



RENEWAL CERTIFICATE OF REGISTRATION

WHEREAS, the Renewal Registration of

**BORN FREE USA, UNITED WITH ANIMAL PROTECTION
INSTITUTE**

has been filed in the office of the Secretary of State as provided by the Oklahoma Solicitation of Charitable Contributions Act and will expire on September 06, 2014 .

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



*Filed in the city of Oklahoma City this
6th day of September, 2013.*

Larry V. Parnis

Secretary of State

Form **990**

OMB No. 1545-0047

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)

2012

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C BORN FREE USA UNITED WITH API
 P.O. BOX 22305
 SACRAMENTO, CA 95822

D Employer Identification Number
 94-6187633

E Telephone number
 (916) 447-3085

G Gross receipts \$ 2,421,903.

F Name and address of principal officer: ADAM ROBERTS
 1122 S STREET SACRAMENTO, CA 95811

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? If "No," attach a list. (see instructions) Yes No

I Tax-exempt status 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527

J Website: WWW.BORNFREEUSA.ORG

K Form of organization: Corporation Trust Association Other

L Year of Formation: 1968

M State of legal domicile: CA

| Summary | | Prior Year | Current Year |
|---|--|---|---------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>BORN FREE USA UNITED WITH ANIMAL PROTECTION INSTITUTE WORKS TO ALLEVIATE THE UNNECESSARY SUFFERING OF WILD ANIMALS IN CAPTIVITY. RESCUE INDIVIDUAL ANIMALS IN NEED. PROTECT WILDLIFE - INCLUDING HIGHLY ENDANGERED SPECIES - IN THEIR NATURAL HABITATS, AND ENCOURAGE COMPASSION.</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a)..... | 3 | 5 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b)..... | 4 | 4 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)..... | 5 | 21 |
| | 6 Total number of volunteers (estimate if necessary)..... | 6 | 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12..... | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34..... | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h)..... | 1,469,050. | 2,061,642. |
| | 9 Program service revenue (Part VIII, line 2g)..... | | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... | 123,180. | 78,715. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... | 94,252. | 106,717. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... | 1,686,482. | 2,247,074. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... | 97,968. | 67,872. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4)..... | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... | 763,649. | 788,867. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e)..... | 60,000. | 60,000. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 356,707. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... | 1,155,137. | 1,283,329. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... | 2,076,754. | 2,200,068. |
| 19 Revenue less expenses. Subtract line 18 from line 12..... | -390,272. | 47,006. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16)..... | Beginning of Current Year 2,707,165. | End of Year 2,736,914. |
| | 21 Total liabilities (Part X, line 26)..... | 208,139. | 174,772. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20..... | 2,499,026. | 2,562,142. |

Signature Block

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

Sign Here

Signature of officer: [Signature] Date: 5/10/13

ADAM ROBERTS EXECUTIVE VP

Paid Preparer Use Only

Print/Type preparer's name: MICHELLE O. NELSON, CPA Preparer's signature: [Signature] Date: 5.9.13 Check if self-employed PTIN: P00453363

Firm's name: MAHM, URRUTIA, NELSON, CPAS & ASSOC., LLP Firm's EIN ▶ 20-0276349

Firm's address: 2901 DOUGLAS BLVD, SUITE 290 ROSEVILLE, CA 95661-3824 Phone no. (916) 774-4208

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 1 of 6 of Part 1

Name of organization

Employer identification number

BORN FREE USA UNITED WITH API

94-6187633

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|--|
| 1 | NATIONAL ANTI-VIVISECTION SOCIETY 53 WEST JACKSON BLVD CHICAGO, IL 60604 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | ANONYMOUS UNKNOWN UNKNOWN, WILBERFORCE WAY RH 13 9RS UNITED KINGDOM | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | THINKSPACE 6009 WASHINGTON BLVD CULVER CITY, CA 90232 | \$ 21,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | WINLEY FOUNDATION 2303 SALT POINT TURNPIKE CLINTON CORNERS, NY 12514 | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | MARK & SARA LAXER 480 HOGBACK ROAD JOHNSON, VT 05656-5944 | \$ 97,125. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | OUIDA MUNDY HILL FUND PO BOX 3708 HONOLULU, HI 96822 | \$ 8,449. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

