

**Short Form  
Return of Organization Exempt From Income Tax**

**2012**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2012 calendar year, or tax year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b></p> <p><b>TEACHING EVERYONE ANIMALS MATTER</b>                  3839 BRADSHAW ROAD                  SACRAMENTO, CA 95827</p>	<p><b>D</b> Employer identification number 91-1825374</p> <p><b>E</b> Telephone number (916) 361-2800</p> <p><b>F</b> Group Exemption Number..... ▶</p>
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ WWW.SACANIMALSHELTER.ORG

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)( ) ◀(insert no.)  4947(a)(1) or  527

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ **109,366.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I.....

	<b>1</b> Contributions, gifts, grants, and similar amounts received.....		46,607.
	<b>2</b> Program service revenue including government fees and contracts.....		
	<b>3</b> Membership dues and assessments.....		
	<b>4</b> Investment income.....		494.
	<b>5a</b> Gross amount from sale of assets other than inventory.....	5a	
	<b>b</b> Less: cost or other basis and sales expenses.....	5b	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000).....	6a	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	6b	40,791.
	<b>c</b> Less: direct expenses from gaming and fundraising events.....	6c	17,687.
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6d	23,104.
	<b>7a</b> Gross sales of inventory, less returns and allowances.....	7a	21,474.
	<b>b</b> Less: cost of goods sold.....	7b	3,473.
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c	18,001.
	<b>8</b> Other revenue (describe in Schedule O).....	8	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶	9	88,206.
	<b>10</b> Grants and similar amounts paid (list in Schedule O).....	10	
	<b>11</b> Benefits paid to or for members.....	11	
	<b>12</b> Salaries, other compensation, and employee benefits.....	12	275.
	<b>13</b> Professional fees and other payments to independent contractors.....	13	2,611.
	<b>14</b> Occupancy, rent, utilities, and maintenance.....	14	
	<b>15</b> Printing, publications, postage, and shipping.....	15	
	<b>16</b> Other expenses (describe in Schedule O)..... SEE SCHEDULE O.....	16	64,220.
	<b>17 Total expenses.</b> Add lines 10 through 16..... ▶	17	67,106.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	21,100.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19	89,344.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)..... SEE SCHEDULE O.....	20	-2,569.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21	107,875.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

**Part II Balance Sheets.** (see the instructions for Part II.)    
 Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	84,874.	93,499.
23 Land and buildings		
24 Other assets (describe in Schedule O) <u>SEE SCHEDULE O</u>	8,034.	14,996.
25 Total assets	92,908.	108,495.
26 Total liabilities (describe in Schedule O) <u>SEE SCHEDULE O</u>	3,564.	620.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	89,344.	107,875.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)    
 Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? <u>SEE SCHEDULE O</u>		Expenses	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
28	<u>SPAY/NEUTER. SPONSOR PUBLIC SPAY/NEUTER CLINICS AND SPAY DAY AND PROVIDE FUNDING FOR FERAL CAT SPAY/NEUTERS.</u>		
	(Grants \$ <u>820.</u> ) If this amount includes foreign grants, check here. <input type="checkbox"/>	28 a	2,997.
29			
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	29 a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	2,997.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)    
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>DAN BAXTER</u> CHAIR	1	0.	0.	0.
<u>PAT WILCOX</u> VICE CHAIR	1	0.	0.	0.
<u>MELANIE SPARKS</u> SECRETARY	1	0.	0.	0.
<u>JOLENE FRASER</u> TREASURER	1	0.	0.	0.
<u>DONNA CICOGNI</u> BOARD MEMBER	1	0.	0.	0.
<u>DAVE DICKINSON</u> BOARD MEMBER	1	0.	0.	0.
<u>CAROL GAGE</u> BOARD MEMBER	1	0.	0.	0.
<u>JOAN GIBSON-REID</u> BOARD MEMBER	1	0.	0.	0.
<u>ELKE GUENTER</u> BOARD MEMBER	1	0.	0.	0.
<u>MARTHA A. KLEIN, DVM</u> BOARD MEMBER	1	0.	0.	0.
<u>VICKI MATTOCKS</u> BOARD MEMBER	1	0.	0.	0.
<u>EILEEN MILLER</u> BOARD MEMBER	1	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. [X]

