# IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

ANIMAL WELFARE INSTITUTE, et al.,	
Plaintiffs,	) )
v.	Civil Action No. 03-2006 (EGS/JMF)
FELD ENTERTAINMENT, INC.,	)
Defendant.	)
	)

DEFENDANT FELD ENTERTAINMENT, INC.'S OPPOSITION TO PLAINTIFFS' MOTION FOR LEAVE TO TAKE "LIMITED" DISCOVERY

# **EXHIBIT 4**

(**Opp.** Ex. 4)

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\*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047 Open to Public

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

Inspection

AF	or the	2012 calendar year, or tax year beginning and endir	g
	heck if policable:	C Name of organization	D Employer identification number
	Address	THE FUND FOR ANIMALS, INC.	
	Name change	Doing Business As	Privacy Redaction
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite E Telephone number
	Termin-	200 WEST 57TH STREET 705	212-246-2096
	Amende		G Gross receipts \$ 7,310,663.
	Applica		H(a) Is this a group return
	pending	F Name and address of principal officer:MICHAEL MARKARIAN	for affiliates? Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates included? Yes No
1 1	fax-exe	mpt status: X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a list. (see instructions)
		⇒ www.fundforanimals.org	H(c) Group exemption number ▶
			Year of formation: 1967 M State of legal domicile: NY
		Summary	
A)	1 5	Briefly describe the organization's mission or most significant activities: TO OPER	ATE ANIMAL CARE
Governance	3	FACILITIES AND TO ADVOCATE FOR ANIMAL PROTE	
รถอ	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed o	f more than 25% of its net assets.
9,0	3 1	Number of voting members of the governing body (Part VI, line 1a)	
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	3 5 4 5
Activities &	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 0
Ĭ,	6	Total number of volunteers (estimate if necessary)	6 0
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12	
⋖	1	Net unrelated business taxable income from Form 990-T, line 34	
			Prior Year Current Year
æ	8	Contributions and grants (Part VIII, line 1h)	8,210,239. 7,215,144.
Revenue	9	Program service revenue (Part VIII, line 2g)	7,144. 21,797.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,286. 11,922.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	237,598. 49,718.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7-2-
	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
¢3	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,453,083. 2,519,258.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	105,846. 104,377.
9	b	Total fundraising expenses (Part IX, column (D), line 25)   622,502	
ŭ.	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,864,777. 7,298,581.
	19	Revenue less expenses. Subtract line 18 from line 12	1,625,490. 0.
t Assets or	Spa		Beginning of Current Year End of Year
Sets	20	Total assets (Part X, line 16)	9,338,235. 9,334,062.
SE S	21	Total liabilities (Part X, line 26)	136,147. 131,974.
2	22	Net assets or fund balances. Subtract line 21 from line 20	9,202,088. 9,202,088.
P	art II	Signature Block	
Un	der pena	ilties 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
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer has any knowledge.
Sig	gn	Signature of officer	Date
He	re	G THOMAS WAITE III, TREASURER	
		Type or print name and title	
	-	Print/Type preparer's name Preparer's signature	Date Chest PTIN
Pa	id	YONG ZHANG, CPA GOOD ZHANY	08/20/13 self-employed Privacy
Pri	eparer	Firm's name ► MCGLADREY LLP	Firm's EIN Redaction
Us	e Only	Firm's address 8000 TOWERS CRESCENT DR. STE 500	
		VIENNA, VA 22182-6205	Phone no. 703-336-6400
M	ay the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
23:	2001 12-	10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2012)

Forn	n 990 (2012) THE FUND FOR ANIMALS, INC.	Privacy Redactio le 2
Pa	rt III Statement of Program Service Accomplishments	<u></u>
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	TO PROVIDE SANCTUARY, MEDICAL TREATMENT, REHABILITATION	I AND RELEASE OR
	RE-HOMING, AND OTHER HANDS-ON CARE AND RESCUE OF EXPLOI	TED, INJURED,
	ORPHANED, AND ABANDONED ANIMALS; TO PROMOTE THE HUMANE	TREATMENT OF
	ALL ANIMALS AND THE PREVENTION OF CRUELTY THROUGH EDUCA	TION AND
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 X 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 X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 3,467,685. including grants of \$ 40,000.) (Reve	nue \$)
	DIRECT ANIMAL CARE SERVICES:	
	THE FUND FOR ANIMALS OPERATES FOUR ANIMAL CARE CENTERS,	INCLUDING:
	CLEVELAND AMORY BLACK BEAUTY RANCH IN MURCHISON, TX, IS	A 1,250-ACRE
	SANCTUARY FOR APPROXIMATELY 1,100 ANIMALS YEAR ROUND, R	
	SPECIES, RESCUED FROM ABUSE OR ABANDONMENT. RESCUED AN	IMAL RESIDENTS
	INCLUDE EXOTIC SPECIES AS WELL AS DOMESTIC, INCLUDING H	
	BURROS, CATTLE AND BUFFALO, DEER, PIGS, TORTOISE, KANGA	ROO, TIGERS,
	CHIMPANZEES, AND OTHER PRIMATE SPECIES. ANIMALS RESCUE	
	CASES OR OTHER FORMS OF ABUSE RECEIVE VETERINARY CARE A	ND A PERMANENT
	SAFE HAVEN. THE DORIS DAY HORSE RESCUE AND ADOPTION CE	NTER, A PROGRAM
4b	(Code:) (Expenses \$ 2,894,608. including grants of \$) (Reve	nue \$ 21,797.)
	HUMANE EDUCATION AND ADVOCACY - THE FUND FOR ANIMALS'	
	CENTERS REPRESENT LIVING SEMINARS ON THE RANGE OF PROBL	
	FACING WILD ANIMALS, DRAWING ATTENTION TO WHAT HAPPENS	
	WHEN INDIVIDUAL CITIZENS, INSTITUTIONS, OR POLICY MAKER	
	DECISIONS. ANIMALS ENTER THE FUND FOR ANIMALS' SANCTUAR	
	NUMBER OF DIFFERENT STATES EVERY YEAR, AND SANCTUARY ST	
	PROVIDE SERVICE AND EXPERTISE THROUGHOUT THE NATION, AD	
	GOVERNMENT AGENCIES, PRIVATE INSTITUTIONS, AND THE PUBL	
	SOLUTIONS TO HUMAN-WILDLIFE CONFLICTS, WHILE PUSHING FO	
	POLICIES THAT BENEFIT WILD ANIMALS AND WILD ANIMAL HABI	TATS.
	THE PIND'C ANIMAL CADE COMMEDC DECLINE CARMINATING DADE	DIDUCTO III
4 .	THE FUND'S ANIMAL CARE CENTERS PROVIDE CAPTIVATING EXPE	RIENCES VIA
4c	(Code:) (Expenses \$	nue \$)
4.:		
4d	Other program services (Describe in Schedule O.)	
4-	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 6,362,293.	)
46	Total program service expenses 5, 362, 293.	

Form 990 (2012)

	990 (2012) THE FUND FOR ANIMALS, INC.	Privacy		Pa	age 3
Par	t IV Checklist of Required Schedules			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	X	140
_	If "Yes," complete Schedule A		2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to cand	didates for			
3	public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) ele	ection in effect			
*	during the tax year? If "Yes," complete Schedule C, Part II		4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assess	sments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have t	he right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Sche	dule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," co Schedule D, Part III	mplete	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a cust	odian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation s	ervices?			
	If "Yes," complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowment	s, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		10	ar vi Boso	X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, V as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete S	chedule D,			
	Part VI		11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of it				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of i assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets report	oorted in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX		11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that add			v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Pe	art X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Comp		12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is option		12b	X	<del>                                     </del>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising				
	investment, and program service activities outside the United States, or aggregate foreign investments valued a				v
	or more? If "Yes," complete Schedule F, Parts I and IV		14b	├	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organ or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to				.,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV		16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Pacolumn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Par				
	1c and 8a? If "Yes," complete Schedule G, Part II		18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Ye complete Schedule G, Part III	es, <b>"</b>	19		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a	Г	Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b		

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Form 990 (2012) THE FUND FOR ANIMALS, INC.

Part IV Checklist of Required Schedules (continued)

	And the second s			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			٠,,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	}
	Schedule J	23	X	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			<sub>**</sub> -
	Schedule K. If "No", go to line 25	24a		X
b	, , , , , , , , , , , , , , , , , , , ,	24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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			v
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27	14 S.O. 20 \$11.5	Λ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		M.	v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	^	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
~4	contributions? If "Yes," complete Schedule M	30	<u> </u>	_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1.
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del></del>
34	0.2475.4	34	х	
350		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- COG		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<del> </del>
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		<del></del> -
٥.	and that is treated as a cody cash in fact and income to a sure and 16 Non-11 complete Cabadyla D. Dant VII	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		├ <u></u>
<b></b>	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2012)

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Form	990 (2012) THE FUND FOR ANIMALS, INC.	Privacy Red	actio	n	ge <b>5</b>
Par	All IDORIU ITA O ITA				
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ь 0	* 4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ortable gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_			
		a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b		L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	hority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			50 T	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	counts.			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti	on?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a		X
			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	'd			CX.
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did t				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any		8		<u></u>
9	Sponsoring organizations maintaining donor advised funds.		144		22
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:			3. 4.2.	
а		0a			
b		0Б			
11	Section 501(c)(12) organizations. Enter:	•			
а	* * * * *	1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	§	1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041?	12a		
		2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				1000
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	· · · · · · · · · · · · · · · · · · ·	3b	90.0		
c	=	3c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C		14b		
				1990	(2012)

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Fire con (2012) THE EITHD FOR ANIMALS INC.

Privacy Redactio

THE FUND FOR ANIMALS, INC. Form 990 (2012) 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 5 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a

Each committee with authority to act on behalf of the governing body?

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

Section C. Disclosure

exempt status with respect to such arrangements?

