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**Return of Organization Exempt From Income Tax**

**2010**

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

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 2010 calendar year, or tax year beginning , 2010, and ending , 20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> VOICE FOR THE ANIMALS		<b>D Employer identification number</b> 95-4754776
	<b>Doing Business As</b>		<b>E Telephone number</b> (310) 392-5153
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
	2633 LINCOLN BOULEVARD	202	<b>G Gross receipts \$</b> 179,612.
City or town, state or country, and ZIP + 4 SANTA MONICA, CA 90405		<b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>F Name and address of principal officer</b> MELYA KAPLAN 2633 LINCOLN BLVD, #202 SANTA MONICA, CA 90405		<b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶	
<b>J Website:</b> WWW.VETAFOUNDATION.ORG		<b>L Year of formation</b> 1999 <b>M State of legal domicile</b> CA	
<b>K Form of organization</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ FOUNDATION			

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities _____ _____ _____		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	2
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	2
	<b>6</b>	Total number of volunteers (estimate if necessary)	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: 165,854. Current Year: 179,612.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0. 0.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 0.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	165,854. 179,612.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b>	Salaries, other compensation, and employee benefits (Part IX, column (A), lines 5-10)	20,103. 15,181.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 12) ▶	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a and 11f-24f)	156,181. 177,882.
	<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	176,284. 193,063.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-10,430. -13,451.	
<b>Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year: 2,443. End of Year: 0.
	<b>21</b>	Total liabilities (Part X, line 26)	3,868. 14,875.
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	-1,425. -14,875.

<b>Part II Signature Block</b>			
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>	<input checked="" type="checkbox"/> <i>Melya Kaplan</i> Signature of officer	<input checked="" type="checkbox"/> 1/20/12 Date	
	<input checked="" type="checkbox"/> Melya Kaplan Executive Director Type or print name and title		
<b>Preparer Use Only</b>	Print/Type preparer's name LIONEL C CASTILLO	Preparer's signature <i>Lionel C Castillo</i>	Date 1/18/12
	Check if self-employed <input type="checkbox"/> PTIN P00239429		
	Firm's name ▶ CASTILLO & WEST ACCOUNTANCY CORP		Firm's EIN ▶ 56-2433686
Firm's address ▶ 2444 WILSHIRE BLVD., #504 SANTA MONICA, CA 90403		Phone no 310 453-4965	
May the IRS discuss this return with the preparer shown above? (see instructions)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

9 17 10

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:  
'DEVOTED TO CREATING RESPECT AND EMPATHY FOR ANIMALS THROUGH  
EDUCATION, RESCUE, LEGISLATION, AND ADVOCACY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code: ) (Expenses \$ 156,557. including grants of \$ ) (Revenue \$ 158,338. )  
RESCUE AND ADOPTION-PROVIDE MEDICAL CARE AND BOARD OF  
ELDERLY CATS AND DOGS UNTIL A NEW HOME IS FOUND, OR PLACED  
IN SHORT TERM FOSTER HOMES UNTIL A NEW PERMANENT HOME IS  
FOUND

**4b** (Code: ) (Expenses \$ 15,946. including grants of \$ ) (Revenue \$ 16,278. )  
HELPING FRIENDS-PROVIDES MEDICAL CARE, PET FOOD AND  
TRANSPORTATION TO THE VET FOR ELDERLY, CRITICALLY ILL,  
HANDICAPPED AND LOW-INCOME PEOPLE WHO LOVE THEIR COMPANION  
ANIMALS BUT CANNOT AFFORD THE COSTS

**4c** (Code: ) (Expenses \$ 3,981. including grants of \$ ) (Revenue \$ 4,996. )  
EDUCATION-SPEAKERS AND LITERATURE FOR SCHOOLS IN THE LOS ANGELES  
AREA. THE SPEAKERS DISCUSS WILLS AND DOMESTIC ANIMAL ISSUES,  
ALLOWING STUDENTS TO UNDERSTAND THE IMPORTANCE OF BEING  
COMPASSIONATE TO ANIMALS

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 176,484.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. [ ]

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, foreign accounts, tax shelter transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MELYA KAPLAN 2633 LINCOLN BLVD, #202 SANTA MONICA, CA 90405 310-392-5153

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII.

