Form **990-EZ**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

OMB No 1545-1150 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

	Α	For the	e 2009 caler	ndar year,	or tax year begir	ning		, ar	d ending			
	В	l .	applicable	Please	C Name of orga	nization				D Emp	loyer ident	ification number
	Щ	Address	change	use IRS	PEOPLE FOR	ANIMAL WELF	ARE IN EL DO	RADO COU	NTY	l	68-0)462684
		Name c	hange	label or print or		et (or P O box, if mail is n			Room/suite	E Tele	phone nu	
		Initial re	turn	type	Number and suc-	cr (or r o oox, ir mairis ii	or donvored to subser a	adioos,	11001111001110	•	•	
		Termina	ited	See	4050 DUROCH	ROAD			<u> </u> 19			<u>677-2476</u>
		Amends	ed return	Specific Instruc-	City, town, or o	Contry	State	ZI	P + 4	F Gro	up Exemp	otion
		Applicat	ion pending	tions.	SHINGLE SPR	INGS	CA	9:	5682	Nun	nber	•
	•	Section	1 501(c)(3) o	rganizatio	ns and 4947(a)(1) nonexempt cha	ritable trusts n	nust attach	G Accounting	ng Metho	od X	Cash Accrual
				a compl	eted Schedule A	(Form 990 or 990)-EZ)		Other (sp	ecify)	<u> </u>	
									H Check ►			zation is not
	ı	Website	e: ►									e B (Form 990,
	J	Tax-exen	npt status (che	eck only one)	X 501(c) (3) ◀ (insert no)	4947(a)(1)	or 527	990-EZ, d	or 990-P	F)	
	ĸ	Check	Check F if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return									
										a comple	ete return	
	<u> </u>	Add lines				ceipts, if \$500,000 or					▶\$	41,579
	P	art l				nges in Net As		<u>d Balances</u>	(See the ins	tructio		
(39)		1				ılar amounts rec					1	41,406
24 2010		2	· · · · · · · · · · · · · · · · · · ·								2	
		3		•	nd assessment						3	470
ล		4	Investmen					1 - 1	•	-	4	173
		5a				ther than invent	ory	5a				
KK		р			asis and sales	•		5b	- 5-\			
	e	C				ther than invento				┌┐┟	<u>5c</u>	
	an.					le parts of Schedule (eck nere	ᄓ		
SCANNED	Revenue	а			including \$ _		of contribution	1 - 1				
	œ	L	reported or		as ather then fu	ndraicing ovnon		6a 6b				
						ndraising expensivents and activiti			ne 6a)		6c	
						ns and allowance		7a	ic ou,	•	-	
@ <i>U</i>		b	Less cost			is and anovano		7b				
		C				nventory (Subtra	ct line 7b fron				7c	
		8	Other reve) [8	
		9		•		5c, 6c, 7c, and	8 . <u>f</u>	DEA			9	41,579
		10				ttach schedule)		REC	EIVED		10	1,092
		11	Benefits pa	aid to or fe	or members		. [101	11	
	es	12	Salaries, o	ther com	pensation, and	employee benefi	ts .	APR 2	2 2010	SS	12	
	enses	13	Profession	ial fees ar	nd other paymer	nts to independe	nt contractors	(O) (C) (A	5 2010	8-0	13	1,322
	Expe	14	Occupancy	y, rent, ut	lities, and main	tenance			CE 0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4]∝	14	7,318
	Ĥ		• .		s, postage, and			UGD	EN, UT	1 -	15	3,527
		16	•	•		Attached Statem	nent L			—-" ⊦	16 17	23,403
		17			Id lines 10 throu	tract line 17 fron					18	36,662 4,917
	ets	18 19				nning of year (fr		lumn (A)) (mi	ist agree with		-10	4,317
	Net Assets	19			eported on prior		om me 27, co	idiiii (//)/ (iiid	ist agree with	Ì	19	100,828
	t A	20	•	-	-	l balances (attac	h explanation)			20	1,00,020
	Ž	21		-		of year Combin			•	` ▶	21	105,745
	P	art II							re, file Form 9	990 inst		
		Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, (See the instructions for Part II)								ning of ye		(B) End of year
	22	Cash.	, savings, a			,				67,0	_	79,754
	23		and buildin							29,1		24,717
	24				See Attached	Statement)		8,8	_	1,274
	25	Total	assets.							105,0		105,745
	26				► <u>ACCOUNT</u>)			15 26	
	27	Net a	ssets or fu	ind balan	ces (line 27 of	column (B) mus	t agree with lir	ne 21)		100,8	28 27	105,745