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organizing or governing documents? 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? 35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9. 39b Gross receipts, included on line 9, for public use of club facilities. 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, and section 4955. 40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? 40c 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. 40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 41 List the states with which a copy of this return is filed CA

42a The organization's books are in care of JOLENE FRASER Telephone no. (916) 361-2800 Located at 3839 BRADSHAW ROAD SACRAMENTO CA ZIP + 4 95827

42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

44a Did the organization maintain any donor advised funds during the year? 44b Did the organization operate one or more hospital facilities during the year? 44c Did the organization receive any payments for indoor tanning services during the year? 44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No  
46 X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No  
47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X

b If 'Yes,' was the related organization a section 527 organization? 49b

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000. ▶

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

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

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date
	Type or print name and title.		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	DAVID R. CHAVEZ, CPA		11/14/13
	Firm's name ▶	CHAVEZ, KIRSTIEN AND COMPANY	
	Firm's address ▶	601 UNIVERSITY AVE STE 288 SACRAMENTO, CA 95825	
	Check <input type="checkbox"/> if self-employed	PTIN	
		P01059448	
	Firm's EIN ▶	26-4819675	
	Phone no.	(916) 273-4808	

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

TEACHING EVERYONE ANIMALS MATTER

91-1825374

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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 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 I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. \_\_\_\_\_
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11 g (i)	
(ii) A family member of a person described in (i) above? .....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') .....	79,904.	53,503.	58,151.	56,238.	46,607.	294,403.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...		315.	3,784.	3,784.		7,883.
4 <b>Total.</b> Add lines 1 through 3. ...	79,904.	53,818.	61,935.	60,022.	46,607.	302,286.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..						0.
6 <b>Public support.</b> Subtract line 5 from line 4. ....						302,286.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4. ....	79,904.	53,818.	61,935.	60,022.	46,607.	302,286.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. ....	287.	508.	302.	79.	67.	1,243.
9 Net income from unrelated business activities, whether or not the business is regularly carried on. ....						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV. ....			323.	207.		530.
11 <b>Total support.</b> Add lines 7 through 10. ....						304,059.
12 Gross receipts from related activities, etc (see instructions) .....					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). ....	14	99.42 %
15 Public support percentage from 2011 Schedule A, Part II, line 14. ....	15	0.00 %
16a <b>33-1/3% support test – 2012.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ....	<input checked="" type="checkbox"/>	
b <b>33-1/3% support test – 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ....	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ....	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test – 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ...	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
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 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business 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 lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.





2012

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT T02190

TEACHING EVERYONE ANIMALS MATTER

91-1825374

11/14/13

03:23PM

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>
TOTAL	<u>\$ 0.</u>	<u>\$ 207.</u>	<u>\$ 323.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

TEACHING EVERYONE ANIMALS MATTER

Employer identification number

91-1825374

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total .....						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	WHISKERS & WIN (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
1	Gross receipts.....	40,791.		40,791.
2	Less: Charitable contributions .....			
3	Gross income (line 1 minus line 2).....	40,791.		40,791.
DIRECT EXPENSES	4	Cash prizes .....		
	5	Noncash prizes.....	1,790.	1,790.
	6	Rent/facility costs.....	4,187.	4,187.
	7	Food and beverages.....	3,296.	3,296.
	8	Entertainment.....	800.	800.
	9	Other direct expenses.....	7,614.	7,614.
10	Direct expense summary. Add lines 4 through 9 in column (d).....			17,687.
11	Net income summary. Combine line 3, column (d), and line 10.....			23,104.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(add column (a) through column (c))			
1	Gross revenue.....			
DIRECT EXPENSES	2	Cash prizes .....		
	3	Non-cash prizes .....		
	4	Rent/facility costs.....		
	5	Other direct expenses.....		
	6	Volunteer labor.....	Yes _____ % No	Yes _____ % No
7	Direct expense summary. Add lines 2 through 5 in column (d).....			
8	Net gaming income summary. Combine lines 1, column (d) and line 7.....			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?.....  Yes  No  
 b If 'No,' explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....  Yes  No  
 b If 'Yes,' explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----
- c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2012**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

TEACHING EVERYONE ANIMALS MATTER

91-1825374

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

TEAM IS THE NON-PROFIT AFFILIATE OF THE SACRAMENTO COUNTY DEPARTMENT OF ANIMAL  
CARE AND REGULATION. WE WORK WITH VOLUNTEERS AND SHELTER STAFF TO HELP THE SHELTER  
ANIMALS IN OUR COMMUNITY.

