4.JA
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<b>3</b>	' x''
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	×
b	If "Yes," has it filed a tax return on Form 990-T for this year?		-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	6	. x
	If "Yes," attach the statement required by General Instruction T.	222 PRO \$ 700	+
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
	By language in the governing instrument, or	77 77 77	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	100 mm	
	conflict with the state law remain in the governing instrument?	6	×
7	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), & Part XV	7 X	<del>  -</del>
	Enter the states to which the (oundation reports or with which it is registered. See instructions.	75 2763%	23 300000
	NONE	7. (1985) 2. (1985) 2. (1985)	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or		
*	designate) of each state as required by General Instruction G? If "No," attach explanation	8b	<b>x</b>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	<del>                                     </del>	<del>11 7</del>
	4942(j)(5) for calendar year 2017 or the texable year beginning in 2017 see instructions for Part XIV. If "Yes," complete	The state of the state of	
	Part XIV	9	x
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	7	-
	and addresses	10	x
		1 1 4	1

Forn	n 890-PF (2017)		P	age 5
_	1 VII-A Statements Regarding Activities (continued)		•	ugo w
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	190,000	Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule. See Instructions	11		Х
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	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Wabsite address ► WWW.ANTMALFRIENDSVA.ORG	<u> </u>		
14	The books are in care of ▶ SEE ATTACHMENT #9 Telephone no. ▶			
	Located at ▶			
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			£1
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority	T	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	processing of	(2) (1) (2) (2)	diagraphia
	the foreign country		7.0.74 1.75.76	
Pai	1 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.	:	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	manifer.	;;;; 	S 370
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			903 T.E.
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1000 M		Service.
	diaqualified person?		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NATURA Natura
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			eggen :
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 🐰 No	district.	e:(.i.7¢	
	(5) Transfer any Income or assets to a disqualified person (or make any of either available for		lista : "T	pi Lan a
•	the benefit or use of a disqualified person)?		i (i) Salahan	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	bev Ha	igger a	(Marie of the control
	foundation agreed to make a grant to or to employ the official for a period after		e Liketi kil	
	termination of government service, if terminating within 90 days.) Yes X No			64- · · ·
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	.u.c.z.	THE SE	120
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	16		<u>X</u>
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	:::07		130000
	were not corrected before the first day of the tax year beginning in 2017?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		100	Park To
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		Z.E.	ÿ:
B	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and		rita i e e Fil	
	6e, Part XIII) for tax year(s) beginning before 2017?	1.7650		
	If "Yes," list the years > 20, 20, 20			
, b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		(4) (4) (4) 22 <del>- 1</del>	11.2
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	37.00	Contractor Contractor	Mar .
	all years listed, answer "No" and attach statement see instructions.)	2b	15,5,0)27	X
¢	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			100
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1.		7. W
, <b>1</b>	at any time during the year?	714		in and the
D	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation	Market 1	;;;;;	
	or disqualified persons after May 26, 1969; (2) the lapse of the S-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)	- 14 P		32%3 3-
	, , , , , , , , , , , , , , , , , , , ,	(10)) (10) (10) (10) (10) (10) (10) (10)	''	131,21119 111,21119
۸.	if the foundation had excess business holdings in 2017,)	3Ь		<u>X</u>
4A	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 <u>a</u>		X
b		h-filippe T		enky/
2	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		<u>X</u>

02/14/2019 11:53am

Form	990-PF (2017) ANIMAL FRIENDS VA 47-506	5472		40 COP	Y		Ps	age (
Par	t VII-B Statements Regarding /	Activities for Whic	h Form 4720 May	Be Regulred (cont	nued)			189
5a	During the year, did the foundation pay or in	cur any amount to:				-	Yes	No
	(1) Carry on propaganda, or otherwise atte		on (section 4945(e))?	Yes	No	Bilde	V.	٠,
	(2) Influence the autoomo of any specific p						1000 1000 1000 1000 1000 1000 1000 100	استند
	directly or indirectly, any voter registration			Yes	No	Alligner's	, <u>1</u>	·***
	(3) Provide a grant to an individual for trave					. Diasi		, V
	(4) Provide a grant to an organization other				<u> </u>		Sign in	
	section 4945(d)(4)(A)? See instructions				No '			305 T
	(5) Provide for any purpose other than relig				_	. 949		
	purposes, or for the prevention of cruel		•	PARK	No.		n linner Heriot	
þ	If any answer is "Yes" to 5a(1)-(5), did any of				J	202050		
	Regulations section 53.4945 or in a current n				1/A	5b	Ť	
	Organizations relying on a current notice reg	arding disaster assistanc	a chack here		×Π	224	gripa.	
¢	If the answer is "Yee" to question 5a(4), does	the foundation claim ex	emption from the tax			4-34-4°		
	because it maintained expenditure responsib	Illty for the grant?	********	N./A. Tyes [	No	34.95	(4,4)	, ``.
	If "Yes," attach the statement required by Re	gulations section 53,4945	5-5(d).	.,,,,,	J	10000000		, gián n
68	Did the foundation, during the year, receive					Àugh	- 37	min. Agaz
	on a personal benefit contract?			Tyes 5	No.	100	10,000	
þ	Did the foundation, during the year, pay prer					6b	enstalle)	X
	If "Yes" to 6b, file Form 8670.		,			1977.5	: - 1	·
7a	At any time during the tax year, was the foun	dation a party to a prohit	bited tax shelter transact	ion? Tyes 🏻	No		- 1	
	If "Yes," did the foundation receive any process					7b	»	•
	VIII Information About Office						love	<del></del>
	and Contractors	•	•	, , , , , , , , , , , , , , , , , , , ,	,			,
1	List all officers, directors, trustees, found	tion managers and the	elr compensation, see i	instructions.				
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense	accou	int.
	·	hours per week devoted to position	(If not paid, enter ~0-	simpleyed benefit plans and deferred compensati	on C	other allo		-
SEE	ATTACHMENT #10							
				-				
		1	•					
				<u>, , , , , , , , , , , , , , , , , , , </u>		•		
2	Compensation of five highest-paid emplo	yees (other than those	Included on line 1 s	ee instructions). If no	ne, en	ter		
	"NONE."	· · · · · · · · · · · · · · · · · · ·						
(a)	Name and address of each employee paid	(b) Title, and average		(d) Contributions to	/o) i	Expense	70001	+
1)	more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	, , ,	ther allo		
		devoted to position		compensation			*****	
10N	E	'						
					İ			
						-		
					-			
	•							
					1			
								٠
otal	number of other employees paid over \$50,000	)						0