BAA

TEEA0702L 11/30/12

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 2 of 6 of Part 1

Name of organization

Employer identification number

BORN FREE USA UNITED WITH API

94-6187633

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|---|
| 7 | ERIC KURTZMAN ----- 2335 ALASKA AVENUE ----- EL SEGUNDO, CA 90245 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 8 | STEVE LEUTHOLD FAMILY FOUNDATION ----- 33 SOUTH 6TH STREET SUITE 4600 ----- MINNEAPOLIS, MN 55402 ----- | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 9 | AMERICAN ANTI-VIVISECTION SOCIETY ----- 801 OLD YORK RD STE 204 ----- JENKINTOWN, PA 19046-1685 ----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 10 | ALICE STORM ----- 1618 29TH STREET NW ----- WASHINGTON, DC 20007 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 11 | ESTATE OF BETTY NOYES ----- 52 MISSIONARY RD #3112 ----- CROMWELL, CT 06416-2170 ----- | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 12 | ESTATE OF DONALD DEMPSEY ----- 4816 60TH STREET ----- SAN DIEGO, CA 92115-3803 ----- | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 3 of 6 of Part 1

Name of organization

Employer identification number

BORN FREE USA UNITED WITH API

94-6187633

Part I: Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|--|
| 13 | ESTATE OF ELFIE CONNOR 45 EL MONTE WAY NAPA, CA 94558-3953 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 14 | ELIZABETH WISKEMANN 357 HIGHLAND AVE SAN RAFAEL, CA 94901-2317 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 15 | POLLY BREWER PO BOX 809 PINEVILLE, WV 24874-0809 | \$ 19,229. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 16 | SANDRA J MOSS 7325 21ST AVE NW SEATTLE, WA 98117 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 17 | ESTATE OF JOSEPHINE RENTE PO BOX 14728 FORT LAUDERDALE, FL 33302 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 18 | ESTATE OF GWENDOLYN APPEKYARD 787 SEVENTH AVE NEY YORK, NY 10019 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

BORN FREE USA UNITED WITH API

94-6187633

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|--|
| 19 | ESTATE OF CAROLYN DI BELLA 101 DARTMOUTH ST WILLISTON PARK, NY 11596-1815 | \$ 5,198. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 20 | ESTATE OF JOHANNA GIWOSKY 41 WARD ST ATHOL, MA 01331-1945 | \$ 101,766. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 21 | ESTATE OF ROBERT & ANNETTE LAMPERT 1226 S NEW WIKE RD APT 401 ARLINGTON HTS, IL 60005-2954 | \$ 93,750. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 22 | ESTATE OF WILLIAM GELATO 3256 RIDGE ROAD LANSING, IL 60438 | \$ 49,527. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 23 | ESTATE OF PRISCILLA LYON 6584 N NORTHWEST HWY CHICAGO, IL 60631 | \$ 248,718. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 24 | SUMMERLEE FOUNDATION 6660 DELMONICO DR STE D429 COLORADO SPRINGS, CO 80919 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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Name of organization

Employer identification number

BORN FREE USA UNITED WITH API

94-6187633

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|---|-------------------------------|--|
| 25 | AHIMSA FOUNDATION 82 DEVONSHIRE ST BLDG F9E BOSTON, MA 02109-3605 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 26 | ROGER & PHYLLIS SHERMAN 219 E GUENTHER SAN ANTONIO, TX 78204-1404 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 27 | THE MEADOWS FOUNDATION 3003 SWISS AVE DALLAS, TX 75204-6049 | \$ 62,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 28 | ESTATE OF SHIRLEY HANSON 69 W WASHINGTON #700 CHICAGO, IL 60602 | \$ 29,702. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 29 | MARK WILLIAMS 100 CAMERON STATION BLVD ALEXANDRIA, VA 22304 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 30 | MARK & SARAH LAXER 480 HOGBACK RD JOHNSON, VT 05656-5944 | \$ 18,610. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 6 of 6 of Part 1

