

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form  
Return of Organization Exempt From Income Tax  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- ▶ 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.

OMB No. 1545-1150

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

B Check if applicable:

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C Name of organization

BARK AVENUE FOUNDATION

Number & street (or P.O. box, if mail is not delivered to street addr.)

3940 Laurel Canyon Blvd

Room/  
suite  
1506

City or town, state or country, and ZIP + 4

Studio City CA 91604

D Employer identification number  
20-1329182

E Telephone number  
(323) 788-8448

F Group Exemption  
Number. . . ▶

G Accounting Method:

☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ www.barkavenuefoundation.org

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

H Check ☐ if 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 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. . . ▶ \$ 98,521

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. ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	98,521
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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 exceed \$15,000).	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	98,521	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	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	9,889
	14	Occupancy, rent, utilities, and maintenance	14	500
	15	Printing, publications, postage, and shipping	15	411
	16	Other expenses (describe in Schedule O)	16	69,147
17	Total expenses. Add lines 10 through 16	17	79,947	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,574
	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	-1,461
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	17,113

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

22	Cash, savings, and investments	(A) Beginning of year	(B) End of year
23	Land and buildings	-154	22 18,790
24	Other assets (describe in Schedule O)		23
25	<b>Total assets</b>		24
26	<b>Total liabilities</b> (describe in Schedule O)	-154	25 18,790
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	1,307	26 1,677
		-1,461	27 17,113

**Part III Statement of Program Service Accomplishments** (see the instructions)

**Part III** **Statement of Program Service Accomplishments** (see the instructions for Part III.)  
Check if the organization used Schedule O to respond to questions 1 through 5: ☐

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

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? See attachment #1

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

28 See attachment #2

29	(Grants \$ 16,500 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	63,029
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
31	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> Other program services (describe in Schedule O)	30a	
32	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> <b>Total program service expenses</b> (add lines 28a through 31a)	31a	
<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b>		32	63,029

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.**  
Check if the organization used Schedule O: ☐

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

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
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		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		X
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		X
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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b 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 ▶ ; section 4955 ▶		
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 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? If "Yes," complete Schedule L, Part I		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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. ▶ CA		
42a The organization's books are in care of ▶ See attachment #4 Telephone no. ▶ ZIP + 4 ▶		
Located at ▶		
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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	Yes	No
If "Yes," enter the name of the foreign country: ▶	42c	X
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. ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
c Did the organization receive any payments for indoor tanning services during the year?	44b	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c	X
	44d	X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	45a	X
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	46	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 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 ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	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	X

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 & 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. . . . . ▶

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.

Sign Here	Signature of officer	Date
	Melanie Pozez	President
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ H and R BLOCK PREMIUM TAX SERVICES			Firm's EIN ▶	
	Firm's address ▶ 6240 LAUREL CANYON BLVD 100 N HOLLYWOOD CA 91606			Phone no. 818-760-7801	

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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	48,964	63,419	61,561	200,979	98,521	473,444
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3. ....	48,964	63,419	61,561	200,979	98,521	473,444
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) .....						
6 <b>Public support.</b> Subtract line 5 from line 4. ....						473,444

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	48,964	63,419	61,561	200,979	98,521	473,444
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, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10 .....						473,444
12 Gross receipts from related activities, etc. (see instructions) .....					12	
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> .....						

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	100.00	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	100.00	%
16a <b>33 1/3 % support test -- 2010.</b> If the organization did not check the box on line 13, and 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 -- 2009.</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 -- 2010.</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 -- 2009.</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"/>

**Schedule of Contributors**

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

OMB No. 1545-0047

**2010**

Name of the organization

**BARK AVENUE FOUNDATION**

Employer identification number

**20-1329182**

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 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, aggregate 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 aggregate 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 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).

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

**Schedule B (Form 990, 990-EZ, or 990-PF) (2010)**

Name of organization

**BARK AVENUE FOUNDATION**

Employer identification number

20-1329182

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	1992 Soper Family Trust 9227 Stratton Lane Dublin, OH 43017-9643	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Petco Foundation 9125 Recho Road San Diego, CA 92121	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ASPCA 520 8th Avenue 7th Floor New York, NY 10018	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization BARK AVENUE FOUNDATION	Employer Identification Number 20-1329182

Primary Purpose

Disseminate information regarding animal rescue services and the benefits of spray/neuter procedures in the Los Angeles area to significantly reduce the pet overpopulation.

COPY

# 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
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Name of Organization BARK AVENUE FOUNDATION	Employer Identification Number 20-1329182
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Part III - Statement of Program Service Accomplishments

Grants and allocations	16,500	Amount includes foreign grants	Program service expenses	63,029
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Exempt Purpose Achievements

Low cost spray/neuter services for over 500 dogs and cats in low income areas of Los Angeles with animal welfare education and animal rescue services.

 COPY

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

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending	
Name of Organization BARK AVENUE FOUNDATION		Employer Identification Number 20-1329182

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
MELANIE POZEZ 3142 Dona Emilia Drive Studio City, CA 91604	PRESIDENT 60.00	0	0	0
RICHARD KRELSTEIN 311 N Robertson Blvd #647 Beverly Hills, CA 90211	TREASURER 1.00	0	0	0
MELANIE POZEZ 3142 DONA EMILIA DRIVE Studio City, CA 91604	SECRETARY 1.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization BARK AVENUE FOUNDATION	Employer Identification Number 20-1329182

Part V - Line 42a

Individual Name ..... Melanie Pozez  
or  
Business Name:

Street Address ..... 3142 Dona Emilia Drive

U.S. Address:

Zip code 91604 City Studio City State CA

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (213) 748-7485

Fax Number .....

