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

2009

**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 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 7/01, **2009, and ending** 6/30, **2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C PAWS FOR LOVE FOUNDATION POST OFFICE BOX 9004 SANTA ROSA, CA 95405	D Employer identification number 26-0279049
		E Telephone number (707) 537-7873
		F Group Exemption Number
		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ▶ WWW.PAWSFORLOVE.INFO

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

K Check 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 41,653.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	4,520.
2	Program service revenue including government fees and contracts	2	3,361.
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract in 5b from In 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	31,401.
b	Less direct expenses other than fundraising expenses	6b	12,680.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	18,721.
7a	Gross sales of inventory, less returns and allowances	7a	2,371.
b	Less cost of goods sold	7b	2,823.
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-452.
8	Other revenue (describe ▶)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	26,150.
10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10	19,952.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	350.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	5,754.
16	Other expenses (describe ▶ SEE STATEMENT 2)	16	8,455.
17	Total expenses. Add lines 10 through 16	17	34,511.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,361.
19	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	34,557.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	26,196.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

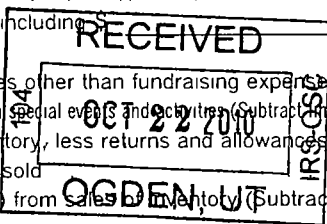
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	34,573.	22 26,196.
23 Land and buildings		23
24 Other assets (describe ▶)		24
25 Total assets	34,573.	25 26,196.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	16.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,557.	27 26,196.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED NOV 10 2010



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Part V Other Information (Note the statement requirements in the instrs for Part V.) **SEE STATEMENT 4**

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a 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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
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		X
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 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X
41 List the states with which a copy of this return is filed ▶ CA		

42a The organization's books are in care of ▶ ~~DONNA THIBIDEAU~~ Susan H. Gleason Telephone no ▶ (707) 538-7966
 Located at ▶ POST OFFICE BOX 9004 SANTA ROSA CA ZIP + 4 ▶ 95405

	Yes	No
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 account)? If 'Yes,' enter the name of the foreign country ▶		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶		X

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

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44		X
45 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 45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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 ▶ _____

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

Sign Here

Signature of officer: *Susan H. Gleason* Date: *10/7/10*

Type or print name and title: *SUSAN H. GLEASON Treasurer*

Paid Preparer's Use Only

Preparer's signature: *SUSAN E. GORANSON* Date: *10/5/2010*

Firm's name (or yours if self employed), address, and ZIP + 4: *SUSAN E. GORANSON, CPA
446 BEAVER STREET
SANTA ROSA, CA 95404*

Check if self employed: Preparer's Identifying Number (See instructions): *P00049464*

EIN: *68-0448517*

Phone no: *(707) 542-1256*

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)			7,888.	12,167.	12,184.	32,239.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	0.	0.	7,888.	12,167.	12,184.	32,239.
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 Public support. Subtract line 5 from line 4						32,239.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0.	0.	7,888.	12,167.	12,184.	32,239.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
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.)						0.
11 Total support. Add lines 7 through 10						32,239.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33-1/3 support test – 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.

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

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. 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 – 2008. If the organization did not check a box on line 14 or 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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	EVENT (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	31,401.		31,401.
2	Less Charitable contributions			
3	Gross income (line 1 minus line 2)	31,401.		31,401.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs	2,917.	2,917.
	7	Food and beverages		
	8	Entertainment		
	9	Other direct expenses	9,763.	
10	Direct expense summary Add lines 4- through 9 in column (d)			12,680.
11	Net income summary Combine lines 3, column (d) and line 10			18,721.

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 col. (a) through col. (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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			

	YES	NO
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? b If 'No,' explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

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?

15a

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?

17a

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 ▶ \$ _____

PAWS FOR LOVE FOUNDATION

26-0279049

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	FAIRE		
DONEE'S ADDRESS:	POST OFFICE BOX 2001 ROHNERT PARK, CA 94927		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	FORGOTTEN FELINES		
DONEE'S ADDRESS:	POST OFFICE BOX 6672 SANTA ROSA, CA 95406		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	FELINE RESCUE OF NO CA		
DONEE'S ADDRESS:	POST OFFICE BOX 215 CLOVERDALE, CA 95425		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	3,500.
CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	ALL ABOARD RESCUE		
DONEE'S ADDRESS:	POST OFFICE BOX 7486 SANTA ROSA, CA 95407		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	HEALDSBURG ANIMAL SHELTER		
DONEE'S ADDRESS:	POST OFFICE BOX 42 HEALDSBURG, CA 95448		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	VALERIE FAUSONE/PIT PUPPIES		
DONEE'S ADDRESS:	1933 MATSON RANCH CIRCLE PETALUMA, CA 94954		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	2,000.
CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	VCA FORESTVILLE		
DONEE'S ADDRESS:	5033 GRAVENSTEIN HWY NO SEBASTOPOL, CA 95472		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	287.

PAWS FOR LOVE FOUNDATION

26-0279049

STATEMENT 1 (CONTINUED)
 FORM 990-EZ, PART I, LINE 10
 GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	GEVA (EQUINE RESCUE)		
DONEE'S ADDRESS:	PO BOX 2101 GLEN ELLEN, CA 95442		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	5,000.
CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	HERZ PET HOSPITAL		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	450.
CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	REUNION RESCUE		
DONEE'S ADDRESS:	2712 LONG BOW TRAIL AUSTIN, TX 78734		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	869.
CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	BONNIE BRAE KENNEL		
DONEE'S ADDRESS:	3608 ELY RD S PETALUMA, CA 94954		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	497.
CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	PETALUMA ANIMAL SHELTER		
DONEE'S ADDRESS:	840 HOPPER ST PETALUMA, CA 94952		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,200.
CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	KING'S KASTLE/GOLDEN RESCUE		
DONEE'S ADDRESS:	1215 S CLOVERDALE BLVD CLOVERDALE, CA 95425		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	500.
CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	ALL ABOARD ANIMAL RESCUE		
DONEE'S ADDRESS:	PO BOX 7486 SANTA ROSA, CA 95407		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,500.
CLASS OF ACTIVITY:	PROGRAM		
DONEE'S NAME:	THADDEUS PALMESE		
DONEE'S ADDRESS:	1425 WEST STEELE LN SANTA ROSA, CA 95403		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	149.

PAWS FOR LOVE FOUNDATION

26-0279049

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CREDIT CARD FEES	\$	1,219.
FILING FEES		145.
MISCELLANEOUS		471.
OFFICE EXPENSES		55.
STORAGE		2,782.
SUPPLIES		1,765.
WEBSITE		2,018.
TOTAL	\$	<u>8,455.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 16.	\$ 0.
TOTAL	<u>\$ 16.</u>	<u>\$ 0.</u>

STATEMENT 4
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