Name of organization

Employer identification number

BORN FREE USA UNITED WITH API

94-6187633

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|---|-------------------------------|--|
| 31 | SHUMAKER FAMILY FOUNDATION 1948 E SANTA FE ST STE G OLATHE, KS 66062 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 32 | BORN FREE FOUNDATION 3 GROVE HOUSE, FOUND HORSHAM, HORSHAM RH13 5PL HORSHAM | \$ 31,282. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 33 | LEWIS A MORSE REVOCABLE TRUST 4600 DUCKHORN DR SACRAMENTO, CA 95831 | \$ 184,147. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 34 | THE WOODTIGER FUND PO BOX 66 ERWINNA, PA 18920 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 35 | EDNA L THOLE ESTATE 36 WINSIDE LN CORAM, NY 11727 | \$ 7,249. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 36 | TEXAS RANGERS BASEBALL FOUNDATION PO BOX 90111 ARLINGTON, TX 76004 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

OFFICE OF THE SECRETARY OF STATE



RENEWAL CERTIFICATE OF REGISTRATION

WHEREAS, the Renewal Registration of

**BORN FREE USA, UNITED WITH ANIMAL PROTECTION
INSTITUTE**

has been filed in the office of the Secretary of State as provided by the Oklahoma Solicitation of Charitable Contributions Act and will expire on September 24, 2013 .

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



*Filed in the city of Oklahoma City this
24th day of September, 2012.*

V. Glenn Coffey

Secretary of State

Form **990**

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

2011

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 2011, and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C **BORN FREE USA UNITED WITH API**
P.O. BOX 22505
SACRAMENTO, CA 95822

D Employer identification number
94-6187633

E Telephone number
(916) 447-3085

G Gross receipts \$ **2,144,061.**

F Name and address of principal officer:

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.BORNFREEUSA.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1968** **M** State of legal domicile: **CA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **BORN FREE USA UNITED WITH ANIMAL PROTECTION INSTITUTE WORKS TO ALLEVIATE THE UNNECESSARY SUFFERING OF WILD ANIMALS IN CAPTIVITY. RESCUE INDIVIDUAL ANIMALS IN NEED. PROTECT WILDLIFE - INCLUDING HIGHLY ENDANGERED SPECIES - IN THEIR NATURAL HABITATS, AND ENCOURAGE COMPASSION.**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | |
|---|-----------|-----------|
| 3 Number of voting members of the governing body (Part VI, line 1a)..... | 3 | 5 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b)..... | 4 | 4 |
| 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)..... | 5 | 19 |
| 6 Total number of volunteers (estimate if necessary)..... | 6 | 0 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12..... | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34..... | 7b | 0. |

| | Prior Year | Current Year |
|--|-------------------|-------------------|
| 8 Contributions and grants (Part VIII, line 1h)..... | 1,530,371. | 1,469,050. |
| 9 Program service revenue (Part VIII, line 2g)..... | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... | 82,733. | 123,180. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... | 42,867. | 94,252. |
| 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... | 1,655,971. | 1,686,482. |

| | | |
|--|-------------------|-------------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... | 13,384. | 97,968. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)..... | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... | 750,909. | 763,649. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)..... | 63,561. | 60,000. |
| b Total fundraising expenses (Part IX, column (D), line 25) 347,496. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... | 972,978. | 1,155,137. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... | 1,800,832. | 2,076,754. |
| 19 Revenue less expenses. Subtract line 18 from line 12..... | -144,861. | -390,272. |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------------|
| 20 Total assets (Part X, line 16)..... | 3,051,015. | 2,707,165. |
| 21 Total liabilities (Part X, line 26)..... | 121,134. | 208,139. |
| 22 Net assets or fund balances. Subtract line 21 from line 20..... | 2,929,881. | 2,499,026. |

Part II Signature Block

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

Sign Here

Signature of officer: *[Signature]* Date: **3/27/12**

Type or print name and title: **ADAM M. ROBERTS, EXECUTIVE VICE PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **MICHELLE O. NELSON, CPA** Preparer's signature: *[Signature]* Date: **3-23-12** Check if self-employed **PTM P00453363**