Form 990-PF (2017) ANIMAL FRIENDS VA 47-50654		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	, Foundation Managers, Hig	hly Pald Employees,
3 Five highest-paid independent contractors for professional services. S	se instructions. If none, enter "NO	NE."
(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 of organizations and other beneficiaries served, conferences convened, research papers produc	statistical information such as the number	Expenses
SEE ATTACHMENT #11		V- 6-44-414-11-11-11-11-11-11-11-11-11-11-11
CEET AMOAGUMENTO 430		23,295
SEE ATTACHMENT #12		
	·	15,471
SEE ATTACHMENT #13		
	·	4,621
•		
· · · · · · · · · · · · · · · · · · ·		•
Part IX-B Summary of Program-Related Investments (see h		
Describe the two largest program-related investments made by the foundation dur	ring the tax year on lines 1 and 2.	Amount
		, , , , , , , , , , , , , , , , , , ,
All other program-related investments, See Instructions.		
yii oniei bio8iduu-ididda ii.iassiilidiidi 266 iUs(IOCIOUs'	,	
		•
atal. Add lines 1 through 3		
DA 17 990PF7 BWF 990 Form Saftware Copyright 1896 - 2018 HAB Tax Group	p, inc.	Form <b>990-PF</b> (2017)

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<b>@CO</b>	P	Y

Forn	1 990-PF (2017) ANIMAL FRIENDS VA 47-5065472		Page 8
P.	art X Minimum Investment Return (All domestic foundations must complete this part. Forei	an foundations.	
	see instructions.)	•	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	pur to	
	purposes:	翻画	
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	10	
d	Total (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and	en en	
	To (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	э	
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	
6	Minimum investment return. Enter 5% of line 5	6	
Pa	It XI Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating		
	foundations and certain foreign organizations, check here > and do not complete this part.)		
1	Minimum investment return from Part X, line 5	1	
2a	Tax on investment income for 2017 from Part VI, line 5	(1000)	
ь	Income tax for 2017. (This does not include the tax from Part VI.)	<b>300</b>	
G	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	· · · · · · · · · · · · · · · · · · ·
5	Add lines 3 and 4		•
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5, Enter here and on Part XIII,		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	line 1	7	0
Pai	Cualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	
Ь	Program-related investments total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	-
3	Amounts set aside for specific charitable projects that satisfy the:	peans:	
a	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required echedule)		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .		
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	· · · · · · · · · · · · · · · · · · ·	
	Enter 1% of Part I, line 27b. See instructions	S	0
ô	Adjusted qualifying distributions. Subtract line 5 from line 4		0
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth		
	qualifies for the section 4940(e) reduction of tax in those years.		