17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE	0
---	---

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

  X Own website Another's website X Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► G. THOMAS WAITE, III − 202−452−1100

700 PROFESSIONAL DRIVE, GAITHERSBURG, MD 20879

16b

X

X

8b

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Form 990 (2012)				ANIMALS,		Privacy Redaction	7
					Key Employee	s, Highest Compensated	_
Employees, a	nd Inde	epender	nt Con	tractors			
Check if Schedul	O conta	ins a respo	onse to a	any question in th	nis 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.

		or any related organization compensate (B) (C)						(D)	(F)		
(A)	(B)			Posi	ition	1		(D) Reportable	<b>(E)</b> Reportable	(F) Estimated	
Name and Title	Average hours per	(do	not c	not check more than one unless person is both an			one h an	1 1	compensation	amount of	
	week					x/trus		from	from related	other	
	(list any	ĕ						the	organizations	compensation	
	hours for	die				8		organization	(W-2/1099-MISC)	from the	
	related	tee o	nstee			eusa		(W-2/1099-MISC)		organization	
	organizations	i trus	nal tr		loyee	e Se				and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) MARIAN PROBST	line) 2.00	Ĕ	Ë	Ö	\$	± 5	윤				
CHAIR/DIRECTOR	2.00	х		х				0.	0.	0.	
(2) NEIL B. FANG, ESQ.	1.00	-		-	<del> </del>		<b>-</b>				
DIRECTOR		x			l			0.	0.	0.	
(3) PATRICK L. MCDONNELL	1.00	<del></del>			<u> </u>					······································	
DIRECTOR		Х					İ	0.	0.	0.	
(4) JUDY NEY	1.00	Г				Г					
DIRECTOR		X						0.	0.	0.	
(5) DAVID O. WIEBERS, M.D.	1.00					Г					
DIRECTOR		X				<u> </u>	L	0.	0.	0.	
(6) MICHAEL MARKARIAN	4.00								404 545	04 00"	
PRESIDENT	36.00	L	L	X		L		21,305.	191,745.	21,905.	
(7) WAYNE PACELLE	2.00	1					1		245 655	45 504	
VICE PRESIDENT	38.00	<u> </u>	_	X	_	<u> </u>		0.	347,675.	47,794.	
(8) G. THOMAS WAITE III	2.00			١.,				_	202 020	00 040	
TREASURER	38.00	ऻ_	ļ	X	ļ	<u> </u>	_	0.	203,839.	80,049.	
(9) GWEN ELLEN CRANE	2.00 38.00	ł		х				0.	136,500.	4,888.	
ASSISTANT TREASURER (10) AMY BRIGGS	4.00	╁	├	_	<del> </del>	╁	-	· ·	130,300.	4,000.	
SECRETARY	36.00	1		х				6,688.	60,191.	13,269.	
BECABIACI	30.00	╁─╴	<del>                                     </del>	Ё	<b></b>	╁	-	1 0,000.	00,131	13,203	
		1									
		╁		┢═	┢	t	$\vdash$				
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	1	T	1	<b> </b>							
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		_	<u> </u>	<u> </u>		_	_				
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		L	_	<u> </u>	L	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	_				
		1	1								
			<u> </u>								

Form 990 (2012) THE FUND										зу кеа	iaction 🔢	8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)			Posi	-			(D)	(E)		(F)	
Name and title	Average hours per		not c	Posi heck	more	than (		Reportable	Reportable	1	Estimated	
	week			ss per nd a di				compensation from	compensati from relate		amount of other	
	(list any	ķ	Γ					the	organization	1	compensation	
	hours for	Ę				- E		organization	(W-2/1099-MI		from the	
	related	ige o	nstee			ensat		(W-2/1099-MISC)			organization	
	organizations below	al fr	onalt		loyee	uo Se				1	and related	
	line)	ndividual trustee or director	institutional trustee	Officer	кеу етріоуев	Highest compensate employee	rmer			19	organizations	
		=	゠	ō	χe	Ŧā	32			-		_
		1										
		$\vdash$	$\vdash$	Н		Н						-
		1										
		H	$\vdash$	Н		Н						-
		1										
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		1										
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		Г										_
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		1										
				Щ								
		<u> </u>	<u> </u>			لــا		07.000	020 0	-,	1 CT 00E	
1b Sub-total		••••		• • • • • • •	• • • • •			27,993.	939,9		167,905	_
c Total from continuation sheets to Part V								27,993.	939,9	0.	0 167,905	
d Total (add lines 1b and 1c)						_					107,903	-
2 Total number of individuals (including but i	not limited to tr	iose	liste	eo ac	oove	e) wr	10 F	eceived more than \$100	,000 of reportat	не	1	0
compensation from the organization											Yes No	ŭ
3 Did the organization list any former officer	director or to	eta	a ka	wan	nnlo	waa	٥r	highest compansated a	mplovee on			
line 1a? If "Yes," complete Schedule J for											3 X	55
4 For any individual listed on line 1a, is the s										. 6326		
and related organizations greater than \$15								•	•	140.199	4 X	
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con	•				•					0.400	5 X	
Section B. Independent Contractors	<del></del>										·	_
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	acto	rs t	that received more than	\$100,000 of cor	mpensati	on from	_
the organization. Report compensation for	the calendar y	ear	endi	ng w	/ith o	or wi	ithir	n the organization's tax y	/ear.			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Com	npensation	
ZUCKERMAN SPAEDER LLP					_							
1800 M STREET, NW WASHIN		2 2	200	036	5			LEGAL		1,2	257,435	
JACOBE BROTHERS CONSTRUC												
700 SSE LOOP 323, TYLER,	TX 757	02						CONSTRUCTION		4	460,021	
BCH BUILDERS, INC.												
18865 OLD JULIAN TRAIL,		, (	!A	92	306	5	_	CONSTRUCTION		<u> </u>	337,969	•
J.K. SCANLAN COMPANY, IN				• -						<b>l</b> .		
15 RESEARCH ROAD, EAST F	ALMOUTH	, l	1A	02	253	36	!	CONSTRUCTION		<u>1</u>	159,466	•
QUADRIGA ART, INC.										<b>l</b> .		
825 HYLTON ROAD, PENNSAU								DIRECT RESPO		]	125,154	•
2 Total number of independent contractors		ot li	mite	d to			stec	d above) who received m	ore than			8
\$100,000 of compensation from the organ	ization 🕨				_	•				100000000000000000000000000000000000000		00

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990 (2			ANIMALS,	INC.		Privacy Re	rdac Page
t VIII	and the second s		ta anu supotion i	o this Bort VIII			
	Check if Schedule O conta	uns a response	to any question i	(A)	(B)	(c)	(D) Revenue exclud
				Total revenue	Related or exempt function	Unrelated business	from tax unde
					revenue	revenue	sections 512 513, or 514
1 a	Federated campaigns	1a				C 100	
	Membership dues	·······					
	Fundraising events						
	Related organizations						
	Government grants (contributi						
	All other contributions, gifts, grant						
•	similar amounts not included abov	1 107	215,144.				
а	Noncash contributions included in lines		52,159.				
h	Total. Add lines 1a-1f		<b>&gt;</b>	7,215,144.			
	e of the state of		Business Code				
2 a	MERCHANDISE SAL	ES	900099	13,369.	13,369.		
	REGISTRATION		900099	4,523.	4,523.		
	ADOPTION		900099	3,400.	3,400.		<u> </u>
ч	EVENT AUCTION		900099	505.	505.		
9							
f	All other program service reve	nue					
	Total. Add lines 2a-2f			21,797.	5.0		
3	Investment income (including						
•	other similar amounts)						
4	Income from investment of tax						
5	Royalties		_	34,215.			34,21
-		(i) Real	(ii) Personal				
6 a	Gross rents						
	Rental income or (loss)						
	Net rental income or (loss)		<b>&gt;</b>	one project parties of the second contribution of the Contribution	A CONTRACT C		
	Gross amount from sales of	(i) Securities	(ii) Other	100			10 T 10 T
, u	assets other than inventory	,,	24,004.	]	]	1	
h	Less: cost or other basis			1			
-	and sales expenses		12,082.				
r	Gain or (loss)		11,922.				
	Net gain or (loss)			11,922.			11,92
	Gross income from fundraisin						
	including \$	of		Section Control			
	contributions reported on line					in a second	
	Part IV, line 18		1				
b	Less: direct expenses						
	: Net income or (loss) from fund		<b>&gt;</b>				
	Gross income from gaming a					1	
	Part IV, line 19		ı <b>L</b>				
b	Less: direct expenses						
	: Net income or (loss) from gan					1	
	Gross sales of inventory, less	=					
	and allowances	a	·				4.00
Ь	Less: cost of goods sold		1				
	Net income or (loss) from sale						
	Miscellaneous Revenu		Business Code				
11 a	T TOM DESIGNAT		511140	15,503.			15,50
b							
c							
d	All other revenue						
	d All other revenue			15,503. 7,298,581.			. 61,64

Form 990 (2012) THE FUND FOR ANIMALS, INC.