Firm's name: **MANE, URRUTIA, NELSON, CPAS & ASSOC., LLP** Firm's EIN: **20-0276349**

Firm's address: **2901 DOUGLAS BLVD, SUITE 290 ROSEVILLE, CA 95661-3824** Phone no.: **(916) 774-4208**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Name of organization

Employer identification number

BORN FREE USA UNITED WITH API

94-6187633

Part II Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|---|----------------------------|--|
| 1 | THE BODY SHOP FOUNDATION ----- WATERSMEAD, LITTLEHAMPTON BN 17 6LS UNITED KINGDOM | \$ 5,937. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | JAMES A. BUDDY DAVIDSON FOUNDATION ----- PO BOX 494 ----- MIDLAND, TX 79702 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | MARK & SARA LAXER ----- 480 HOGBACK ROAD ----- JOHNSON, VT 05656-5944 | \$ 110,030. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | ESTATE OF MARY HEISE ----- 16 MURRAY HILL CIRCLE ----- BALTIMORE, MD 21212-1025 | \$ 55,028. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | ESTATE OF JAN ROREM ----- 1852 33RD ST ----- MOLINE, IL 61265-4336 | \$ 20,056. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | ESTATE OF EDNA THOLE ----- 222 EASTWOOD BLVD ----- CENTEREACH, NY 11720-2540 | \$ 32,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Page 2 of 5 of Part 1

Name of organization

Employer identification number

BORN FREE USA UNITED WITH API

94-6187633

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|--|
| 7 | ESTATE OF ANABELLE HOWARD 3022 CAMBRIDGE B DEERFIELD BEACH, FL 33442 | \$ 7,668. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | ESTATE OF DOROTHY DYER 4407 SW HENDERSON STREET SEATTLE, WA 98136-2448 | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | ESTATE OF EMILY BOUR 45 CLARENDON AVE SAN FRANCISCO, CA 94114-2101 | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | ESTATE OF CHARLOTTE HOUSER 4604 COURTHOUSE RD PRINCE GEORGE, VA 23875-2954 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 11 | ESTATE OF GABRIELE TROUSE 5 GREENMEADOW LANE WHITING, NJ 08759-2353 | \$ 17,916. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 12 | ESTATE OF KATHRYN WENDELKEN 5802 ELMBRIDGE LANE DUBLIN, OH 43016-4378 | \$ 18,327. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

BAA

TEEA0702L 02/20/11

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

BORN FREE USA UNITED WITH API

94-6187633

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|---|-------------------------------|--|
| 13 | ESTATE OF IRIS KENDALL 6512 ASPEN GARDENS WAY CITRUS HEIGHTS, CA 95621-5620 | \$ 6,028. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 14 | ESTATE OF GRACE VASILE 7-16 CROSS MEADOWS PAIR LAWN, NJ 07410-1969 | \$ 8,193. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 15 | ESTATE OF DOROTHY AUGER 899 NORTHGATE DR. STE 300 SAN RAFAEL, CA 94903-3667 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 16 | QUIDA MUNDY HILL FUND FIRST HAWAII BANK HONOLULU, HI 96822 | \$ 7,984. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 17 | ESTATE OF ELIZABETH GENNRICH K-9 HAVEN OXFORD, NE 68967 | \$ 75,353. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 18 | WENDY P. MCCAN FOUNDATION PO BOX 22458 SANTA BARBARA, CA 93121-2458 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|---|----------------------------|--|
| 19 | HOLLOMON PRICE FOUNDATION 19141 STONE OAK PKWY 104-57 SAN ANTONIO, TX 78258 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 20 | ANIMAL WELFARE TRUST PO BOX 737 MAMARONECK, NY 10543 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 21 | GREGORY MCLAGAN 1936 NW HERON POINT CT ALBANY, OR 97321-1470 | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 22 | HELGA FULLER PO BOX 1866 PORT TOWNSEND, WA 98368-0058 | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 23 | ERIC KURTZMAN 2335 ALASKA AVENUE EL SEGUNDO, CA 90245 | \$ 7,812. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 24 | MICHAEL & BRENDA KRAMER 51 TELEGRAPH HILL RD BOX 1333 WEST FALMOUTH, MA 92574 | \$ 8,600. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|---|----------------------------|--|
| 25 | STEVE LEUTHOLD FAMILY FOUNDATION 33 SOUTH 6TH STREET SUITE 4600 MINNEAPOLIS, MN 55402 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 26 | JAMES R. DOUGHERTY, JR. FOUNDATION PO BOX 640 BREVILLE, TX 78104-0640 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 27 | AMERICAN ANTI-VIVISECTION SOCIETY 801 OLD YORK RD STE 204 JENKINTOWN, PA 19046-1685 | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 28 | LANGLEY & BANACK, INC. (NAO) 745 E MULBERRY, STE 900 SAN ANTONIO, TX 78212 | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 29 | WINLEY FOUNDATION 2303 SALT POINT TURNPIKE CLINTON CORNERS, NY 12514 | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |



RENEWAL CERTIFICATE OF REGISTRATION

WHEREAS, the Renewal Registration of

**BORN FREE USA, UNITED WITH ANIMAL PROTECTION
INSTITUTE**

has been filed in the office of the Secretary of State as provided by the Oklahoma Solicitation of Charitable Contributions Act and will expire on October 03, 2012 .

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



*Filed in the city of Oklahoma City this
3rd day of October, 2011.*

V. Slom Coffey

Secretary of State

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code
(except block lump benefit fund or private foundation)

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

A For the 2010 calendar year, or tax year beginning **2010**, and ending **2010**

B Check if applicable:

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

BORN FREE USA UNITED WITH API
P.O. BOX 27505
SACRAMENTO, CA 95822

D Employer identification number

94-6107633

E Telephone number

(916) 447-3085

G Gross receipts **1** 2,434,937

F Name and address of principal officer:

Not a this a group return for attachment Yes No
Not a this a group return for attachment Yes No
If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) 527 (Insert no.) 4947(a)(1) or 527

J Website: **WWW.BORNFREEUSA.ORG**

Has group exemption number? Yes No

K Form of organization: Corporation Trust Association Other

L Year of formation: **1968**

M State of most contacts: **CA**

Summary

| | |
|--|-----------|
| 1 Briefly describe the organization's mission or most significant activities: BORN FREE USA UNITED WITH ANIMAL PROTECTION INSTITUDE WORKS TO ALLEVIATE THE UNNECESSARY SUFFERING OF WILD ANIMALS IN CAPTIVITY, RESCUE INDIVIDUAL ANIMALS IN NEED, PROTECT WILDLIFE - INCLUDING HIGHLY ENDANGERED SPECIES - IN THEIR NATURAL HABITATS, AND ENCOURAGE COMPASSION | |
| 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 |
| 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 8 |
| 6 Total number of volunteers (estimate if necessary) | 8 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b 0. |
| 8 Contributions and grants (Part VIII, line 1h) | 2,005,911 |
| 9 Program service revenue (Part VIII, line 2g) | 1,530,371 |
| 10 Investment income (Part VII, column (A), lines 3, 4, and 7c) | -29,142 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11a) | 21,173 |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,997,942 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 3,000 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 6-10) | 931,822 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 63,461 |
| b Total fundraising expenses (Part IX, column (D), line 25) = | 332,653 |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-14f) | 1,195,839 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,199,622 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -195,880 |
| 20 Total assets (Part X, line 16) | 3,186,603 |
| 21 Total liabilities (Part X, line 25) | 186,822 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 2,999,781 |

Signature Block

Under penalty of perjury, I declare that I have prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that anyone who furnishes false or misleading information on this return or who omits material or information requested on the return may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including penalties and interest).