Form	990-PF (2017) ANIMAL FRIENDS VA 47-506	5472			Page 9				
Pa	Part XIII Undistributed Income (see instructions)								
•		(a)	(b)	(c)	(d)				
1	Distributable amount for 2017 from Part XI,	1 ' '	Years prior to 2016	2016	2017				
	lino 7	Signification of the state of t	A CONTROL STREET, CONTROL STRE	Manga A Library Managaratic	. (				
2	Undistributed income, if any, as of the and of 2017:	No.	rapay anapanana a sa faraman	The formation of the state of t	one and the contract of the co				
a	Enter amount for 2016 only			- Control of the Cont	All the land of th				
b	Total for prior years: 20 , 20 , 20	Manufacture ()	2 de la companya del companya de la companya del companya de la co		The state of the s				
3	Excess distributions carryover, it any, to 2017;	Trops	Carlo de Maria	100000000000000000000000000000000000000	Mary Carlotte Control				
a	From 2012	The state of the s							
b	From 2013			ESOCOTO SE SECURIO SE					
C	From 2014		13.520 (m)						
Ь	From 2015		nt Addition of the second of the second	10 10 10 10 10 10 10 10 10 10 10 10 10 1					
e	From 2016		Marina Caraca Marina Caraca Ca		The same of the same				
1	Total of lines 3a through e	]							
4	Qualifying distributions for 2017 from Part XII,		12.00	320 200 X	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )				
	line 4: 🕨 \$		7. T. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1						
a	77	AND THE PROPERTY OF THE PARTY O	The state of the s	1,1, 1,11,11,11,11	2.34 (1981)				
þ	Applied to undistributed income of prior years	Service Control of the Control of th		The state of the s	Barren				
	(Election required see instructions)	Marie Care			Principal Control of the Control of				
C					Marchaelle H. H.				
	(Election required see instructions)		re diffusion.						
ď	Applied to 2017 distributable amount			iprese, imperior					
9	Remaining amount distributed out of corpus		A P A CONTROL OF THE PARTY OF THE PAR	The maintaining and the state of the state o	night planting to the party of				
5	Excess distributions carryover applied to 2017		action of the control	The state of the s					
	(If an amount appears in column (d), the same	constitution and the constitution of the const	Through the second strangers	A CONTRACTOR OF THE PROPERTY O					
	amount must be allown in column (a),)	interior and the second	100 July 100	and the state of t	1000				
6	Enter the net total of each column as		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
	indicated below:								
a	Gorpus. Add lines 3f, 4c, and 4e. Subtract line 5	33.00009min=454							
Þ	Prior years' undistributed income. Subtract				and the second s				
_	line 4b from line 2b								
C	Enter the amount of prior years' undistributed				And				
	income for which a notice of deficiency has been			The second secon					
	issued, or on which the suction 4942(a) tax has				Organia (California)				
a	Subtract line 6c from line 6b, Taxable				10 mm m m m m m m m m m m m m m m m m m				
u	amount see instructions								
	Undistributed income for 2016, Subtract		e n m., entitingentier, e	AND AND DESCRIPTION OF THE PARTY OF THE PART	Salar Control of the Salar Con				
_	line 4a from line 2a. Taxable amount								
	see Instructions				Control of the contro				
f	Undistributed income for 2017. Subtract		Allerania	Gammanian-Jack and a second	- Tami Analika - Anamara				
•	lines 4d and 5 from line 1. This amount			State and State					
	must be distributed in 2016								
7	Amounts treated as distributions out of	· ····································	Addition of the Control of the Contr	and the state of t	Down The College of the second				
	corpus to satisfy requirements imposed								
	by section 170(b)(1)(F) or 4942(g)(3) (Elec-								
	tion may be required see Instructions)			(m)					
8	Excess distributions carryover from 2012				#6000				
	not applied on line 5 or line 7 (see	ŀ							
	instructions)								
9	Excess distributions carryover to 2018.	3	The state of the s		A COLUMN TO THE PARTY OF THE PA				
	Subtract lines 7 and 8 from line 6a				n se in the management				
	Analysis of line 9:	6627. " 17 Jan 2011   10 Jan 2	or them.	Sales Sales	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7				
Ð	Excess from 2013		Transaction and and and and and and and and and an		And The American Control of the Cont				
ь		The state of the s	200 miles		And States				
	Excess from 2015	The state of the s	Harry Comments of the Comments	extensive and the	Maria Company				
	Excess from 2016	English English		2000年					
е	Excess from 2017	STATE OF THE PARTY			English All Street				

	n 890-PF (2017)					Page 10
	rt XIV Private Operating Fo	<b>undations</b> (see in	structions and Part	VII-A, question 9)		· · · · · · · · · · · · · · · · · · ·
10	If the foundation has received a ruling	or determination lette	er that It is a private	operating		
	foundation, and the ruling is effective for	or 2017, enter the da	ite of the ruling			
b	Check box to Indicate whether the four				4942(j)(3) or	4942(J)(5)
28	Enter the lesser of the adjusted net	Tax year	*	Prior 3 years	1 10 -40/(07 01	45 42 (J/( <b>Q</b> )
	Income from Part I or the minimum investment return from Part X for each	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
<b>I</b> -	year listed					<u> </u>
b						0
c	Qualifying distributions from Part XII,					•
	line 4 for each year listed					0
	Amounts included in line 2c not used directly for active conduct of exempt activities		÷ -			0
ė	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					. 0
3	Complete 3a, b, or c for the alternative				<u> </u>	· · · · · · · · · · · · · · · · · · ·
	test relied upon;					
_	"Assets" alternative test enter:					
	(1) Value of all assets	· · · · · · · · · · · · · · · · · · ·				0
	(2) Value of assets qualifying under					·- <del></del>
	section 4942(j)(3)(B)(i)					0
Þ	"Endowment" alternative test enter 2/3 of min. investment return shown in				***	
	Part X, line 6 for each year listed · · · ·					0
c	"Support" alternative test enter:					
	(1) Total support other than gross		,		•	
	investment income (interest.					
	dividends, rents, payments on				and the same of th	
	securities loans (section 512(a)					_
	(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations					
	as provided in section 4942(j)(3) (B)(iii)			-		0
	(3) Largest amount of support from					
	an exempt organization					0
	(4) Gross investment income					0
Pai	t XV Supplementary Inform	ation (Complet	te this part only	v if the foundation	n had \$5,000 c	r more in secote
	at any time during the	vear — see ir	nstructions )	, ii iiio ioanaana	· · · · · · · · · · · · · · · · · · ·	oto III goseta
1	Information Regarding Foundation M	anagere'	ton dononon	<del></del>		
а	List any managers of the foundation wh		mara shoo 700 as sha	tatal appleibutions enc.	Sira al luccale a december.	h
_	close of any tax year (but only if they ha	ir ggrugalisiroo oypir o	the de ord) (C	TOTAL CONTINUING IS 1801	sived by the Tounda	ion belore the
NOI		ve commoded more	tnan \$5,000). (See:	section 507(d)(2).)		
	* ************************************	;				····
ь	List any managers of the foundation who	own 10% or more	of the stock of a cor	poration (or an equally	large portion of the	ownership
	of a partnership or other entity) of which	the foundation has	a 10% or greater int	erest.		
<u>NON</u>				•		
2	Information Regarding Contribution,	Grant, Gift, Loan, S	icholarship, etc., Pr	ograms:		
	Check here	makes contribution	s to preselected che	ritable organizations a	nd does not accept	unsolicited
	requests for funds. If the foundation mal	es gifte, grants, etc.,	, to individuals or or	ganizations under othe	er conditions.	•
	complete items 2u, b, c, and d. See instr	ructions.		•		
8	The name, address, and telephone num		of the person to w	uode engilenilens shou	ld be addressed:	·
	,		T POINCE TO THE	et hitograpio a anon	HAM 6000M	
ь	The form in which applied in a should be	n market and an all had				
	The form in which applications should b	a orniuitea sua iujā	imaton and materia	iis they should include:	i	
					•	
		<del></del>				
G.	Any submission deadlines:		•			
ď	Any restrictions or limitations on awards,	such as by geograp	hical areas, charitab	le fields, kinds of instit	utions, or other facto	ors:
	_					