## 2010 DETAIL STATEMENTS

BARK AVENUE FOUNDATION  
20-1329182

Page 1

## STATEMENT #1 - Other expenses (EOEZ Pg 1 Line 16)

Adoption Events.....	795
Animal Boarding.....	32,900
Animal Food and Supplies.....	743
Annual Registration Fees.....	75
Bank and Credit Card Charges.....	2,752
Insurance Expense.....	2,807
Kennel Cages.....	2,000
Mail Box Rental.....	156
Office Supplies.....	328
Program Expenses.....	8,139
Rescue Dog Bathing and Grooming.....	785
Rescue Dog Training.....	100
Shelter Fees.....	771
Transportation Expense.....	5,229
Veterinarian Expenses.....	11,567

TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	69,147
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## STATEMENT #2 - Total liabilities end yr (EOEZ Pg 2 Line 26)

Uncashed Checks.....	370
Credit Card Payables.....	1,307

TOTAL CARRIED TO EOEZ Pg 2 Line 26.....	1,677
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TWF  
TAXABLE YEAR **2010** **California Exempt Organization**  
**Annual Information Return**

FORM  
**199**

Calendar Year 2010 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

**A** First Return Filed? ☐ Yes ☒ No **B** Type of organization Exempt under Section 23701 **D** (insert letter) ☐ **CORP #** 2659024

**Corporation/Organization Name** **BARK AVENUE FOUNDATION** **FEIN** 20-1329182

**Address** 3940 LAUREL CANYON BLVD SUITE 1506

**City** STUDIO CITY **State** CA **ZIP Code** 91604

**C** Amended Return? ☐ Yes ☒ No

**D** Are you a subordinate/affiliate in a group exemption? ☐ Yes ☒ No

**(a)** Is this a group filing for affiliates? See General Instruction L ☐ Yes ☒ No

**(b)** If "Yes," enter the number of affiliates \_\_\_\_\_

**(c)** Are all affiliates included? ☐ Yes ☒ No  
(If "No," attach a list. See Instructions.)

**(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**(e)** Federal Group Exemption Number \_\_\_\_\_

**(f)** Is a roster of subordinates attached? ☐ Yes ☒ No

**E** Final return? ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized (attach explanation)

If a box is checked, enter date \_\_\_\_\_

**F** Check the box if the organization filed the following federal forms or schedule:  
(1) ☐ 990T (2) ☐ 990PF (3) ☐ (Schedule H) 990

**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, ☐ Yes ☒ No

**H** Accounting method used (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other

**I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. ☐ Yes ☒ No

**J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents ☐ Yes ☒ No

**K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No  
If "Yes," enter amt. of gross recpt. from nonmember sources \$ \_\_\_\_\_

**L** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

**M** Is the organization a Limited Liability Company? ☐ Yes ☒ No

**N** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1		
	2	Gross dues and assessments from members and affiliates	2		
	3	Gross contributions, gifts, grants, and similar amounts received	3		
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B			4	
	5	Cost of goods sold	5		
	6	Cost or other basis, and sales expenses of assets sold	6		
	7	Total costs. Add line 5 and line 6	7		
	8	Total gross income. Subtract line 7 from line 4	8		
<b>Ex-penses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	69,147	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-69,147	
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F	11		
	12	Total payments	12		
	13	Penalties and interest. See General Instruction J	13		
	14	Use tax. See General Instruction K	14		
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	0	

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title PRESIDENT	Date	Telephone 323-788-8448
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**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN/SSN P01279556
Firm's name (or yours, if self-employed) and address H AND R BLOCK PREMIUM TAX SERVICES 6240 LAUREL CANYON BLVD 100			FEIN 43-1871840 Telephone 818-760-7801
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts -- complete Part II or furnish substitute information. See Specific Line Instructions.**

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions																		
	2	Interest																		
	3	Dividends																		
	4	Gross rents																		
	5	Gross royalties																		
	6	Gross amount received from sale of assets (See Instructions)																		
	7	Other income. Attach schedule																		
<b>Expenses and Disbursements</b>	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1																		
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule																		
	10	Disbursements to or for members																		
	11	Compensation of officers, directors, and trustees. Attach schedule																		
	12	Other salaries and wages																		
	13	Interest																		
	14	Taxes																		
	15	Rents																		
	16	Depreciation and depletion (See Instructions)																		
	17	Other. Attach schedule																		
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.																	69,147	69,147

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		-154		18,790
2	Net accounts receivable				
3	Net notes receivable. Attach schedule				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds. Attach schedule				
7	Investments in stock. Attach schedule				
8	Mortgage loans (number of loans)				
9	Other investments. Attach schedule				
10	<b>a</b> Depreciable assets				
	<b>b</b> Less accumulated depreciation	( )		( )	
11	Land				
12	Other assets. Attach schedule				
13	<b>Total assets</b>		-154		18,790
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. Attach schedule				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	<b>Total liabilities and net worth</b>				

<b>Schedule M-1 Reconciliation of income per books with income per return</b>					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000.					
1	Net income per books		7	Income recorded on books this year not included in this return. Attach schedule	
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	<b>Total.</b> Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	<b>Net income per return.</b> Subtract line 9 from line 6	
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	<b>Total.</b> Add line 1 through line 5				