Part IX | Statement of Functional Expenses

Pa	rt IX Statement of Functional Expens	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oti	her organizations must c	omplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	40,000.	40,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			and the state of the state of	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	ht			
5	Compensation of current officers, directors,			4 050	
	trustees, and key employees	31,510.	27,039.	1,358.	3,113.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,902,146.	1,677,083.	75,554.	149,509.
7	Other salaries and wages	1,304,140.	1,011,003.	/5,554.	147,303.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	185,803.	164,001.	7,314.	14 488
9	Other employee benefits	262,568.	231,689.		14,488. 20,522.
10	Payroll taxes	137,231.	120,972.	5,449.	10,810.
11	Fees for services (non-employees):	201,0021			
	Management	331,940.	297,721.	13,719.	20.500.
	Legal	821,828.	738,820.	33,278.	20,500. <b>4</b> 9,730.
	Accounting	5,562.	5,000.	225.	337.
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17	104,377.			104,377.
f	Investment management fees	24,498.	22,024.	992.	1,482.
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	95,668.	82,153.	5,418.	8,097.
12	Advertising and promotion	2,119.	1,905.	86.	128.
13	Office expenses	1,330,467.	1,196,084.	53,875.	80,508.
14	Information technology				
15	Royalties	COA 000	604 727	20 140	40 051
16	Occupancy	694,928. 129,529.	624,737.	28,140. 5,245.	42,051. 7,838.
17	Travel	129,529.	116,446.	5,245.	7,838.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials  Conferences, conventions, and meetings				
19 20	4				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	490,459.	440,921.	19,860.	29,678.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT RESPONSE COSTS	575,978.	457,286.	47,583.	71,109.
b	TOOLS AND SUPPLIES	56,618.	50,899.	2,293.	3,426.
С	R/E AND OTHER TAXES	54,465.	48,964.	2,205.	3,296.
d	OTHER EXPENSES	20,887.	18,549.	835.	1,503.
е	All other expenses				· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24e	7,298,581.	6,362,293.	313,786.	622,502.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			,	_
	Check here X if following SOP 98-2 (ASC 958-720)	1,127,463.	509,301.	29,373.	588,789.
00004	0 12-10-12				Form 990 (2012)

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Privacy Redac Page 11 THE FUND FOR ANIMALS, INC. Form 990 (2012) Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year Cash · non-interest-bearing 242,677. 310,639. 2 Savings and temporary cash investments 2 1,714,902. 2,277,755 3 Pledges and grants receivable, net 369,678. 194.015. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 270. 270. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 8,685,011 basis. Complete Part VI of Schedule D ...... 10a 6,502,658. 5,246,744. 2,182,353. b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 1,133,149. 679,540. 15 Other assets. See Part IV, line 11 15 9,338,235. 9,334,062. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 131,974 136,147. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties ..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of ...... 131,974. 136,147. 26 Total liabilities. Add lines 17 through 25 ........ Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 9,202,088. 9,202,088 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶

> 9,334,062. Form 990 (2012)

9,202,088.

31

32

33

9,202,088.

9,338,235.

31

32

33

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

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	990 (2012) THE FUND FOR ANIMALS, INC.	Privacy	Redactio	<u>, 12</u>
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			<u>. LL.</u>
			7 000	E01
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,298,	281.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,298,	281.
3	Revenue less expenses. Subtract line 2 from line 1	3		0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,202,	088.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	9,202,	088.
Pai	t XII Financial Statements and Reporting			<b></b>
	Check if Schedule O contains a response to any question in this Part XII			<u>. LX </u>
			Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.	2.60	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	*******	2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,		
	consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	*************	2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scl	nedule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 99	0 (2012)

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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.

OMB No. 1545-0047

Open to Public Inspection

		P 7.00						TF.	nolover	identification	number
Name of t	he organization	THE FUN	D FOR ANIMAL	S, IN	c.				Priv	acy Redo	iction
Part I	Reason	or Public Chari	ty Status (All organiza	ations mus	st complete	e this part	.) See inst	ructions.			
The organ	ization is not a	private foundation b	pecause it is: (For lines 1	through 1	11, check o	only one b	ox.)				
1 🔲			, or association of churc					•			
2			0(b)(1)(A)(ii). (Attach Scl								
з 🔲	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										
		b)(1)(A)(iv). (Comple		dogoribar	d in acatio	n 170/h//1	VAV.				
6 L			ent or governmental unit eives a substantial part (					r from the	neneral :	nublic descrit	ed in
7 <u>X</u>	-	on triat normally rece b)(1)(A)(vi). (Complet		or its supp	OIT HOIH A	govennino	ritai arnt o	1 110111 1110	90110141		
• 🗀			ection 170(b)(1)(A)(vi). (	Complete	Part II )						
9 🔲	An organizati	on that normally rece	eives: (1) more than 33 1	/3% of its	support fr	om contril	butions, m	embershi	o fees, a	nd aross rece	iots from
9	activities relat	ted to its event for	nctions - subject to certa	in excepti	ons, and (2	no more	than 33 1	/3% of its	support	from gross in	vestment
	income and	inrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization	after June 30,	1975.
		509(a)(2). (Complete			,			, 5			
10 🗀			perated exclusively to te	st for publi	ic safety. S	See <b>sectio</b>	n 509(a)(4	l).			
11	An organizati	on organized and op	perated exclusively for the	ne benefit (	of, to perfo	m the fur	nctions of,	or to carr	y out the	purposes of	one or
	more publicly	supported organiza	tions described in section	on 509(a)(1	1) or section	n 509(a)(2	). See <b>sec</b>	tion 509(a	a)(3). Ch	eck the box th	at
			organization and comple					<b></b>			
	a Type I	ь 🗀 ту	rpell c∐T <sub>1</sub>	ype III - Fu	nctionally i	ntegrated				n-functionally	-
e 🗀	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	r more dise	qualified	persons othe	r than
	foundation m	anagers and other th	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or	section 509(a	)(2).
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		rganization, check th									
g	Since August	t 17, 2006, has the o	rganization accepted ar	ny gift or c	ontribution	from any	of the folio	owing pers	sons?	Г	
			irectly controls, either al								es No
			upported organization?								
			described in (i) above?								_
			person described in (i) o					• • • • • • • • • • • • • • • • • • • •		11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	(s).						
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	notify the	(vi) is	the	(vii) Amount o	f monetary
٠,,	anization	(11) = 111	(described on lines 1-9		sted in your	organizat		organization (i) organiz	on in col.   ed in the	suppo	-
3			above or IRC section	governing	document?	(i) of your	support?	U.S	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
		- "									
	· · · · · · · · · · · · · · · · · · ·			<b> </b>	-						
							-				
					100						
Total				1 3 5					0.370.72		

<b>^</b>	edule A (Form 990 or 990-EZ) 2012 $ {f T}$	HE FIIND F	OR ANTMAL	S INC.		Privacy	2
Pa	rt II Support Schedule for	Organizations	Described in	Sections 170(	b)(1)(A)(iv) and	7)(A)(T)(A)(T)	/I)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I or	r if the organization	n failed to qualify t	inder Part III. If the	organization
	fails to qualify under the tests						
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11695346.	7106859.	5790868.	8210239.	7215144.	40018456.
2	Tax revenues levied for the organ-						
	ization'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	11505346	7106050	F7000C0	0010000	7015144	40018456.
	Total. Add lines 1 through 3	11695346.	7106859.	5790868.	8210239.	/215144.	40019430.
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)	5.7				15.50	6343128.
_	Public support. Subtract line 5 from line 4.						33675328.
	ction B. Total Support	Principle of the Control of the Cont					
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	11695346.	7106859.	5790868.	8210239.	7215144.	40018456.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	167,465.	290,858.	364,110.	121,598.	49,718.	993,749.
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				116 000		200 502
	assets (Explain in Part IV.)	273,764.	819.	NOT SUREN WAR I THE CONTROL SO VINCING A	116,000.		390,583. 41402788.
	Total support. Add lines 7 through 10						219,237.
	Gross receipts from related activities					12   = 501(a)(3)	217,251.
13	First five years. If the Form 990 is fo	r the organization:	s first, second, thir	a, tourth, or tilth ta	ax year as a secuo	11 50 1(0)(3)	
Se	organization, check this box and stoction C. Computation of Pub	ic Support Pe	rcentage				
	Public support percentage for 2012					14	81.34 %
	Public support percentage from 201	•				15	80.56 %
	33 1/3% support test - 2012. If the					nore, check this b	ox and
	stop here. The organization qualifies						.   37
ŧ	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶□
178	10% -facts-and-circumstances tes	st - 2012. If the org	ganization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fa-						
	meets the "facts-and-circumstances"						
ł	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	15

Schedule A (Form 990 or 990-EZ) 2012

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Page 3 Schedule A (Form 990 or 990-EZ) 2012 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 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 ...... 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) 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 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 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2011 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2011 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

OMB No. 1545-0047

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

Name of the organization	Employer identification number							
	THE FUND FOR ANIMALS, INC.							
THE FUND FOR ANIMALS, INC. Privacy Redaction  Organization type (check one):								
Filers of: Section:								
Form 990 or 990-EZ								
	ition							
	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							
	ration filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or omplete Parts I and If.	more (in money or property) from any one						
Special Rules								
509(a)(1) and	501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support tes 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribut on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and	tion of the greater of (1) \$5,000 or (2) 2%						
total contribut	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any tions of more than \$1,000 for use exclusively for religious, charitable, scientific, lited of cruelty to children or animals. Complete Parts I, II, and III.	one contributor, during the year, erary, or educational purposes, or						
contributions If this box is o purpose. Do r	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any for use exclusively for religious, charitable, etc., purposes, but these contributions thecked, enter here the total contributions that were received during the year for a not complete any of the parts unless the <b>General Rule</b> applies to this organization ritable, etc., contributions of \$5,000 or more during the year	s did not total to more than \$1,000. an exclusively religious, charitable, etc., n because it received nonexclusively						
but it must answer "No	ion that is not covered by the General Rule and/or the Special Rules does not file o" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	Schedule B (Form 990, 990-EZ, or 990-PF), or on Part I, line 2 of its Form 990-PF, to						

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#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Nam	e of the organization THE FUND FOR ANIMALS, INC.	Emp Privacy Redaction
Par		ACCOULTES L'AMPRIETE IL TOE
rai		1000 at its: 00 inpiete if the
	organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised funds	(b) Funds and other accounts
		(b) I und and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	rring
	impermissible private benefit?	Yes No
Par	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)  Preservation of an historica	lly important land area
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
u	listed in the National Register	2d
2	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	<u> </u>
3		meanor during the tax
4	year ► Number of states where property subject to conservation easement is located ►	
4		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
_	violations, and enforcement of the conservation easements it holds?	***************************************
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
In-	conservation easements.	Circilar Assats
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and to	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	<b>. ▶ \$</b>
	Assets included in Form 990, Part X	
_		