Form 990-PF (2017) ANIMAL FRIENDS VA 47-5065472 Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution racipient Name and address (home or business) or substantial contributor Paid during the year Total ......▶ 3a ō Approved for future payment 



Form 990-PF (2017) ANIMAL FRIENDS VA 47-5065<u>472</u> Page 12 Part XV - A Analysis of Income-Producing Activities Enter gross amounts unless otherwise indicated. Unrelated business income (e) Excluded by section 812, 813, or \$14 Related or exempt (a) (b) (c) (d) function income (See Instructions.) Businces Amount Excl. Amount 1 Program service revenue: code code a SEE ATTACHMENT #14 50,094 9 Fees & contracts from government agencies 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 ....... 8 Net rental income or (loss) from parsonal property . . . . 7 Other Investment income ...... 8 Gain or (lose) 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 12 Subtotal. Add columns (b), (d), and (e) ..... 50,094 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.)

SEE ATTACHMENT #15

02/14/2019 11:54am

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Form 990-PF (2017) ANIMAL FRIENDS VA 47-5065472 Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharltable **Exempt Organizations** Did the organization directly or Indirectly engage in any of the following with any other organization described in section No Yes 501(c) (other than section 501(c)(3) organizations) or in section 527, rotating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) Χ (2) Other assets ..... 18(2) X b Other transactions: Sales of assets to a noncharitable exempt organization ...... 1b(1) 1b(2) (3) Rental of facilities, equipment, or other assets ..... 1b(3) (4) Relmbursement arrangements ...... 1b(4) (5) Loans or loan guarantees ...... (6) Performance of services or membership or fundralsing solicitations 1b(6) 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. (a) Lino 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(o) (other than section 501(c)(3)) or in section 5277 b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of gerjury, I declare that I have examined this return, including accompanying achedules and statements, and to the bost of my knowledge and Declaration of preparor (uther than taxpayer) is based on all information of which preparer has any knowledge. Sign

Here

Signature of officer or trustee Date

DIRECTOR Title May the preparer shown below?
With the preparer shown below?
Gee Instructions.

Yes No

Phone no. (703)897~1936

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check If PTIN 02-15-2018 self-employed P01727218

Film's name ► HRB TAX GROUP INC Firm's EIN ► 431871840

FDA 17 990PF13

Firm's address > 12357

OPF13 BWF880 Form

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Form 990-PF (2017)

2017 FORM 990 SCHEDULE OF OTHER INCOME (COPY
ATTACHMENT 1: PAGE 1 - 990-PF PAGE 1, PART I, LINE 11

OPEN TO PUBLIC INSPECTION	C For çalendar year 7or tax peri	ind healphing	, and en	dina			
Name of Organization ANIMAL FRIENDS VA				Employer Identification Number 47-5065472			
MUINAL IKI	Description of Other Incol	ηιe	Revenue and Expenses	Net Investment Income	Adjusted Net Income		
ADOPTION F	EES		50,094		50,094		
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			- TI 113.41		×11 11174		

#### 2017 FORM 990 SCHEDULE OF LEGAL FEES



ATTACHMENT 2: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16A OPENTO PUBLIC INSPECTION For calondar year 2017, or tax period beginning , and ending Name of Organization Employer Identification Number <u>ANIMAL FRIENDS VA</u> 47-5065472 Not Investment Adjusted Disbursements for Legal Description Amount Income Net Income Charity 501C3 APPLICATION 275 275 Total: 275 275