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

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TEACHING EVERYONE ANIMALS MATTER

91-1825374

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

ADVERTISING AND PROMOTION.....	\$	1,240.
FUR PROGRAM EXPENSE.....		2,790.
INSURANCE.....		2,599.
INTEREST.....		93.
LAPCATS.....		22,057.
LICENSES AND PERMITS.....		50.
MEALS FOR VOLUNTEERS.....		269.
MISCELLANEOUS.....		18.
OFFICE EXPENSES.....		6,348.
SACCO ANIMAL CARE & REG.....		20,280.
SERVICE FEE.....		1,244.
SPAY CLINIC EXPENSE.....		2,997.
SPAY DAY SPONSORSHIP.....		3,000.
VOLUNTEERS EXPENSE.....		475.
WEB SITE EXPENSE.....		760.
TOTAL	\$	<u>64,220.</u>

FORM 990-EZ, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TOTAL	\$	-2,569.
TOTAL	\$	<u>-2,569.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
TOTAL	\$ 8,034.	\$ 14,996.
TOTAL	\$ <u>8,034.</u>	\$ <u>14,996.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
TOTAL	\$ 3,564.	\$ 620.
TOTAL	\$ <u>3,564.</u>	\$ <u>620.</u>

California Exempt Organization Annual Information Return

Calendar Year 2012 or fiscal year beginning month day year, and ending month day year. Corporation/Organization Name: TEACHING EVERYONE ANIMALS MATTER. Address: 3839 BRADSHAW ROAD, SACRAMENTO, CA 95827. FEIN: 2106307. California corporation number: 91-1825374.

A First Return [ ] Yes [X] No. B Amended Return [ ] Yes [X] No. C IRC Section 4947(a)(1) trust [ ] Yes [X] No. D Final Return [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized. E Check accounting method: 1 [X] Cash 2 [ ] Accrual 3 [ ] Other. F Federal return filed? 1 [ ] 990T 2 [ ] 990 (PF) 3 [ ] Sch H (990). G Is this a group filing for the subordinates/affiliates? [ ] Yes [X] No. H Is this organization in a group exemption? [ ] Yes [X] No. I Did the organization have any changes in its activities... [ ] Yes [X] No. J If exempt under R&TC Section 23701d, has the organization during the year... [ ] Yes [X] No. K Is the organization exempt under R&TC Section 23701g? [ ] Yes [X] No. L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable... [X]. M Is the organization a Limited Liability Company? [ ] Yes [X] No. N Did the organization file Form 100 or Form 109 to report taxable income? [ ] Yes [X] No. O Is the organization under audit by the IRS or has the IRS audited in a prior year? [ ] Yes [X] No.

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-15). Total gross receipts: 109,366. Total gross income: 105,893. Total expenses: 84,793. Excess of receipts over expenses: 21,100.

Sign Here: Signature of officer, Title, Date, Telephone (916) 361-2800. Paid Preparer's Use Only: Preparer's signature, Date (11/14/13), Check if self-employed [ ], Firm's name (CHAVEZ, KIRSTIEN AND COMPANY), Address (601 UNIVERSITY AVE STE 288, SACRAMENTO, CA 95825), PTIN (P01059448), FEIN (26-4819675), Telephone (916) 273-4808. May the FTB discuss this return with the preparer shown above? [X] Yes [ ] No.

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

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	1	21,474.
	2	Interest	2	67.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	
	7	Other income. Attach schedule	7	41,218.
<b>Expenses and Disbursements</b>	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	62,759.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	0.
	12	Other salaries and wages	12	
	13	Interest	13	93.
	14	Taxes	14	275.
	15	Rents	15	
	16	Depreciation and depletion (See instructions)	16	
	17	Other Expenses and Disbursements. Attach schedule	17	84,425.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	84,793.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		84,874.		93,499.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments Attach schedule				
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule STM. 4		8,034.		14,996.
13	Total assets		92,908.		108,495.
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule STM. 5		3,564.		620.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		89,344.		107,875.
22	Total liabilities and net worth		92,908.		108,495.

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	21,100.	7	Income recorded on books this year not included in this return. Attach sch	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	21,100.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	21,100.			