0 -1	D. (5 000) 0010	D FOR ANIMA	TS TNC			Privac	y Redaction
	t III Organizations Maintaining C			easures o	r Other	Similar Ass	sets/continued)
	Using the organization's acquisition, accessi	on and other reserve	check any of the	following that	are a cinn	ificant use of i	ts collection items
		on, and other records	, check any of the	i lollowing that	are a sign	meant ase or i	to concettor nome
	(check all that apply):		L can or ave	hange progra	me		
a	Public exhibition	d	Other	• . •	1113		
b	Scholarly research	е	C Other				
C	Preservation for future generations					4	lost VIII
4	Provide a description of the organization's co	ollections and explain	now they further	ine organizatio	n s exemp	t purpose in F	an Am.
	During the year, did the organization solicit of						Yes No
-	to be sold to raise funds rather than to be m						
Par	t IV Escrow and Custodial Arran		e if the organization	on answered	res to Fo	m 990, Part i	v, line 9, or
	reported an amount on Form 990, Pa				ata not in	aludad	
	is the organization an agent, trustee, custod						Yes No
	on Form 990, Part X?					L	tes No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:			<del></del>	A
						<u> </u>	Amount
	Beginning balance					1c	
d	Additions during the year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1d	
	Distributions during the year					1e	
	Ending balance						1.2
	Did the organization include an amount on F						Yes No
<u>b</u>	If "Yes," explain the arrangement in Part XIII						L
Par	t V Endowment Funds. Complete	if the organization ans	wered "Yes" to Fo				
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years ba	ck (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	rrent year end balance	(line 1g, column	(a)) held as:			
а	Board designated or quasi-endowment		%				
	Permanent endowment	%	_				
	Temporarily restricted endowment ▶	%					
_	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.					
3a	Are there endowment funds not in the poss	ession of the organiza	tion that are held	and administe	red for the	organization	
	by:	-					Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations		***************************************				3a(ii)
b	If "Yes" to 3a(ii), are the related organization	ns listed as required or	n Schedule R?				3b
4	Describe in Part XIII the intended uses of th						
Pa	rt VI Land, Buildings, and Equipr						
	Description of property	(a) Cost or ot	ther (b) Cos	st or other		umulated	(d) Book value
		basis (investm		s (other)	depre	eciation	
1a	Land			90,541.			1,490,541.
	Buildings		6,2	09,490.	1,72	29,541.	4,479,949.
	Leasehold improvements						
	Equipment		2	85,194.	20	5,631.	79,563.
	Other		6	99,786.	24	7,181.	452,605.
	Add lines 1a through 1e (Column (d) must					<b>•</b>	6,502,658.

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Schedule D (Form 990) 2012 THE FUND FOR			Privacy Redaction	3
Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-of-year market value	
(1) Financial derivatives	(5) 5000 (4.00	(0)		
(2) Closely-held equity interests	ritrian and a state of the stat			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				94
Part VIII Investments - Program Related. See	Form 990, Part X, line	e 13.		-
(a) Description of investment type	(b) Book value		ation: Cost or end-of-year market value	***************************************
(1)				
(2)	A. (1999)			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				J.A.
Part IX Other Assets. See Form 990, Part X, line 1	5	I - V		2000
	escription		(b) Book value	
3 5577 73 557 5577773 57 5	ooonpron.		679,54	۲.
				<u></u>
(2)				
(3)				
(4)		***************************************		
(5)				
(6)				
(7)		·····		
(8)				
(9)				
(10)			670 541	<del>-</del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line		*******************************	▶ 679,54	<u>/·</u>
Part X Other Liabilities. See Form 990, Part X, lir	ne 25.	(b) Book value		528%
1. (a) Description of liability		(b) BOOK Value		
(1) Federal income taxes				
(2)				
(3)				K
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				j.
(10)				1
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		Commission (Commission)	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 THE FUND FOR ANIMALS, INC	•			y Redaction
	t XI Reconciliation of Revenue per Audited Financial Statem	nents With F	Revenue per H	eturn	· · · · · · · · · · · · · · · · · · ·
1				1	7,305,432.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1000	
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	6,851.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			c 051
е	Add lines 2a through 2d			2e	6,851.
3	Subtract line 2e from line 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	7,298,581.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	7 300 501
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4 - 148745		5	7,298,581.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments with	Expenses per	Hetu	7,305,432.
1	Total expenses and losses per audited financial statements			1	1,303,432.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	6 051		
а	Donated services and use of facilities		6,851.	4	
b	Prior year adjustments	1 - 1			
C	***************************************			-	
d			<u> </u>		6,851.
е	Add lines 2a through 2d			2e	7,298,581.
3	Subtract line 2e from line 1		***************************************	3	7,250,501.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	· ·			-/	
b	• • • • • • • • • • • • • • • • • • • •			-	0.
C	Add lines 4a and 4b		• • • • • • • • • • • • • • • • • • • •	4c 5	7,298,581.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			1 3	7,230,3010
Pa	rt XIII Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	rt III. lines 1s en	d 4: Part IV lines	1h and	2h: Part V. line 4: Part
Con	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 3, Pai le 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	tto provide any	additional informa	tion	2D, 1 211 4, 1110 4, 1 411
X, lir	ne 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part RT X, LINE 2: THE ORGANIZATION FOLLOWS TH	TE ACCOUN	TING STAI	NDAR	D FOR
PA	RT A, BINE Z: THE ORGANIZATION TODLOWS III				
TTNT	CERTAINTY IN INCOME TAXES, WHICH ADDRESSE	S THE DE	TERMINAT:	ION	OF WHETHER
OIA	CERTAINTI IN INCOME IMMED, MILLON 122011				***************************************
ΤA	X BENEFITS CLAIMED OR EXPECTED TO BE CLAI	MED ON A	A TAX RET	JRN	SHOULD BE
	THE TAXABLE CONTRACT INDEED	ה שבר כי	י שיינא אורים י	ישני	
RE	CORDED IN THE FINANCIAL STATEMENTS. UNDER	C Inib G	JIDANCE,	7 1113	
OR	GANIZATION MAY RECOGNIZE THE TAX BENEFIT	FROM AN	UNCERTAI	AT N	X POSITION
ON	LY IF IT IS MORE-LIKELY-THAN-NOT THAT THE	TAX POS	SITION WI	LL B	E SUSTAINED
ON	EXAMINATION BY TAXING AUTHORITIES, BASEL	ON THE	TECHNICA	L ME	RITS OF THE
PC	SITION. THE TAX BENEFITS RECOGNIZED IN TH	E FINAN	CIAL STAT		
_				0.4.	dula D /Earm 000\ 2012

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Schedule D (Form 990) 2012 THE FUND FOR ANIMALS, INC.	Privacy Redaction
Part XIII   Supplemental Information (continued)	
SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT	
GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON	ULTIMATE
SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN	INCOME TAXES
ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AN	D PENALTIES ON
INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.	
MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND	CONCLUDED THAT
THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT	REQUIRE
ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COM	PLY WITH THE
PROVISIONS OF THIS GUIDANCE. GENERALLY, THE ORGANIZATION I	S NO LONGER
SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, ST	ATE OR LOCAL TAX
AUTHORITIES FOR YEARS BEFORE 2009.	

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No. 1545-0047

Department of the Treasury or internal Revenue Service	if the organization entered more than  Attach to Form 990 or Form 990-E	ı \$15,0 Z. ▶ S	000 or See se	n Form 990-EZ, line eparate instructions	). I	Inspection	
Name of the organization					Privacy	identification n	umber
THE FU	IND FOR ANIMALS, INC				- Podactic	14	
required to complete this p						EZ filers are no	t
	raised funds through any of the following				•		
a X Mail solicitations	·		_	overnment grants			
b X Internet and email solicitation				nment grants			
c X Phone solicitations d X In-person solicitations	g X Special						
2 a Did the organization have a writte	n or oral agreement with any individual	(inclu	ding o	fficers, directors, tru	stees or	<b>/</b>	No
key employees listed in Form 990	, Part VII) or entity in connection with p	rofess	ional 1	rundraising services			NO
	ndividuals or entities (fundraisers) purs	uant to	agre	ements under which	the fundraiser is	to be	
compensated at least \$5,000 by t	the organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fund have o or cor contrib	ustody	(iv) Gross receipts from activity	(v) Amount pai to (or retained to fundraiser listed in col. (i	to (or retain	ned by)
NATIONAL OUTDOOR SPORTS -		Yes	No				
5151 WISCONSIN AVENUE, NW.	FUNDRAISING CONSULTANT		х	1,615,815.	68,8	71. 1,54	16,944.
DONOR SERVICES GROUP - 6715	TELE FR TO OBTAIN MULTI YR						
SUNSET BLVD, LOS ANGELES, CA	REVENUE		х	21,115.	35,5	061	14,391.
		<u> </u>			ļ		
		<u> </u>	<u> </u>				
		1					
		<u> </u>	ļ	<u> </u>			
		<del> </del>	<b> </b>				
		╁	<b>├</b> ─	<b>_</b>			
		┼─	<del>-</del>	<del> </del>		<del></del>	
		+	1		<del> </del>		
						<del></del>	•
T-1-1			•	1,636,930	. 104,3	77. 1,5	32,553.
3 List all states in which the organiz	zation is registered or licensed to solicit	contri	bution	ns or has been notifie			,
or licensing.  AK, AL, AR, AZ, CA, CO, C	T FI. CA HT II. KS KY	. I.A	MA	MD.ME.MI.	AS, MN, MO,	NC, ND, No	J,NH
NM, NY, OH, OK, OR, PA, R	T SC TN UT VA WA WI	WV		,,	<u> </u>		
MM, NI, OH, OK, OK, IA, K	1,00,111,01,111,111,111	,					
	,						