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. (HTA)

_		LEADE IN EL DODADO COL		00.04	00004	- 0
	990-EZ (2009) PEOPLE FOR ANIMAL WE	LFARE IN EL DORADO COI		68-04	62684_	Page 2 Expenses
	at is the organization's primary exempt purpose?		IIISU UCUONS IOI P	art iii)	(Requ	ured for section
	cribe what was achieved in carrying out the organi		a clear and concis	 se)(3) and 501(c)(4)
	iner, describe the services provided, the number of					izations and section (a)(1) trusts, optional
	n program title	·			for ot	
28	52 ADOPTION EVENTS					
	PET CARE INFORMATION AND CONSULTING					
	RECRUITING FOSTER HOMES				,	
	<u> </u>	nt includes foreign grants, ch	eck here	<u>▶</u>	28a	36,662
29	PROVIDE SUPPLIES AND EQPT TO LOCAL SH	ELTERS				
	DONATE TO SHELTER PET AID FUND	TED OUE TED ANNALO	-			
	PROVIDE MOBILE CLINIC FOR SPAY AND NEU				ı İ	İ
		nt includes foreign grants, ch	еск пеге	<u> </u>	29a	
30	20 PUBLIC EDUCATION EVENTS					
						İ
	(Grants \$) If this amou	nt includes foreign grants, ch	eck here	▶ □	30a	
24	Other program services (attach schedule)	in includes foreign grants, or	OK HOIG	<u> </u>	30a	
31		nt includes foreign grants, ch	eck here	▶ □	31a	
32	Total program service expenses. (add lines 28a			•	32	36,662
	rt IV List of Officers, Directors, Trustees, a		one even if not compe	ensated (Sec		
		(b) Title and average hours per week	(c) Compensation	(d) Contrib employee ben	utions to	(e) Expense account and
	(a) Name and address	devoted to position	(If not paid, enter -0-)	deferred com		other allowances
CH/	ARLENE WELTY	Title PRES				
206	1 ARROYO VISTA WAY EL DORADO HILLS CA 9	Hr/WK 40 00				
BAF	RBARA PHILLIPS	Title TREAS				
340	O GOLD COUNTRY EL DORADO CA 95623	Hr/WK 5 00				
	HY ANDERSON	Title DIR				
	6 BOOT HILL ROAD PLACERVILLE CA 95667	Hr/WK 1 00		-		
	RRY MCBRIDE	Title DIR .				
	1 EVANWOOD SHINGLE SPRINGS CA 95682	Hr/WK 1 00				
	A COUPER 0 GRAZING HILL SHINGLE SPRINGS CA 95682	Title VP Hr/WK 2 00				
	RI MIZUHARA	Title SEC		 		
	1 THORSON DR PLACERVILLE CA 95667	Hr/WK 3 00				
	ET KENNEWEG	Title DIR		1		
	O CANNON CT DIAMOND SPRINGS CA 95619	Hr/WK 1 00				
	SMITH	Title DIR				
382	1 THORSON DR PLACERVILLE CA 95667	Hr/WK 1 00		ļ <u> </u>		
		Title				
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		Hr/WK		_		
		Title				