02/14/2019 11:54am

2017 FORM 990 SCHEDULE OF OTHER PROFESSIONAL FEES

INSPECTION For calondar year 201  Name of Organization  ANLMAL FRIENDS VA	7, or tax period beginning	, and	and ending Employer Identification Number 47-5065472				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity			
TAX PREPARATION PROFESSIONAL SERVICES	530 225		530 225				
				•			
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	,						
·			,				
		·	·				
Total:	755		755				

# 2017 FORM 990 OTHER EXPENSES SCHEDULE



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	·		Employer Ident	ilication Number
ANIMAL FRIENDS VA			47-50654	72
Description of Activity	Revenue and Expenses	Net Investment Income	Adjusted Net Income	Disbursements for Charity
ADVERTISING ADOPTION REFUNDS COMMISSIONS AND FEES OFFICE EXPENSES ANIMAL SUPPLIES UTILITES VETERINARY BILLS ADOPTION COSTS OTHER AGENCIES MEDICINES FOR ANIMALS MICROCHIPS AND LOCATORS FUNDRAISING SUPPLIES POSTAGE	157 1,562 802 1,112 2,767 507 20,801 11,861 1,433 1,031 415 152	NIGOTIE	157 1,562 802 1,112 2,767 507 20,801 11,861 1,433 1,031 415	
		,		

Total:

42,600

42,600

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Tatas: FRB Tax Group, Inc. J0802E		Category or Description of Property		- 990-PF PAGE 2, PART II, LINE For Calendar year 2017, or tax year period deginning	1 990 SCHEDULE OF I
23,787	23,787	Cost or Other Basis		14	BUILDING &
3,160		Accumulated Depreciation	Employer Identification Number 47-5065472	and ending	EQUIPMENT
20,627	20 <sub>7</sub> 627	End of Year Book Value	îcalion Number		
		Ending FML (990-PF Only)	-		

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2017 FORM 990 SCHEDULE OF OTHER ASSETS

(COPY	₫c	C			N. S.
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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 Employer Identification Number ANIMAL FRIENDS VA 47-5065472 End Beginning **EOY FMV** Description of Other Assets of Year of Year (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

Page 21/34

ATTACH OPEN TO INSPECTI	PUBLIC	: PAGE 1	DRM 990 SCI - 990-PF P	AGE	2, PAR	T II, LIN	E 22	COPY		
Name of Org	anization	•	. , or tax period bag	· reing		, una	Employer Identification Number 47-5065472			
		De	scription of Liability				Beginning of Year	End of Year		
CARMAX	LOAN,	FINANCED	\$15787.33	ON	4/7/17		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13,720		
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Totals:

## 2017 FORM 990 SCHEDULE OF OTHER INCREASES COPY

ATTACHMENT OPEN TO PUBLIC INSPECTION	For calend:		, or tax period				, and ending		
Name of Organization ANTMAL FRI									er Identification Number 065472
			Description of	ncrease		_			Total Amount
DIFFERENCE	BETWEEN	FMV A	NU BOOK	VALUE	OF	ASSET	(VAN)	<del></del>	4,28
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								Total:	4,281

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## 2017 FORM 990 BOOKS ARE IN CARE OF COPY

ATT	ACHMENT 9 - 990-PF PAGE 5, PART VII-A, LINE 14
OPE	N (O PUBLIC
	For calendar year 2017, or tax period beginning , and ending .
	of Organization Employer Identification Number
	<u>MAL FRIENDS VA</u> 47-5065472
Pert VI	I-A - Line 14
Ò	ual Name
Street /	Address
U.S. Ad	ddress:
	Zip code 22193 City WOODBRIDGE State VA
Foreign	Address
	City
٠	Province or State ,
	Country
	Postal code
	Phone Number
	Fax Number

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

OPEN TO PUBLIC	10:	PAGE 1 -	990-PF PAGE 6	PART VIII				-
INSPECTION	Fo	r calendar year 2017	, or tex period beginning	, and	ending			
Name of Organization	NT 70 41	577		,	_		ification Number	
ANIMAL FRIE (A) Nam			(B) Title and Average	(C) Compensation (If		47-50654 nt. 10 Employee	(E) Expense Account	
BETH NELSON			Hrs. per Week DIRECTOR	not paid, enter 0)	Ben. Pla	ns & Def. Comp.	& Other Allowances	-
13542 POLAR	CT		30.00				•	
WOODBRIDGE,		22193						
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# 2017 FORM 990 SUMMARY OF DIRECT CHARITABLE ACTIVITIES COPY

OPEN TO PU	l l							•	
Name of Orga		For cal	lendar year 2017, or ta	x poriod beginning		, ผเ	nd onding	-	
ANIMAL		C 777						oyer Identification Number	*
<u></u>	T 1/1 11/41 1/41 1/41 1/41 1/41 1/41 1/4	<u> </u>					4 /-	5065472	
					table Act				
PROVIDE	ACCES:	S TO	VETERINARY	SERVICES	FOR	RESCUED	ANIMIALS	INCLUDING	
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#### 2017 FORM 990 SUMMARY OF DIRECT CHARITABLE ACTIVITIES OPY