	edu art	le G (Form 990 or 990-EZ) 2012 THE FULL			<u>Priva</u>	cy Redaction		
F	31 L		ne organization answere	d "Yes" to Form 990, F	Part IV, line 18, or reported	d more than \$15,000		
		of fundraising event contributions and g				ipts greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
						(add col. (a) through		
						col. (c))		
<u>o</u>			(event type)	(event type)	(total number)			
Revenue								
Ве́	1	Gross receipts						
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)						
	İ							
	4	Cash prizes				4		
w	5	Noncash prizes		ļ				
Se								
ed.	6	Rent/facility costs						
Direct Expenses	۱_							
iec	7	Food and beverages						
Ω		F-44-i			ļ			
	8	Entertainment Other disease areas						
	40	Other direct expenses	L 0: l (-1)	<u> </u>				
	11	Direct expense summary. Add lines 4 through	n 9 in column (a)	*****************************		<u>  (                                   </u>		
Pa		Net income summary. Combine line 3, colum III Gaming. Complete if the organization	answered "Yes" to Form	990 Part IV line 10	or reported more than			
		\$15,000 on Form 990-EZ, line 6a.	unswered tes to total	1000,1 artiv, inte 15,0	or reported more than			
	Γ	Troject of Front Coo LL, into St.	1	(b) Pull tabs/instant		I (al) Total cassing (add		
Revenue			(a) Bingo	bingo/progressive bing	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
e e				1		1(-),(-),		
Œ.	1	Gross revenue	[					
	_							
ED.	2	Cash prizes						
Se		,						
Direct Expenses	3	Noncash prizes		ļ				
Ω		, , , , , , , , , , , , , , , , , , , ,						
rec	4	Rent/facility costs						
Δ		-						
	5	Other direct expenses						
			Yes %	Yes 9	% ☐ Yes %			
	6	Volunteer labor	No No	□ No	□ No			
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)	*******		( )		
	8	Net gaming income summary. Combine line 1	, column d, and line 7	**************************				
		er the state(s) in which the organization operat						
a	is t	he organization licensed to operate gaming ac	tivities in each of these s	states?	***************************************	Yes No		
b	b If "No," explain:							
10a	We	re any of the organization's gaming licenses re	voked, suspended or te	rminated during the ta	x year?	Yes No		
b	If "Y	Yes," explain:		····				
				· · · · · · · · · · · · · · · · · · ·				
	_							

232082 01-07-13

	edule G (Form 990 or 990-EZ) 2012 THE FUND FOR ANIMALS, INC.	Privac	y Re	edac	ction
sche	Does the organization operate gaming activities with nonmembers?  Let the experienting a grapher beneficiary or trustee of a trust or a member of a partnership or other entity formed			Yes	No No
11 12	is the organization a grantor, beneficiary of trustos of a state o				<b></b>
	to administer charitable gaming?			Yes 	∟ No
13	Indicate the percentage of gaming activity operated in:		132		%
а	The organization's facility		13b	-	%
b 	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords:		L	
14	Enter the name and address of the person who properties the organization of games and address of the person who properties the organization of games and address of the person who properties the organization of games and address of the person who properties the organization of games and address of the person who properties the organization of games and address of the person who properties the organization of games and address of the person of games and the person of the pers				
	Name		·		
	Address >				
				<b>V</b>	□ No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			tes	i No
ħ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the ar	nount			
~	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				<del>_</del>
	retain the state gaming license?		[_	Yes	No
	<ul> <li>Enter the amount of distributions required under state law to be distributed to other exempt organizations or spi</li> </ul>	ent in the			
	organization's own exempt activities during the tax year > \$		i) and	(v) an	d Part III
P	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional	informatic	n (see	instr	uctions).
_				-	
S	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUND	KWT DE	KD:		
	TANANT OF BUNDDATGED, MARIONAL OURDOOD CDORMS				
(	I) NAME OF FUNDRAISER: NATIONAL OUTDOOR SPORTS				
_(	I) ADDRESS OF FUNDRAISER:				<del></del>
	151 WISCONSIN AVENUE, NW, 4TH FLOOR, WASHINGTON, DC 2001	6			
2	IJI WIDCOMDIN AVENUE, AND THE PEOPLY SEEDING SEEDING				
					<del></del> ,
(	I) NAME OF FUNDRAISER: DONOR SERVICES GROUP				
	C715 GUNGER BLVD LOG ANGELES	CA 9	002	8	
	I) ADDRESS OF FUNDRAISER: 6/15 SUNSET BLVD, BOS ANGELES,				

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SCHEDULE I (Form 990)			Grants and	Grants and Other Assistance to Organizations,	e to Organizations	ú		OMB No. 1545-0047	ı
		otolomoo		Governments, and Individuals in the United States	in the United Sta	ites		7 87	â
Department of the Treasury Internal Revenue Service				if the organization answered "res" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	" to Form 990, Pai m 990.	rt IV, line 21 or 22.		Open to Public Inspection	¥Yan
Ě	n THE FUND 1	FOR ANIMALS	LS, INC.					acy Re acy n	Pr
8	General Information on Grants and Assistance	ind Assistance						y ed tio	iv
Does the organizat     criteria used to awa	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the stance?	amount of the grants	s or assistance, the	grantees' eligibility	ibility for the grants or assistance, a	sistance, and the select	tion X Yes No	. [
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant	funds in the United				,	.
Part II Grants and (	Grants and Other Assistance to Governments and Organizations in the United States. Com	Governments and	d Organizations in the	e United States. C	complete if the orga	anization answered "Y	ganizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any	ı
1 (a) Name and address of organization or government	ress of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1
GLOBAL FEDERATION OF ANIMAL SANCTUARIES - PO BOX 32294	ATION OF ANIMAL - PO BOX 32294 -								
- 1	007	Pr Re	01(C)(3)	10,000.	0			SANCTUARIES	
RABBIT SANCTUARY, INC. PO BOX 80036	INC.	ivacy daction							I
3		ı	01(0)(3)	.000,08	5			CARE FOR RABBITS	ı
	<u> </u>		٦.						
									1
									1
									1
ı	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	janizations listed in the	1				2	۱.
	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					0.	•
LHA For Paperwork Re	For Paperwork Reduction Act Notice, see the Instructions	see the Instruction	ons for Form 990.					Schedule I (Form 990) (2012)	&
232101 12-18-12				29					

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Schedule (Forms 990) (2012) THE FUND FUNA MAILTEN AND THE ADDRESSION (I) Decorphisms and Other Assistance and Confidence in needed.  [Buttll Grants and Other Assistance and Confidence in needed.  [Bl. The Confidence of the Confi		ב מחם ב
	nization answered "Yes" to Form 990, Part IV, line 22.	
	(d) Amount of non- cash assistance (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NIZATIONS THAT MEET OUR MISSION CRITERIA.  NIZATIONS THAT HAVE BEEN THOROUGHLY RESEARCH WE HAVE AN EXISTING RELATIONSHIP. GRANT  SITE VISITS.	   ut I, line 2, Part III, column (b), and any other additional informa	ation.
NIZATIONS THAT MEET OUR MISSION CRITERIA.  NIZATIONS THAT HAVE BEEN THOROUGHLY RESEARCH WE HAVE AN EXISTING RELATIONSHIP. GRANT  SUGH A VARIETY OF METHODS SUCH AS GRANT REPC		
NIZATIONS THAT HAVE BEEN THOROUGHLY RESEARCHED BY US OR HAWE HAVE AN EXISTING RELATIONSHIP. GRANT OVERSIGHT IS SUCH A VARIETY OF METHODS SUCH AS GRANT REPORTS, MEETINGS SITE VISITS.	GRANTS ARE USUALLY GIVEN TO	
TH WE HAVE AN EXISTING RELATIONSHIP. GRANT OVERSIGHT IS DUGH A VARIETY OF METHODS SUCH AS GRANT REPORTS, MEETINGS SITE VISITS.	BY US OR TO ONES WITH	
SITE VISITS.		
SITE	3, MEETINGS WITH GRANTEES,	
232102 12-18-12	3.0	Schedule I (Form 990) (2012)

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#### **SCHEDULE J** (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Privacy THE FUND FOR ANIMALS, INC. Part I Questions Regarding Compensation

	acting adostrons riegarding compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Housing allowance or residence for personal use  Payments for business use of personal residence  Tax indemnification and gross-up payments  Health or social club dues or initiation fees  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)		3	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		l
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Written employment contract  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	V. (W	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	2500		
a	The organization?	6a	_	X
b	Any related organization?	6b	- Annie State	Х
-	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_	l	v
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		v
۵	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		1	
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

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232112 12-12-12

Schedule J (Form 990) 2012 Page 2 reported as deferred (F) Compensation For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). in prior Form 990 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (E) Total of columns 23,495. 211,460 395,469 283,888 (a)-(i)(a) 5,880. 16,241. 17,562 (D) Nontaxable benefits needed. Pri vac 31,553. (C) Retirement and 3,835 62,487 other deferred compensation Re dac tio n 0 Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplica o 0 46,390 0 (B) Breakdown of W-2 and/or 1099-MISC compensation (iii) Other reportable compensation <u>.</u> 0.1 0 0 (ii) Bonus & incentive compensation THE FUND FOR ANIMALS, ,305, 301,285. 203,839 191,745 (i) Base compensation Do not list any individuals that are not listed on Form 990, Part VII.  $\equiv$ € 🖺 **≡ ≡** € €  $\Xi$  $\Xi$ ΞΞ € 🗉 € € (A) Name and Title G. THOMAS WAITE III MICHAEL MARKARIAN Schedule J (Form 990) 2012 WAYNE PACELLE VICE PRESIDENT TREASURER PRESIDENT (3) (3)

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# SCHEDULE M (Form 990)

#### **Noncash Contributions**

2012

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open to Public Inspection

Name of the organization

THE FUND FOR ANIMALS, INC.