Hr/WK

Form 990-EZ

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Other Information (Note the statement requirements in the instructions for Part V) Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed 33 description of each activity Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of 34 Χ 34 the changes If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but 35 not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . 35a 35b b If "Yes," has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 36 during the year? If "Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.▶ 37a 37b **b** Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38a any such loans made in a prior year and still outstanding at the end of the period covered by this return? **b** If "Yes." complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter 39 39a a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under **b** Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e List the states with which a copy of this return is filed ► CA 41 42 a The organization's books are in care of ► BARBARA PHILLIPS Telephone no ▶ (530) 677-2476 ZIP + 4 ▶ 95623 Located at ► 3400 GOLD COUNTRY City EL DORADO ST CA **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial Yes No 42b account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

"Yes," Form 990 must be completed instead of Form 990-EZ

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Form 9	90-EZ (2009) PEOPLE F	FOR ANIMAL WEL	FARE IN EL DORADO	COUNTY			68-04	2684	Page
Part	VI Section 501(c)(3) or	rganizations and	d section 4947(a)(1)	nonexempt c	haritable	trusts o	only. All sec	ion	
•	501(c)(3) organizatio	ns and section 4	947(a)(1) nonexempt	charitable trus	sts must a	answer d	uestions 46	-49b	
_	and complete the tab	oles for lines 50 a	ind 51						
46	Did the organization engage	in direct or indirect	political campaign activ	ities on behalf	of or in opp	position t	0	Yes	No
	candidates for public office?	If "Yes," complete	Schedule C, Part I				. 4	6	X
47	Did the organization engage	in lobbying activities	es? If "Yes," complete S	chedule C, Par	t II		4	7	X
48	Is the organization a school a					Ε	4	8	X
49 a	Did the organization make an			•			49	a	X
b	If "Yes," was the related orga	•	•			•	. 49	b	X
50	Complete this table for the or		_	ployees (other	than office	rs, direct	ors, trustees a	nd key	
	employees) who each receive								
			(b) Tide and averag	c (c) Con	npensation		rbutions to	(e) Evpe	
	(a) Name and address of each emp than \$100,000	loyee paid more	hours per week devoted to position	,			enefit plans & ompensation	account a other allow	
	None Str		Title			deletted 0	Omponiquion .	<u> </u>	411003
City		ZIP	Hr/WK						
Name			Title						
City		ZIP	Hr/WK			}	1		
Name		211	Title					<u> </u>	
City		ZIP	Hr/WK						
Name			Title						
City		ZIP	Hr/WK						
Name			Title						
City	ST	ZIP	Hr/WK	1					
	\$100,000 of compensation fr	rom the organization	on If there is none, ente	r "None "					
	(a) Name and address of e	each independent contrac	tor paid more than \$100,000		(b) Typ	e of service	(c)	Compensa	ation
Name	None	Str							
City		ST	ZIP						
Name		Str							
C _i ty		ST	ZIP						
Name		Str							
City		ST	ZIP						
Name		Str							
City		ST	ZIP			-			
Name City		Str ST	ZIP						
	Total number of other indepe			0 000	>				
_	retar namber of ether maspe		odon rodoning over 4 re	5,555					
			ned this return, including accom						
	and belief, it is true, correct, a	nd complete Declaration	of preparer (other than officer) is based on all info	rmation of wh	ich prepare	r has any knowled	ge	
Sign	► Charles	re Ulli	9			412	46/2010	>	
Here	Signature of officer	Ann a				Date	•		
	CHARLENE WELT	Y JACOBY)	·		PRESID	ENT		
	Type or print name and tit	te /							
Paid	Preparer's	11177	1/1/2	Date	Check if self-	P	reparer's identifying	number (See	instruction
	1 acceptance T 187								
	signature V	MM (A		4/26/2010	employed I	<u> </u>	2-68-8164		
Use O	Firm's name (or yours	AVID B ZELINSK	Y ATTY AT AW INC DR STE X, PLACERVI		employed I	►	<u>52-68-8164</u> ► 91-17531	51	