<b>ATTACHMENT</b>	11: PAGE 2	- 990-PF PAGE 7, F	PART IX-A. TINE	1
OPEN TO PUBLIC			20, 22, 22, 22, 22, 22, 22, 22, 22, 22,	
INSPECTION		r 2017, or tax period boginning	, and onding	•
Name of Organizatio	n	<u> </u>		Employer Identification Number
ANIMAL FRI	ENDS VA			17-5065472
,		Charitable	Activity	
MEDICINES,	MICROCHIPS,	AND SPAY/NEUTERIN	IG SURGERIES	

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

ATTACHM OPEN TO PUR INSPECTION	ENT 12	: PAGE				-	PART ]	X-A, LIN		<b>V</b> ,	· · · · · · · · · · · · · · · · · · ·	
Name of Organ			ar year 20	17, or 1ax	cperiod beg	inning	•	, and end	Employe	r Identificatio	n Number	·
ANIMAL	FRIEND	S VA							47-50	165472		"
PROVIDE	ΔΝΤΜΔ	L ADOP	TIONS	FOR	DECAN		le Activity	· ·			VV Emails file.	
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### 2017 FORM 990 SUMMARY OF DIRECT CHARITABLE ACTIVITIES OF

ATTACHMENT OPEN TO PUBLIC	13: PAGE 1 - 990-PF PAGE 7, PART	IX-A, LINE 3	· ·
INSPECTION	For calendar year 2017, or tax period beginning	, and eπding	
Name of Organizatio ANIMAL FRI		1	mployer Identification Number 7-5065472
	Charltable Activity		
TID A MC DODE	ANTEGORIA DA SER SE SE SE SE SE SE SE SE SE SE SE SE SE		

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

	of Organization MAL FRIEI	For calendar year 2017, or		,	, and end	Employer Ider	ntification Number		
-/ (// T	PAL FRIE	NDS VA	Unrolate	d Business Income	Eveluded by	47-50654 Section 512, 513 or 614			
ltem		ram Service Revenue	(a) Bus Code	(b) Amount	1 1	(d) Amount	(e) Related or Exemp Function Income (see Instructions)		
A	ADOPTION	FEES	812910				50,09		
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			Totals:				50,094		

# 2017 FORM 990 SCHEDULE OF RELATIONSHIP OF ACTIVITIES COPY

ATTACH	IMENT	15:	TO T	Ή <b>Ε Δ</b>	CCOM	PLIS PAGE	HME	NT OF ייקגיי	EXEMP XVI-E	PU TPU	RPO	SES	~~~		. K	
OPEN TO	PUBLIC							2 2 2 2 2	_ 22 4 75 75	<del></del>		· · ·				
INSPECT Name of Or	1 '	or cale	ndar year :	2017, ar	tax period	beginn	lng			, and e				r		•
<u> ANIMAL</u>			VΛ										r Identific		ber	
Line Nurriber	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	ADOPT TRANS ADOPT	ION PORT	FEES	PAY,	IN A	GGRA	AGATE	, FOR	THE ME ANIM	MEDIC	CAL.	ADOF	TION.	AND	AND	
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#223