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

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY  
**Schedule of Contributors**

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

OMB No. 1545-0047

**2012**

Name of the organization

TEACHING EVERYONE ANIMALS MATTER

Employer identification number

91-1825374

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,** Schedule B (Form 990, 990-EZ, or 990-PF) (2012) **or 990-PF.**

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TEACHING EVERYONE ANIMALS MATTER

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STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME

INCOME FROM SPECIAL EVENTS.....	\$	40,791.
OTHER INVESTMENT INCOME.....		427.
TOTAL	\$	<u>41,218.</u>

STATEMENT 2  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAN BAXTER 3839 BRADSHAW RD. SACRAMENTO, CA 95827	CHAIR 1.00	\$ 0.	\$ 0.	\$ 0.
PAT WILCOX 3839 BRADSHAW RD. SACRAMENTO, CA 95827	VICE CHAIR 1.00	0.	0.	0.
MELANIE SPARKS 3839 BRADSHAW RD SACRAMENTO, CA 95827	SECRETARY 1.00	0.	0.	0.
JOLENE FRASER 3839 BRADSHAW RD SACRAMENTO, CA 95827	TREASURER 1.00	0.	0.	0.
DONNA CICOGNI 3839 BRADSHAW RD SACRAMENTO, CA 95827	BOARD MEMBER 1.00	0.	0.	0.
DAVE DICKINSON 3839 BRADSHAW RD SACRAMENTO, CA 95827	BOARD MEMBER 1.00	0.	0.	0.
CAROL GAGE 3839 BRADSHAW RD SACRAMENTO, CA 95827	BOARD MEMBER 1.00	0.	0.	0.
JOAN GIBSON-REID 3839 BRADSHAW RD SACRAMENTO, CA 95827	BOARD MEMBER 1.00	0.	0.	0.
ELKE GUENTER 3839 BRADSHAW RD SACRAMENTO, CA 95827	BOARD MEMBER 1.00	0.	0.	0.

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TEACHING EVERYONE ANIMALS MATTER

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**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARTHA A. KLEIN, DVM 3839 BRADSHAW RD SACRAMENTO, CA 95827	BOARD MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
VICKI MATTOCKS 3839 BRADSHAW RD SACRAMENTO, CA 95827	BOARD MEMBER 1.00	0.	0.	0.
EILEEN MILLER 3839 BRADSHAW RD SACRAMENTO, CA 95827	BOARD MEMBER 1.00	0.	0.	0.
<b>TOTAL</b>		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$ 2,611.
ADVERTISING AND PROMOTION.....	1,240.
FUR PROGRAM EXPENSE.....	2,790.
INSURANCE.....	2,599.
LAPCATS.....	22,057.
LICENSES AND PERMITS.....	50.
MEALS FOR VOLUNTEERS.....	269.
MISCELLANEOUS.....	18.
OFFICE EXPENSES.....	6,348.
SACCO ANIMAL CARE & REG.....	20,280.
SERVICE FEE.....	1,244.
SPAY CLINIC EXPENSE.....	2,997.
SPAY DAY SPONSORSHIP.....	3,000.
SPECIAL EVENT EXPENSES.....	17,687.
VOLUNTEERS EXPENSE.....	475.
WEB SITE EXPENSE.....	760.
<b>TOTAL</b>	<u>\$ 84,425.</u>

**STATEMENT 4**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

.....	14,996.
<b>TOTAL</b>	<u>\$ 14,996.</u>

2012

CALIFORNIA STATEMENTS

PAGE 3

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TEACHING EVERYONE ANIMALS MATTER

91-1825374

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STATEMENT 5  
FORM 199, SCHEDULE L, LINE 18  
OTHER LIABILITIES

.....  
TOTAL \$ 620.  
620.

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

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



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

State Charity Registration Number <u>25832005</u>  <b>TEACHING EVERYONE ANIMALS MATTER</b> <small>Name of Organization</small> <u>3839 BRADSHAW ROAD</u> <small>Address (Number and Street)</small> <u>SACRAMENTO, CA 95827</u> <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>2106307</u>  Federal Employer ID No. <u>91-1825374</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/12 ending 12/31/12) list:  
 Gross annual revenue \$ 88,206. Total assets \$ 108,495.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number (916) 361-2800  
 Organization's e-mail address \_\_\_\_\_

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer _____	Printed Name _____	Title _____	Date _____
---------------------------------------	--------------------	-------------	------------