May the IRS discuss this return with the preparer shown above? See instructions

► X Yes L

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Employer identification number

PEO	PLE	FOR ANIMAL	WELFARE IN	EL DORADO COUNT	Υ					68-0	462684		
Pa	rt I	Reason	for Public Ch	narity Status (All org	ganizatio	ns must	complete	e this pai	rt) See ı	nstructio	ns		
The	o <u>rga</u> r	nization is not	a private found	ation because it is (Fo	or lines 1	through 1	1, check	only one	box)				
1	\Box	A church, co	nvention of chu	rches, or association o	of churche	es describ	ed in sec	tion 170	(b)(1)(A)(i	i).			
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (At	ttach Sch	edule E)							
3		A hospital or	a cooperative h	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).				
4			search organiza	ation operated in conju	inction wi	th a hospi	ıtal descrı	bed in se	ection 170)(b)(1)(A)	(iii). Ent	er the	
5		An organizat	tion operated foi	r the benefit of a collect (Complete Part II)	ge or univ	ersity owr	ned or op	erated by	a govern	mental u	nıt descr	ıbed	
6				ernment or governme	ntal unit d	lescribed	ın sectio ı	n 170(b)(1)(A)(v).				
7		_		y receives a substanti (1)(A)(vi). (Complete I	•	its suppoi	rt from a (governme	ental unit o	or from th	e genera	al publ	С
8		A community	y trust described	in section 170(b)(1)((A)(vi) . (C	omplete l	Part II)						
9	X	receipts from support from	n activities relate i gross investme	y receives (1) more the doto its exempt function its exempt function in the control of the contr	ons—subj ted busine	ect to cer ess taxabl	tain exce le income	ptions, an (less sec	nd (2) no r ction 511	nore thar	33 1/3	% of it	
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
		a Type	1 b	Type II c	Type	e III–Fund	ctionally in	ntegrated		d [] 1	Γype III-	-Other	
е		By checking	this box, I certif	y that the organization	ıs not co	ntrolled d	rectly or	indirectly	by one or	more dis	squalified	t	
		•	er than foundation section 509(a)(2	on managers and othe 2)	er than on	e or more	publicly:	supported	d organiza	itions des	scribed ii	n sectio	on
f		organization	, check this box							e III supp	oorting		
g		following per	rsons?	the organization acce							ı		
				or indirectly controls,				persons	described	l in (II)		Yes	No
				verning body of the su		rganizatio	on ^o .	•			11g(i)		X
		• •	•	person described in (i)	•	· (u) abays	.2	•			11g(ii)		- <u>x</u>
h		• •		y of a person describe ation about the suppoi					•	•	11g(iii)		_^_
		e of supported anization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(IV) Is the o		(v) Did y the organ col (i)	ou notify nization in of your port?	organiza (i) organi	Is the tion in col ized in the S?		(vii) Amount of support	
				(See instructions))	Yes	No	Yes	No	Yes	No	1		
								ļ	ļ		 		
											<u> </u>		
											ļ		
									Ĭ T				

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PEOPLE FOR ANIMAL WELFARE IN EL DORADO COUNTY 68-0462684 Page 2 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (f) Total (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how