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELYA KAPLAN TRUSTEE	50.00	X					6,000.	0.	0.	
(2) PAULA SOLOMON TRUSTEE	5.00	X					0.	0.	0.	
(3) BETTY DENNY SMITH TRUSTEE	5.00	X					0.	0.	0.	
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
<b>1b Sub-total</b> .....							6,000.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							6,000.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	179,612.		
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> Total. Add lines 1a-1f . . . . .		179,612.		
<b>Program Service Revenue</b>	<b>Business Code</b>				
	<b>2a</b> _____				
	<b>b</b> _____				
	<b>c</b> _____				
	<b>d</b> _____				
	<b>e</b> _____				
	<b>f</b> All other program service revenue . . . . .				
	<b>g</b> Total. Add lines 2a-2f . . . . .		0.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		0.		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0.		
	<b>5</b> Royalties . . . . .		0.		
		(i) Real	(ii) Personal		
	<b>6a</b> Gross Rents . . . . .				
	<b>b</b> Less: rental expenses . . . . .				
	<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . .		0.		
		(i) Securities	(ii) Other		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .				
	<b>b</b> Less cost or other basis and sales expenses . . . . .				
	<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . .		0.		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>			
	<b>c</b> Net income or (loss) from fundraising events . . . . .		0.		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from gaming activities . . . . .		0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e</b> Total. Add lines 11a-11d . . . . .		0.			
<b>12</b> Total revenue. See instructions . . . . .		179,612.			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4	Benefits paid to or for members . . . . .	0.			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	6,000.	3,000.	3,000.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7	Other salaries and wages . . . . .	7,800.	7,800.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0.			
9	Other employee benefits . . . . .	0.			
10	Payroll taxes . . . . .	1,381.	1,381.		
11	Fees for services (non-employees)				
a	Management . . . . .	0.			
b	Legal . . . . .	1,100.	550.	550.	
c	Accounting . . . . .	2,285.	1,140.	1,145.	
d	Lobbying . . . . .	0.			
e	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees . . . . .	0.			
g	Other . . . . .	0.			
12	Advertising and promotion . . . . .	0.			
13	Office expenses . . . . .	4,325.	2,162.	2,163.	
14	Information technology . . . . .	800.	400.	400.	
15	Royalties . . . . .	0.			
16	Occupancy . . . . .	14,004.	11,203.	2,801.	
17	Travel . . . . .	0.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings . . . . .	0.			
20	Interest . . . . .	0.			
21	Payments to affiliates . . . . .	0.			
22	Depreciation, depletion, and amortization . . . . .	0.			
23	Insurance . . . . .	1,619.	1,295.	324.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	ANIMAL CARE, BOARDING, VET S	10,651.	10,651.		
b	DUES AND REGISTRATION FEES	478.		478.	
c	TRANSPORTATION	5,347.	4,278.	1,069.	
d	BANK CHARGES AND SERVICE FEE	3,505.		3,505.	
e	ANIMAL RESCUE	123,544.	123,544.		
f	All other expenses	10,224.	9,080.	1,144.	
25	<b>Total functional expenses.</b> Add lines 1 through 24f	193,063.	176,484.	16,579.	
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	2,443.	0.
	<b>2</b> Savings and temporary cash investments . . . . .		
	<b>3</b> Pledges and grants receivable, net . . . . .		
	<b>4</b> Accounts receivable, net . . . . .		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		
	<b>7</b> Notes and loans receivable, net . . . . .		
	<b>8</b> Inventories for sale or use . . . . .		
	<b>9</b> Prepaid expenses and deferred charges . . . . .		
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D <b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . . <b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities . . . . .		
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		
	<b>14</b> Intangible assets . . . . .		
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,443.	0.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	368.	14,875.
	<b>18</b> Grants payable . . . . .		
	<b>19</b> Deferred revenue . . . . .		
	<b>20</b> Tax-exempt bond liabilities . . . . .		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	3,500.	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,868.	14,875.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	-1,425.	-14,875.
	<b>28</b> Temporarily restricted net assets . . . . .		
	<b>29</b> Permanently restricted net assets . . . . .		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		
<b>33</b> Total net assets or fund balances . . . . .	-1,425.	-14,875.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,443.	0.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.  X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	179,612.
2	Total expenses (must equal Part IX, column (A), line 25)	2	193,063.
3	Revenue less expenses Subtract line 2 from line 1	3	-13,451.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,425.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-14,875.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**VOICE FOR THE ANIMALS**

Employer identification number  
**95-4754776**

**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 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 I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- 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 it 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?  
  - (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? 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....
- 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 col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

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 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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 100.00%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 100.00%; 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2009. 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 - 2010. 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; 17b 10%-facts-and-circumstances test - 2009. 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 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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 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

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2009 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2010. 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 - 2009. 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.

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

VOICE FOR THE ANIMALS

Employer identification number

95-4754776

RE: FORM 990, PART VI, SECTION B, LINE 11B)

ORGANIZATIONS BOOKS ARE REVIEWED AND ADJUSTED BY A CERTIFIED PUBLIC

ACCOUNTANT WHO PREPARES FORM 990 AND SUBMITS A COPY TO BOARD OF DIRECTORS

BEFORE FINALIZING AND FILING RETURNS.

RE: FORM 990, PART VI, SECTION C, LINE 19

ALL FORMS, DOCUMENTS AND POLICIES AVAILABLE FROM ORGANIZATION UPON

WRITTEN OR VERBAL REQUEST.

RE: FORM 990, PART XI, LINE 5

ROUNDING UP: \$1.

RE: AMENDED RETURN

2010 990 RETURN BEING AMENDED TO CORRECT \$15,810 IN ANIMAL RESCUE AND

ADOPTION EXPENSES THAT WERE INCORRECTLY LISTED AS A GRANT TO ELEPHANTS IN

CRISIS FOUNDATION, A 501(C)(3) ORGANIZATION ON THE ORIGINAL 2010 990

FILING.