Part In Types of Property

Employer identification number

Privacy Reduction

	TI Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	noncash conf	(d) f determining ribution amounts
1	Art - Works of art				2	
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles		Andrews Street Street			
7	Boats and planes		· · · · · · · · · · · · · · · · · · ·			
8	Intellectual property			<del></del>		
9	Securities - Publicly traded			·	1	
10	Securities - Closely held stock					· · · · · · · · · · · · · · · · · · ·
11	Securities - Partnership, LLC, or		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate · Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory	X	91	11,458.	FMV	
20	Drugs and medical supplies	X	6	3,248.	FMV	
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other > (ANIMAL CARE S)	Х	41	18,754.	FMV	
26	Other (EQUIP/FURNITU)	Х	10	10,250.	FMV	
27	Other ► (OFFICE SUPPLI)	X	46	4,343.	FMV	
28	Other (GROUND MAINT.)	X	18	4,106.	FMV	
29	Number of Forms 8283 received by the organi for which the organization completed Form 82			1 1		Yes No
	During the year, did the organization receive be at least three years from the date of the initial the entire holding period?	contribution	, and which is not	required to be used for exe	mpt purposes for	30a X
	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance					31 X
	Does the organization hire or use third parties contributions?					32a X
b	If "Yes," describe in Part II.					
33	If the organization did not report an amount in describe in Part II.	column (c) f	or a type of proper	ty for which column (a) is o	checked,	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2012)

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**SCHEDULE 0** (Form 990 or 990-EZ)

# 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. Open to Public Inspection

Department of the Treasury

232211 01-04-13

Internal Revenue Service Name of the organization

mlover identification number Privacy Redaction

OMB No. 1545-0047

THE FUND FOR ANIMALS, INC.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ADVOCACY; AND TO FOSTER HUMANE CONDUCT TOWARD ANIMALS AND ENCOURAGE AND
SUPPORT COOPERATION TOWARD THAT END AMONG ALL PERSONS AND ENTITIES
INTERESTED IN HUMANE ACTIVITIES.
THE FUND FOR ANIMALS WAS FOUNDED IN 1967 BY PROMINENT AUTHOR AND ANIMAL
ADVOCATE CLEVELAND AMORY. FOR MORE THAN FOUR DECADES, THE FUND HAS
PROTECTED ANIMALS BY OPERATING A NETWORK OF WORLD-FAMOUS ANIMAL CARE
FACILITIES, WHILE AT THE SAME TIME EMPLOYING NATIONAL ANIMAL ADVOCACY
CAMPAIGNS TO PROTECT ANIMALS FROM CRUELTY AND ABUSE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
OF THE CLEVELAND AMORY BLACK BEAUTY RANCH, PROVIDES CARE AND
REHABILITATION FOR HORSES RESCUED FROM CRUELTY AND NEGLECT CASES. THE
FUND FOR ANIMALS TRAINS THEM TO BE APPROPRIATE COMPANION ANIMALS AND
SEEKS TO RE-HOME THEM WITH NEW ADOPTING FAMILIES.
CAPE WILDLIFE CENTER IN CAPE COD, MA, IS A FIVE-ACRE FACILITY AND MODEL
REHABILITATION PROGRAM FOR NATIVE WILDLIFE, PROVIDING MEDICAL AND
REHABILITATIVE TREATMENT TO INJURED AND ORPHANED ANIMALS AND RELEASING
THEM BACK INTO THE WILD. THE CAPE WILDLIFE CENTER IS AN INTEGRAL PART
OF THE CAPE COMMUNITY, ADVISING PEOPLE ON HUMANE SOLUTIONS TO
HUMAN-WILDLIFE CONFLICTS, WHILE SUPPORTING PUBLIC POLICIES THAT BENEFIT
WILD ANIMALS AND THEIR HABITATS. THE CENTER IS MAKING HUMANE
ADVANCEMENTS IN WILDLIFE VETERINARY CARE AND REHABILITATION, SEEKING
SOLUTIONS FOR ECOLOGICAL CHALLENGES AFFECTING WILDLIFE AND HUMAN
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE FUND FOR ANIMALS, INC.	Privacy Redaction
POPULATIONS AND TRAINING CURRENT AND FUTURE WILDLIFE VETI	ERINARIANS. IN
2012, MORE THAN 1,500 ANIMALS RECEIVED CARE AT THE CENTER	R, AND THE
CENTER ALSO ASSISTED THE U.S. FISH & WILDLIFE SERVICE IN	A HUMANE
INTERVENTION PROJECT TO PREVENT SEAGULL NESTING SAVING HU	JNDREDS OF
SEAGULLS FROM DEATH.	
THE FUND FOR ANIMALS WILDLIFE CENTER, IN RAMONA, CA, IS A	A 13-ACRE
FACILITY WHICH PROVIDES MEDICAL TREATMENT, CARE, AND REHA	ABILITATION OF
NATIVE WILDLIFE, AND RELEASES THEM BACK INTO THE WILD. 1	THE CENTER
FOCUSES PRIMARILY ON THE REHABILITATION AND RELEASE OF PR	REDATOR SPECIES
NATIVE TO CALIFORNIA, SUCH AS SKUNKS, COYOTES, BOBCATS, E	EAGLES, HAWKS,
AND OWLS. IN 2012, MORE THAN 500 ANIMALS RECEIVED CARE A	AND TREATMENT.
PRESENTLY, 20 NON-RELEASABLE OR NON-NATIVE ANIMALS RESCUE	ED FROM THE
EXOTIC PET TRADE AND CRUELTY CASES CALL THE CENTER HOME,	INCLUDING AN
AFRICAN LION, PYGMY HIPPO, AND MOUNTAIN LION, ALL OF WHOM	ONCE SUFFERED
IN THE HANDS OF PRIVATE OWNERS. IN ADDITION, THE CENTER	SERVES AS A
SHELTER FOR A COLONY OF 40 FERAL CATS RESCUED FROM NEARBY	SAN NICOLAS
ISLAND.	
DUCHESS SANCTUARY, IN OAKLAND, OR, IS A 1,120-ACRE FACILI	TY ESTABLISHED
TO CARE FOR ABOUT 200 FORMERLY ABUSED, EXPLOITED, AND NEG	LECTED HORSES.
MARES RESCUED FROM THE PREGNANT MARE URINE (PMU) INDUSTRY	AND THEIR
OFFSPRING MAKE UP THE MAJORITY OF THE HERD AT THE SANCTUA	RY. IN 2012
THE CENTER ALSO PROVIDED TEMPORARY SANCTUARY FOR THE REHA	BILITATION AND
RECOVERY OF EIGHT ADDITIONAL HORSES RESCUED FROM CRUELTY	CASES.
ADDITIONALLY, THE FUND FOR ANIMALS SUPPORTS OTHER ANIMAL	SANCTUARIES
AND DIRECT ANIMAL CARE PROGRAMS. IN 2012, THE FUND PROVID	ED FINANCIAL ule O (Form 990 or 990-FZ) (2012)

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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE FUND FOR ANIMALS, INC.	Employer identification number Privacy Redaction
SUPPORT TO THE RABBIT SANCTUARY, INC. IN SIMPSONVILLE, SC	, WHICH
PROVIDES A HOME TO RESCUED RABBITS, AND TO THE GLOBAL FED	
ANIMAL SANCTUARIES IN ORDER TO HELP ANIMAL SANCTUARIES BE	
ACCREDITED AND MEET STANDARDS OF CARE.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	ents:
PERSONALIZED TOURS, EXTERN PROGRAMS FOR PROFESSIONAL STUI	
VOLUNTEER OPPORTUNITIES FOR VISITORS FROM AROUND THE COUNTY	
LEARN ABOUT ANIMAL PROTECTION ISSUES RELATING TO FACTORY	
WILDLIFE AND HABITAT PROTECTION, ANIMALS IN RESEARCH, HOR	RSE SLAUGHTER,
AND OTHER PRESSING CHALLENGES. IN 2012, THE CLEVELAND AN	MORY BLACK
BEAUTY RANCH LAUNCHED A NEW EXTERN PROGRAM TO PROVIDE AND	IMAL CARE
EDUCATIONAL OPPORTUNITIES, WITH THIRTEEN STUDENTS PARTIC	IPATING. THE
CAPE WILDLIFE CENTER'S EXTERNSHIP PROGRAM DRAWS VETERINAL	RY TECHNICIANS,
PRE-VETERINARY UNDERGRADUATE MAJORS, AND VETERINARY STUD	ENTS AND
GRADUATE VETERINARIANS FROM ACROSS THE U.S. AND ABROAD;	IN 2012, MORE
THAN 32 EXTERNS AND VISITING PROFESSIONALS STUDIED WILDL	IFE
REHABILITATION, VETERINARY CARE, AND CONSERVATION MEDICI	NE AT THE
CENTER. THE FUND FOR ANIMALS WILDLIFE CENTER PROVIDED IM	MERSION
TRAINING TO 13 STUDENT INTERNS, INCLUDING THREE FROM INT	ERNATIONAL
UNIVERSITIES, AND ALSO ADVOCATED FOR STATE LEGISLATION O	UTLAWING THE
USE OF HOUNDS TO HUNT BEARS AND BOBCATS IN CALIFORNIA.	
THE FUND FOR ANIMALS NOT ONLY IMPROVES PUBLIC UNDERSTAND	OING OF ANIMAL
WELFARE ISSUES BUT ALSO EDUCATES ITS SUPPORTERS THROUGH	COMPELLING
STORIES AND ACTION OPPORTUNITIES IN PRINT AND ONLINE PUB	BLICATIONS, AND
ON ITS WEBSITE, FUNDFORANIMALS.ORG. ABOUT 20,000 PEOPLE	E RECEIVE
MONTHLY ELECTRONIC COMMUNICATIONS, AND MORE THAN 350,000	) RECEIVE nedule O (Form 990 or 990-EZ) (2012)
232212 - Sch	