Form 4562

## Depreciation and Amortization

OMB No. 1545-0172

FU	m 4302	(Inc	2017							
De	partment of the Treasury ernal Rovenue Service (99)		Attachment Sequence No. 179							
Na	lme(s) shown on return	-	► Go to www.irs.gov/Form4562 for Instructions and the latest information.  Business or activity to which this form relates							
	ANIMAL FRIENDS VA FOR FORM 990							Identifying number		
		o Expense Certain	Property Under 5	Section 179	<u>_</u>	-		47-306347Z		
	Note: If you	have any listed property	, complete Part V before	you complete P	art I.					
1	Maximum amount (see i	instructions)		······································			1			
2	Total cost of section 179	property placed in servi	lce (see Instructions)				2			
9	Threshold cost of section	n 179 property before re-	duction in limitation (sea	instructions)			3	· · · · · · · · · · · · · · · · · · ·		
4	Reduction in limitation.	Subtract line 3 from line 2	2. If zero or less, enter -0	) <i></i>			4	··············		
5	Dollar limitation for tax y	ear. Subtract line 4 from	line 1. If zero or less, en	ter -0 If married	d filing separat	elv.		······································		
_	see instructions	3	***				5			
6	(a) De:	scription of property		st (busn. use on	_	cted cost				
7	Listed property. Enter th	e amount from line 29			7		,			
8	Total elected cost of sec	tion 179 property. Add a	mounts in column (c), lin	ies 6 and 7			8			
9	Tentative deduction. Ent	ter the <b>smaller</b> of line 5 o	or line 8 ,				8			
10	Carryover of disallowed	deduction from line 13 of	f your 2016 Farm 4562				10			
11	Business income limitation	on. Enter the smaller of b	usiness income (not less	s than zero) or lin	ie 5 (see instru	ctions)	11			
12	Section 179 expense de	duction. Add lines 9 and	10, but don't enter more	than line 11			12			
18	Carryover of disallowed	deduction to 2018. Add I	lines 9 and 10, less line 1	12 🕨			į,			
<u>No</u>	te: Don't use Part II or P	ert III below for listed pro	perty. Instead, use Part	V,						
P	ani II Special De	preclation Allowan	ice and Other Dep	reciation (Do	n't include liste	d proper	tv.)(Se	e instructions.)		
14	Special depreciation allo	wance for qualified prop	erty (other than listed pro	operty) placed in	service		7.7(			
	during the tax year (see	instructions)					14			
15	Property subject to section	on 168(f)(1) election					15	, ,		
16	Other depreciation (inclu	iding ACRS)					16			
Pa	IT III MACRS De	preciation (Don't incl	ude listed property.) (See	e instructions.)	·					
			Section	<del></del>						
17	MACRS deductions for a	ssets placed in service in	n tax years beginning be	fore 2017 · · · · ·			17			
18	If you are electing to grou	up any assets placed in 8	service during the tax yes	ar into one or mo	re	Į.	Marie	m		
_	general asset accounts, o	check here				. ▶ 🗍 🖡				
	Section B Ass	sets Placed in Ser	vice During 2017 1	Tax Year Usi	ng the Ger	ieral D	eprec	lation System		
	(a) Classification of prope	(b) Month and I	(c) Basis for depr.	(d) Recovery	(e)					
	(a) Classification of prope	erty year placed in service	only =- see (natitations)	period	Convention	(f) Meti	bor	(g) Depreciation deduction		
19a	3-year property	- 442								
b	5-year property									
Ç	7-year property						_			
	10-year property							11,		
e	15-year property									
	20-year property									
g	25-year property			25 yrs,		S/L	***			
h	Residential rental		··	27,5 yrs.	MM	S/L		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
	property		1	27.5 yrs.	MM	S/L				
i	Nonresidential real			39 yrs.	ММ	S/L		<del></del>		
	property		* 1000		MM	S/L	· <del>-  </del>			
;	Section C Asse	ts Placed in Service	ce During 2017 Ta	x Year Usino	the Altern	ative E	)epre	ciation System		
0а	Class life					S/L				
b	12-year	Sugar Sugar		12 yrs.		S/L	_			
	40-year		· ·	40 yrs.	ММ	S/L				
	t IV Summary (Se				<del></del>					
	isted property. Enter arm					,	21	3,160		
2 7	Total. Add amounts from	line 12, lines 14 through	17, lines 19 and 20 in co	olumn (g), and fin	ie 21. Enter hei	re 🗍				
ē	and on the appropriate lin	es of your return. Partne	rships and S corporation	ıs see instruct	ions		22	. 3,160		
3 F	or assets shown above s	and placed in service dur	ing the current year,			¥.,		And the second s		
е	enter the portion of the ba	sis attributable to section	253A costs	23		1.5	25 CONT.			