the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

	(Complete only if you checked the	ne box on line	9 of Part I)				
	tion A. Public Support	/-\ 2005	(h) 2000	(a) 2007 T	(4) 2000	(e) 2009	(f) Total
Cale	endar year (or fiscal year beginning in) 🕒	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(1) 10(a)
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	67,719	37,757	33,021	57,873	41,406	237,776
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose	3,527	112	1,439	1,566		6,644
3	Gross receipts from activities that are not an		-			ļ	
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's					1	
	benefit and either paid to or expended on						•
_	its behalf.				_		<u></u>
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	71 246	37,869	34,460	59,439	41,406	244,420
6	Total. Add lines 1 through 5	71,246	37,009	34,460	39,439	41,400	244,420
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						·
b	Amounts included on lines 2 and 3 received					1	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						0.4.4.00
	line 6.)		<u>.</u>				244,420
	tion B. Total Support		# \ 0000	() 0007	(1) 0000	(-) 0000	(D. T-4-1
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	71,246	37,869	34,460	59,439	41,406	244,420
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	81	112	106	134	173	606
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			ļ			
	acquired after June 30, 1975		110	400	404	470	606
-	Add lines 10a and 10b	81	112	106	134	173	606
11	Net income from unrelated business					1	
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,					*	
	and 12)	71,327	37,981	34,566	59,573	41,579	245,026
14	First five years. If the Form 990 is for the org			, fourth, or fifth	tax year as a	section 501(c)(3)
	organization, check this box and stop here	•					▶
Sec	tion C. Computation of Public Support	Percentage				···	
15	Public support percentage for 2009 (line 8, co		ed by line 13, co	olumn (f))		15	99 75%
16	Public support percentage from 2008 Schedu					16	99 79%
	tion D. Computation of Investment Inc						
17	Investment income percentage for 2009 (line			e 13, column (n)	17	0 25%
18	Investment income percentage from 2008 Sc			2	**	18	0 21%
	33 1/3% support tests-2009. If the organiza	ition did not che	eck the box on	line 14, and lin	ie 15 is more th	nan 33 1/3% an	
	not more than 33 1/3%, check this box and s	top here. The	organization or	ualifies as a pu	blicly supporte	d organization	. ▶ 🛛
b	33 1/3% support tests-2008. If the organization d						
_	line 18 is not more than 33 1/3%, check this box ai						▶ [
20	Private foundation. If the organization did no						▶ 🗍

Schedule A (Form	990 or 990-EZ) 2009	PEOPLE FOR	R ANIMAL WE	LFARE IN E	L DORADO CO	DUNTY	68-0462684	Page 4
Part IV		Information.	Complete this	s part to pro	ovide the expla	anations required	by Part II, line 10 See instructions),
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Part I, Line
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Part

	Foreign Country			•							
	Zip code	25667									
	State	8									
	City	PLACERVILLE									
3	Address	PLACERVILLE DR	•								
	Check (X) if grantee is a business		,								
aiti, tiile 10 (330-Lt) - Giains and Sillinal Ains	Grantee's name	EL DORADO COUNTY	,								
/ LIIIC 10 (000-LL)	Class of activity										
5		-	7	က	4	2	9	7	8	6	10

	Date received	6/1/2009
	Method used to determine FMV	
	Fair market	
	How book value determined	
	Book value	
	Purpose of payment to affiliate	ANIMAL SHELTER
	Description of the property	
	Relationship	
1,092	Amount of cash grant	1,092

Part I, Line 16 (990-EZ) - Other Expenses									
1 Travel		1							
2 Meals and entertainment	•	2							
3 Fundraising		3							
4 Amortization		4							
5 Conferences, conventions, and meetings		5							
6 Depreciation .		6	9,034						
7 Depletion		7							
8 Equipment rental and maintenance		8							
9 Interest		9							
10 Supplies		10	2,317						
11 Telephone		11	980						
12 Unrelated business income taxes		12							
13 DUES		13	150						
14 ADVERTISING		14	1,374						
15 BANK CHARGES		15	359						
16 INSURANCE		16	151						
17 SPAY NEUTER PROGRAM EXPENSE		17	8,949						
18 REPAIRS		18	89						
19		19							
20		20							
21		21							
22		22							
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26		 26							
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Part II, Line 24 (990-EZ) - Oth	8,890	1,274		
	Description		Beginning	End
1 ACCOUNTS RECEIVABLE			7,954	
2 INVENTORY 3		-	936	1,274
4			†	
5		-		
<u>6</u>			- +	
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9				
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