## L201327600006 CSL Received Date: 10/03/2013 Case 1:03-cv-02006-EGS-JMF Document 677-4 Filed 12/13/13 Page 34 of 44

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization  THE FUND FOR ANIMALS, INC.	Privacy Redaction
PRINTED MATERIALS FROM THE FUND FOR ANIMALS THROUGH THE	MAIL.
	Parisinanta
THE WORK OF THE FUND FOR ANIMALS DIRECTLY SUPPORTS THE F	HUMAN-ANIMAL
BOND, WITH ALL OF ITS EMOTIONAL, PSYCHOLOGICAL, AND SOCI	ETAL BENEFITS.
THE ORGANIZATION'S WORK ALSO BENEFITS HUMANS BY ENSURING	THAT WILD,
INJURED, AND POTENTIALLY DANGEROUS ANIMALS ARE CARED FOR	AND HANDLED IN
A MANNER CONSISTENT WITH FUNDAMENTAL PUBLIC HEALTH AND S	SAFETY
INTERESTS.	
	***************************************
THE FUND FOR ANIMALS ALSO ADVOCATES FOR ADDITIONAL LEGAL	PROTECTIONS
FOR IMPERILED WILDLIFE SPECIES. IN NOVEMBER 2012, THE F	UND AND ITS
COALITION PARTNERS RECEIVED A POSITIVE INITIAL FINDING F	ROM THE U.S.
FISH AND WILDLIFE SERVICE ON A LEGAL PETITION THEY FILED	IN 2011 TO
LIST AFRICAN LIONS AS AN ENDANGERED SUBSPECIES UNDER THE	ENDANGERED
SPECIES ACT. THE GOVERNMENT DETERMINED THAT THE LISTING	, WHICH COULD
PROHIBIT IMPORTS OF SPORT-HUNTED LION TROPHIES, MAY BE W	ARRANTED AND IS
CURRENTLY ACCEPTING COMMENTS FROM SCIENTIFIC EXPERTS AND	MEMBERS OF THE
PUBLIC ON THE LISTING PROPOSAL.	
IN DECEMBER 2012, THE FUND FOR ANIMALS JOINED OTHER GROU	PS IN FILING A
LAWSUIT AGAINST THE U.S. FISH AND WILDLIFE SERVICE OVER	ITS DECISION TO
DELIST GRAY WOLVES IN WYOMING FROM THE LIST OF SPECIES P	ROTECTED BY THE
ENDANGERED SPECIES ACT. WYOMING HAS DESIGNATED WOLVES A	S "PREDATORS"
ACROSS THE VAST MAJORITY OF THE STATE, A DESIGNATION WHI	CH SUBJECTS
WOLVES TO UNRESTRICTED HUNTING AND TRAPPING AND ALLOWS W	OLVES TO BE
SHOT ON SIGHT. THE LAWSUIT BY THE FUND FOR ANIMALS AND I	TS COALITION
PARTNERS SEEKS TO STAY THIS UNPRECEDENTED EXPANSION OF W	OLF KILLING.

Case 1:03-cv-02006-EGS-JMF Document 677-4 Filed 12/13/13 Page 35 of 44

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE FUND FOR ANIMALS, INC.	Privacy Redaction
ALSO IN 2012, THE FUND FOR ANIMALS SUBMITTED FORMAL COMME	NTS TO OPPOSE
THE EXPANSION OF SPORT HUNTING IN TWO NATIONAL WILDLIFE R	EFUGES-HANFORD
REACH IN WASHINGTON AND RED ROCK LAKE IN MONTANA, IN ORDE	R TO PROTECT
ELK, UPLAND BIRDS, AND OTHER WILDLIFE SPECIES ON THESE PU	BLIC LANDS.
IN RESPONSE, THE U.S. FISH AND WILDLIFE SERVICE CANCELLED	
OPEN HUNTING OF MOUNTAIN GROUSE AT THE RED ROCK LAKE REFU	
ALSO ADVOCATED FOR A PENNSYLVANIA GAME COMMISSION REGULAT	
PROHIBIT THE IMPORT AND CAPTIVE POSSESSION OF WILD BOAR A	
AT CAPTIVE HUNTING RANCHES.	
THE FUND FOR ANIMALS JOINED A COALITION OF GROUPS IN FILE	ING A
RULEMAKING PETITION WITH THE U.S. DEPARTMENT OF AGRICULTU	
PUBLIC CONTACT WITH INHERENTLY DANGEROUS EXOTIC WILDLIFE	
CAPTIVE EXPLOITATION OF THESE ANIMALS FOR COMMERCIAL GAIN	
FORM 990, PART VI, SECTION A, LINE 2: OFFICERS MARKARIAN	, PACELLE, WAITE,
CRANE, AND BRIGGS WERE EMPLOYED BY ANOTHER TAX EXEMPT ORG	
BOARD DIRECTORS PROBST, FANG, MCDONNELL, NEY AND WEIBERS	
THESE INDIVIDUALS HAD "BUSINESS RELATIONSHIPS" WITH EACH	
FORM 990, PART VI, SECTION A, LINE 6: THERE ARE CURRENTL	Y FIVE VOTING
MEMBERS OF THE FUND FOR ANIMALS.	
FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE FU	ND FOR ANIMALS'
GOVERNING BODY ARE DESIGNATED BY THE BOARD OF A RELATED	
HUMANE SOCIETY OF THE UNITED STATES (THE HSUS).	
FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS OF THE FU	ND FOR ANIMALS'
232212 Sch	edule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE FUND FOR ANIMALS, INC.	Privacy Redaction
GOVERNING BODY ARE DESIGNATED BY THE BOARD OF A RELATED O	ORGANIZATION, THE
HUMANE SOCIETY OF THE UNTIED STATES (THE HSUS).	
FORM 990, PART VI, SECTION A, LINE 8B: THE FUND FOR ANIMA	ALS' BOARD HAS NO
COMMITTEES.	
FORM 990, PART VI, SECTION B, LINE 11: AFTER INTERNAL ACC	COUNTING STAFF
DRAFTS THE 990, THE DRAFT IS SUBMITTED TO FFA'S INDEPENDE	ENT TAX PREPARERS
FOR THEIR REVIEW AND REVISION, AS MAY BE APPROPRIATE. TH	E REVISED DRAFT IS
THEN GIVEN TO FFA'S TREASURER FOR FURTHER REVIEW. ONCE A	LL STAFF AND
PROFESSIONAL REVIEWS/REVISIONS ARE DONE, THE TREASURER SE	NDS THE PROPOSED
FINAL OF THE FORM 990 TO THE FFA BOARD FOR ITS CONSIDERAT	ONCE THE
BOARD HAS HAD AN OPPORTUNITY TO REVIEW AND COMMENT, THE F	INALIZED VERSION
IS FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C: THE IMPLEMENTATIO	N OF THE CONFLICT
OF INTEREST POLICY EMPHASIZES AVOIDING CONFLICTS TO BEGIN	WITH. THE GENERAL
COUNSEL'S OFFICE FIELDS AND USUALLY RESOLVES CONFLICTS OF	INTEREST AND
QUESTIONS RAISED BY STAFF OR BOARD MEMBERS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK, AL, AR, AZ, CA, LA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MS,	MN, MO, NC, ND, NJ, NH
NM,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV	
FORM 990, PART VI, SECTION C, LINE 19: FFA MAKES ITS ARTI	CLES OF
INCORPORATION AND BYLAWS AVAILABLE TO DONORS FREE OF CHAR	GE UPON REQUEST.
FORMAL AUDITED FINANCIAL STATEMENTS ARE FILED WITH STATE	CHARITABLE
SOLICITATION REGISTRATIONS AND ARE MADE AVAILABLE TO MAJO	R DONORS AND,
01-04-13 Sched	ule O (Form 990 or 990-FZ) (2012)

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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE FUND FOR ANIMALS, INC.	Privacy Redaction
WHERE REQUIRED BY STATE LAW, TO THE GENERAL PUBLIC BY MAI	L UPON REQUEST.
COPIES OF FFA'S FORM 1023 APPLICATION FOR RECOGNITION OF	TAX-EXEMPT STATUS
ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST BOTH BY MAI	L AND IN PERSON AT
FFA'S HEADQUARTERS IN NEW YORK CITY AND AT ITS OFFICE IN	GAITHERSBURG,
MARYLAND. FFA MAKES COPIES OF THE MOST RECENTLY-FILED FOR	MS 990 AVAILABLE
TO THE PUBLIC UPON REQUEST BOTH BY MAIL AND IN PERSON AT	FFA'S HEADQUARTERS
IN NEW YORK, NY AND ITS OFFICE IN GAITHERSBURG, MD. THE T	HREE MOST RECENTLY
FILED FORMS 990 AND THE CURRENT YEAR'S ANNUAL AUDIT REPOR	T ARE ALSO
AVAILABLE TO THE GENERAL PUBLIC FREE OF CHARGE ON THE FF?	WEBSITE. THE
CONFLICT OF INTEREST POLICY HAS NOT BEEN MADE AVAILABLE T	O THE GENERAL
PUBLIC.	
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STA	ATEMENTS AND
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE I	FINANCIAL
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.	