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Form 45	62 (2017)	· -	ANIMA	AL F	RİENI	os v	'A 4	7-506	5472	[gc			LJ Y		Page 2
Part \	V Liste	Property (include													
	enteria	inment, recreation, o	r amusemer	nL)											
	Nôte: column	For any vehicle for s (a) through (c) of S	which you a Section A. al	are usir I of Sec	g the sta tion B, a	ndard r nd Sec	mileage ration C if a	ale or dec applicable	ducting le	аво ехре	ense, co	omplete	only 24	la, 24b,	1
S	ection A	Depreclation	and Oti	ier in	formati	on (C	<u>auti</u> on: S	ee the in	structions	for limits	for pa	ssenge	r automol	olles.)	
24a Do	you have cv	derice to support the	buginess/i	nveştir	ent use c	laimed	? X Y	es No	24b	l "Yes," i:	s the e	vidence	written?	∏X Ye	95 N
	(a)	(b)	(c) Busn./		(d)		(e)	•	<b>(f)</b>	(9)		"-	(h)		(i)
	of property hicles first)	Date placed in service	investment ezu		Cost or	(	Basis for busn./inv		Recover	y Meth	od/		reciation		lected tion 179
			percentage	l	her basis	1	o eau		period	Conve	ention	de	duction	(	cost
25 Sp	Decizi Cepre	clation allowance for	qualified list	ed bro	perty plac	ed In s	ervice du	iring the t	ax year						: :::
26 Pr	Onest Head	than 50% in a qual more than 50% in a	med Dusines	ss use	see instri	lctions)	)				25			Spection.	
		04-07-2017			23,7	ורסו	2.	707		DD00	\ O T1\	т	7 1 6	<u> </u>	
2013	TOME	07-07-2017	±00.0%	-	23,1	0 /	<u> </u>	<u>3,787</u>	05	DB20	UHX		<u>3,16</u>	4—	
-	<del></del> ,		%	<del></del>		<del></del>				<del>                                     </del>					
<b>27</b> Pro	operty used	50% or less in a qua		1						<u> </u>		<u> </u>			
			%		<del></del>					S/L-				- m.h	::6.
			%							S/L-				1::	200
			%				-			S/L-				一部門	£
28 Ad	ld amounts i	n column (h), lines 2	5 through 2	7. Ente	here and	d on lin	e 21, pag	je 1	,		28		3,16	J 🐃	, :==="";
29 Ad	id amounts i	n column (i), line 26.	Enter here	and on	line 7, pa	ige 1						,,.,,	29		
								Use o							
Complete	e this section	for vehicles used b	y a sole pro	prietor,	partner,	or othe	r "more ti	han 5% o	wner." or	related t	erson.	. If you	provided v	vehicles	s to
your emp	ployees, first	answer the question	s in Section	C to s	ee if you	meet ar	n exceptle	on to com	plating t	ris sectio	n for th	iose ve	hicles.		
		investment miles dri			(a)		(b)	(6	5)	(너)		(	(e)	(	( <del>1</del> )
		(don't include com	_	Ve	hicle 1		hide 2	Vehi	icle 3	Vehic	lc 4	Vet	nicle 5	Veh	icle 6
				l	<u>6801</u>	<u> </u>	<u></u>	l					_ `		
		g miles driven durin		<u> </u>			· .	ļ							
		sonal (noncommutin	9)												
							_	<u> </u>		_					
		en during the year. A	Naa		6001							 			
		available for persor	antuma -	Yes	6801 No	<del>1</del>		<del>                                     </del>	<u>,,                                   </u>	14					
		hours?		X	NO	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		used primarily by a			╁					<del></del>					
		or related person?.		X	$  \sqcup $										
		ele available for pers			<del>                                     </del>		1	$\vdash \cap \bot$		<del></del>	$\Box$	$\overline{\Box}$			
		n C Questio			/ers W	ho Pr	ovide '	Vehicle	s for U	lse by	Their	_Ll	lovees	الطلب	
Answer ti		ns to determine if yo												than 5	:%
		sons (see instruction		•						- <b>- ,</b> ,	- 3 + 4				70
<b>37</b> Do	you maintai	n a written policy stat	tement that	prohibi	ts all pers	onal us	se of vehi	cles, inclu	ding con	nmuting,	by you			Yes	No
		n a written policy stat													
		ions for vehicles use												╙╵	
		Use of vehicles by e											· • · · · · [		
		more than five vehic													П
		tain the information i												<u> </u>	· Ц
		a requirements conc											L		
		newer to 37, 38, 39,	40, or 41 is	"Yes,"	do not co	mplete	Section	B for the	covered v	vehicles.					
Part V	Amorti	zation						1			7.1	<del>-</del>			***************************************
	(a	)	(b				(c)		(d)		(e) mortiza	stion		(f)	
	Description		Date amo begi		i An	nortizat	ole amoui	ur   (	Code sec	lion	perlod	or A	monizatio	n for th	is year
2 Amo	onization of	costs that begins dur			last loss	 د معمورا	lion-1:			<u>P</u>	ercenta	age			
Citt	gramman VI I	AND MIST DORING ON	nig your 20	ir tex )	CEL (SOD	เกษนนต	uorisj.	1				<del></del>			
						· • • • • • • • • • • • • • • • • • • •	·			+		<del></del>	_		
3 Amo	ntization of a	costs that began before	re vour 201	7 tay 1	ear							43			
4 Tota	al. Add amo	unts in column (f). Se	e the instru	ctions:	or where	to rend	art				:::	44			
DA 17	45822		Software Co								1			4500	1:-

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#### 2017 AUTO EXPENSE WORKSHEET



Page 33/34

ANIMAL FRIENDS VA 47-5065472

Keep for Your Records

	VEHICLE INFORMATION			
٦.	Vehicle description	1 2013 TO	WN A	AND COUNTRY
2.	Carried to form or schedule	2. FORM 99	0	<u> </u>
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,		. Б.	6,801
6,	Total commuting mileage driven during the year		. A.	
7,	Total other personal mileage driven during the year		7.	
8.	Total mileage driven during the year			
9.	Business use percentage (line 5 divided by line 8)			
				100100 10
	CALCULATION OF THE ACTUAL EXPENSE METHOD	Input		Deduction Allowed
10,	Parking fees and tolls	·	10.	
11.	Gasoline and oil	342 x Line e	11.	342
12.	Repairs	46 x Une 9	12.	46
13.	Licensing fees	x Line 9	13.	
14.	Registration fees	x Line 9	14.	
15.	insurance	983 x Line 9	15,	983
16.	Other expenses	x Line 9	16.	
17.	Total automobile expenses (line 10 through 16) (carries to auto expense line of to	rm on line 2)	17.	1,371
18.	Property tax (carries to taxes line of form on line 2)		18.	90
19.	Interest expense (carries to interest expense line of form on line 2)	458 x Line 9	19.	458
20.	Lease payments	y I Ina 9	20.	700
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.	
<b>25</b> .	Current depreciation expense		**25.	3,160
26,	Total depreciation expense (lines 23 through 25) (carries to depreciation expense		26.	3,160
27.	Value of employer-provided vehicle	y I lna a	27.	
28.	Total expenses using Actual Expense Method (total of lines 17, 18, 19, 22, 26, and	d 27)		5,079

<sup>\*</sup> Not subject to business use percentage.

<sup>\*\*</sup> Already adjusted for business use percentage.

12AMTDEPR

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T #501 1.5	FORM 990 2013 TOWN AND C 04-07-17 150DSHY-5	DESCRIPTION	ANIMAL FRIENDS VA 47-5065272
	C 04-07-17	CATE	3 V.B.
POTALS:	150DSKY-5	- LIFE	
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	7	PREOR	
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C	G.	PR SPEC	
Ó	0	-	
0	0	CURR SPEC	
23787	23787	BASIS	
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3160	3160	CTRRENT	
3160	3160	ACCUN DEZR	
20627	20627	ADV BASIS	