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships  ➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  ➤ Attach to Form 990.	and Unrelated Partners Yes" to Form 990, Part IV, line 33, 3 ➤ See separate instructions.	rtnerships ine 33, 34, 35, 36, or uctions.	37.	0 0	2012 Open to Public Inspection	blic
Name of the organization THE FUND FOR P	ANIMALS, INC.				Employer identification number ac	gPr	mber
Part. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	ete if the organization answered "Yes"	" to Form 990, Part IV, line 33	3.)		ed ti	riv v	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
Part II organization of Related Tax-Exempt Organizations organizations during the tax year,)	zations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	answered "Yes" to Form 990	, Part IV, line 34 bec	ause it had one or	more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 (2(b)(13) controlled entity?	2(b)(13) Hed /?
HUMANE SOCIETY OF THE UNITED STATES -	ANIMAL WELFARE	DELAWARE	501(C)(3) 7			Yes	ş ×
For Paperwork Reduction Act Notice, see the Instructions for	ons for Form 990.				Schedule R (Form 990) 2012	(Form 990)	) 2012
232161 12-10-12 LHA		41					

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Schedule R (Form 990) 2012 Page 2 General or Percentage managing ownership Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Percentage ownership Priv Yes No Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) acy Red 5 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) acti Share of end-of-year assets 6 ate allocations? £ Disproportion-Ξ Share of total income Yes ε Share of end-of-year assets <u>(6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income ε (d)
( Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) (d) ( Direct controlling entity Primary activity INC THE FUND FOR ANIMALS, (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Schedule R (Form 990) 2012 a 232162 12-10-12 Part IV Part III

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Schedule R (Form 990) 2012 THE FUND FOR ANIMALS, INC.			Pr iv ac y Re da cti	Page 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)	wered "Yes" to Form	990, Part IV, line 34, 35b	, or 36.)	•
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transaction.  2 Receipt of III interest (II) annuities (III) receipts or find not from a controlled entity.	s with one or more re	s schedule. following transactions with one or more related organizations listed in Parts II-IV?		Yes No
Gift, grant, or capital contribution to related organization(s)			<b>1</b>	×
			11	×
d Loans or loan guarantees to or for related organization(s)	***************************************		10	×
e Loans or loan guarantees by related organization(s)			-1e	×
f Dividends from related organization(s)			***************************************	×
g Sale of assets to related organization(s)		***************************************	10	×
Purchase of assets from related organiza		* * * * * * * * * * * * * * * * * * *	17	×
Exchange of assets with related organization(s)			-	×
j Lease of facilities, equipment, or other assets to related organization(s)			7	×
k Lease of facilities, equipment, or other assets from related organization(s)			· · · · · · · · · · · · · · · · · · ·	<u>×</u>
	anization(s)	**	7	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)		<b>E</b>	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)	# # # # # # # # # # # # # # # # # # #	12	×
o Sharing of paid employees with related organization(s)			X 01	×1
p Reimbursement paid to related organization(s) for expenses			**************************************	<u> </u>
Reimbursement paid by related organization(s) for expenses			+	×
			X - J-	
s Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line including covered relationships and transaction thresholds.	who must complete the	is line including covered	15 1self-inshine and transaction thresholds	×
1	THE HINDS CONTINUES	is in e, including covered	relationships and transaction triffeshous.	
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	
(1) HUMANE SOCIETY OF THE UNITED STATES	Ā	8,476,588.	588. INTERCOMPANY ACTIVITY ON GL	
(2) HUMANE SOCIETY OF THE UNITED STATES	æ	8,022,579.	579.CASH TRANSFERS ON BANK STATEMENTS	TENTS
(3)				
(4)				
(5)				
(9)				
232163 12-10-12	43		Schedule R (Form 990) 2012	90) 2012

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Schedule R (Form 990) 2012 Page 4 seneral or Percentage ownership 3 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Dispropor Code V-UBI General of General of Americal or Schedule K-1 partner? Yes No (Form 1065) Yes No Pri va cyŘe  $\equiv$ da cti on end-of-year Share of assets **(**B) Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Share of total income  $\boldsymbol{\varepsilon}$ Predominant income paresse. (related, unrelated, sorticio) excluded from tax under section 512-514) Yes No 44 Legal domicile (state or foreign INC. country) THE FUND FOR ANIMALS, Primary activity 9 Name, address, and EIN Schedule R (Form 990) 2012 of entity 232164 12-10-12

Schedule R	(Form 990) 2012	THE FUND	FOR	ANIMALS,	INC.	Privacy
Part VII	(Form 990) 2012 Supplemental Infor	rmation				Padaction
	Complete this part to pro	vide additional info	ormation	for responses to o	questions on Schedule R (see i	nstructions).
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- -orm 8868 (Rev. 1-2013)					age 2		
Mot Automatic)	3-Month Extension, co	omplete only Part II and check this	box	.,,,,,,,,,,,,,,,,,,,,	ر. ن		
Note Only complete Part II if you have already been	granted an automatic 3	month extension on a previously if	led Form 88	58.			
	on complete only Pa	rti (on Dade I).					
Part II Additional (Not Automatic) 3	-Month Extension	of time. Only the the origin	ai (iio cor	nes liceucuj.			
		Enter filer's	Identifying	number, see instruc			
Type or Name of exempt organization or other file	lentification number (	= IN) OI					
nrint			Priv	acy Redaction			
THE FUND FOR ANIMALS,	INC.			the same base (DCAN			
due date for Number, street, and room or suite no. If a	a P.O. box, see instruct	ions.	Social secu	rity number (SSN)			
filing your return. See 200 WEST 57TH STREET,	NO. 705				<del></del>		
instructions. City, town or post office, state, and ZIP of	code. For a foreign add	ress, see instructions.					
NEW YORK, NY 10019	·						
				П	0 1		
Enter the Return code for the return that this applica	tion is for (file a separa	te application for each return)		,	لشلث		
					leturn		
Application	Return	Application		1	Code		
Is For	Code	is For	X X				
Form 990 or Form 990-EZ	01			A	08		
Form 990-BL	02	Form 1041-A			09		
Form 4720 (individual)	03	Form 4720			10		
Form 990-PF	04	Form 5227			11		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			12		
Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.							
<ul> <li>The books are in the care of ► 700 PROFE Telephone No. ► 202-452-1100</li> <li>If the organization does not have an office or pla</li> <li>If this is for a Group Return, enter the organization</li> </ul>	FESSIONAL DR	IVE - GAITHERSBURG  FAX No	9, MD 2	20879			
	on's four digit Group Ex	each a list with the names and FINs	of all membe	ers the extension is fo	ж		
box . If it is for part of the group, check th	s box I and att	BER 15, 2013.					
4 I request an additional 3-month extension of		, and end	Ina				
5 For calendar year 2012, or other tax year	toeginning		Final re	eturn			
6 If the tax year entered in line 5 is for less than	1 12 months, check rea	3011,					
Change in accounting period							
7 State in detail why you need the extension ADDITIONAL TIME REQUIR	ED TO FILE A	AN ACCURATE AND CO	MPLETE	RETURN.			
ADDITIONAL TIME REGULA	<u> </u>						
8e If this application is for Form 990-BL, 990-PF	990-T 4720, or 6069.	enter the tentative tax, less any			_		
nonrefundable credits. See instructions.	, 500 1, 4720, 57 2000,		8a	\$	0.		
nonrefundable credits. See instructions.	4720, or 6069, enter an	v refundable credits and estimated					
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8b	\$	0.		
previously with Form 8868.  c Balance due. Subtract line 8b from line 8a.	nclude vour payment v	with this form, if required, by using			^		
EFTPS (Electronic Federal Tax Payment Sys	tem) See instructions.	•	8c	\$	0.		
Oi-makeum a	ad Varification m	Het ha completed for Parti	i only.	•			
Under penalties of perjury, I declare that I have examined it is true, correct, and complete, and that I am authorized	this form, including acco	mpanying schedules and statements, an	d to the bast (	of my knowledge and be	ilef,		
9/2	Title ► CPA_		Date	»1/9/13			
Signature ▶ 9 <sup>-</sup>	1108 CIA			Form <b>8868</b> (Re	v. 1-2013)		

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, Form **8868** 

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2013)
Department of the Treasury

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

nternal	Revenue Service	► File a sepa	rate appl	ication for each return.					
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box									
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).									
	~	nless you have already been granted a	•		•	rm 8868			
	•	ou can electronically file Form 8868 if y		•	-		oration		
	• •	· · · · · · · · · · · · · · · · · · ·			•	•			
		or an additional (not automatic) 3-mor		_					
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,									
				(see instructions). For more details o	on the elec	tronic tiling of this	iorm,		
	, , , , , , , , , , , , , , , , , , ,	click on e-file for Charities & Nonprofits.		ubmit original (no conjec por	adad)		·		
Par									
		e Form 990-T and requesting an auton			combiere				
	=	ding 1100 C fileral madenamhine DEM			 4 mm mudam		<b></b>		
	ner corporations (inclu income tax returns.	ding 1120-C filers), partnerships, REMi	Us, and ti	usts must use Form 7004 to reques	t an exten	sion of time			
Type print	1	Employer	mployer identification number (EIN) or						
	THE FUND FOR ANIMALS, INC.								
due da filing ye	le date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)								
	turn. See Structions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	NEW YORK		· ·						
Enter	the Return code for the	he return that this application is for (file	a separa	te application for each return)	• • • • • • • • • • • • • • • • • • • •	,	0 1		
IgaA	ication		Return	Application			Return		
ls Fo			Code	Is For			Code		
	990 or Form 990-EZ		01	Form 990-T (corporation)			07		
	990-BL		02	Form 1041-A			08		
	4720 (individual)		03	Form 4720			09		
	990-PF		04	Form 5227			10		
	990-T (sec. 401(a) or	408(a) trust)	05	Form 6069			11		
	990-T (trust other than		06	Form 8870		······································	12		
	000 1 (1001 01110) 1114	G. THOMAS WAITE					<del></del>		
• Th	ne books are in the car	e of ▶ 700 PROFESSIONA			. MD	20879			
	elephone No. > 202			FAX No. ▶					
		not have an office or place of business	in the Un						
	-	urn, enter the organization's four digit (					heck this		
		t of the group, check this box							
1		c 3-month (6 months for a corporation				ers the extension is	101.		
1	AUGUST 15		•	tion return for the organization name		The extension			
	is for the organization		Organiza.	ion retain for the organization hame	a abovo.	THE EXTENSION			
	➤ X calendar year								
	tax year begin		20/	d ending					
	tax year begin	milg	, ain	a ending		•			
2	If the tay wear entered	d in line 1 is for less than 12 months, ch	ack reser	on: Initial return F	inal returr	,			
~	LJ		icck icast	Mi Illittar return r	marreton	1			
	Change in acco	ounting period							
2-	If the second contract to the			atom the Appetation to the contract of	Т Т				
<b>Ja</b>	3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
	nonrefundable credits				3a	\$	0.		
b	, ,	or Form 990-PF, 990-T, 4720, or 6069, or				_	Λ		
		nts made. Include any prior year overp			3b	\$	0.		
C									
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$ 0.								
Caut	ion. If you are going to	make an electronic fund withdrawal w	ith this Fo	orm 8868, see Form 8453-EO and Fo	rm 8879-F	O for payment inst	ructions.		

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