Signature of officer: **ADAM M. ROBERTS**, EXECUTIVE VICE PRESIDENT
Date: **5/9/11**

Paid Preparer Use Only
Preparer's name: **NICHOLLE O. NELSON, CPA**
Preparer's signature: **NICHOLLE O. NELSON, CPA**
Date: _____
Check if preparer is not employed by you
Preparer's EIN: **30-0276349**
Preparer's address: **3901 DOUGLAS BLVD, SUITE 390, ROSEVILLE, CA 95661-3824**
Preparer's phone: **(916) 774-4208**

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No
BAA For Paperwork Reduction Act Notice, see the separate instructions. TREAS/11R 1201/10 Form 990 (2010)

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

Page 1 of 5 of Part I

Name of organization

Employer identification number

BORN FREE USA UNITED WITH API

94-6187633

Part III Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--|--------------------------------|--|
| 1 | ALL FOR ELEPHANTS 555 WEST COLLEGE AVE SANTA ROSA, CA 95401 | \$ 6,087. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | ALLEN UNKNOWN | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | ALLISON 1 UNIVERSITY PL NEW YORK, NY 10003 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | BANK OF AMERICA AFFINITY PGM PO BOX 15546 WILMINGTON, DE 19850 | \$ 35,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | BOUR 45 CLARENDON AVE SAN FRANCISCO, CA 94114 | \$ 287,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | DAHMAN 9308 LENARD CT SAINT LOUIS, MO 63123 | \$ 18,705. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

BAA

TEEA0702L 10/26/10

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

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

Page 2 of 5 of Part I

| | |
|--|---|
| Name of organization BORN FREE USA UNITED WITH API | Employer identification number 94-6187633 |
|--|---|

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--|--------------------------------|---|
| 7 | DAVIS ----- PO BOX 65 ----- HAWKINSVILLE, GA 31036 ----- | \$ 13,814. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 8 | ELLSWORTH ----- 1331 PARK AVE SW UNIT 505 ----- ALBUQUERQUE, NM 87102 ----- | \$ 98,357. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 9 | GEFFERS ----- 2957 2ND AVE ----- WELLSVILLE, NY 14895 ----- | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 10 | HACKETT ----- 4919 ARLINGTON DR ----- MINNETONKA, MN 55343 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 11 | IN DEFENSE OF ANIMALS ----- 3010 KERNER BLVD ----- SAN RAFAEL, CA 94901 ----- | \$ 6,637. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 12 | KAVANAUGH ----- 45 YORKWOOD DR ----- BRICK, NJ 08723 ----- | \$ 14,207. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |

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

Page 3 of 5 of Part I

Name of organization

Employer identification number

BORN FREE USA UNITED WITH API

94-6187633

Part III Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--|--------------------------------|--|
| 13 | KURTZMAN 2335 ALASKA AVENUE EL SEGUNDO, CA 90245 | \$ 11,537. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 14 | LANE PO BOX 1617 STATESVILLE, NC 28687 | \$ 16,675. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 15 | AYRSHIRE FARM PO BOX 599 UPPERVILLE, VA 20185 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 16 | MARSCHAUS 15605 N LAKEFOREST DR SUN CITY, AZ 85351 | \$ 48,710. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 17 | MOSS 7325 21ST AVE NW SEATTLE, WA 98117 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 18 | NATIONAL ANTI-VIVISECTION SOCIETY 53 WEST JACKSON BLVD CHICAGO, IL 60604 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

BAA

TEEA0702L 10/26/10

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

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

Page 4 of 5 of Part I

Name of organization

BORN FREE USA UNITED WITH API

Employer identification number

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Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--|--------------------------------|--|
| 19 | ROBERTS WINNIFRED 78 WAGSTAFF LN WEST ISLIP, NY 11795 | \$ 8,198. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 20 | RSPCA WILBERFORCE WAY RH 13 9RS UNITED KINGDOM | \$ 15,239. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 21 | THE BODY SHOP FOUNDATION WATERSMEAD, LITTLEHAMPTON BN 17 6LS UNITED KINGDOM | \$ 21,255. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 22 | THINKSPACE 6009 WASHINGTON BLVD CULVER CITY, CA 90232 | \$ 6,385. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 23 | TROUSE 5 GREENMEADOW LN WHITING, NJ 08759 | \$ 44,112. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 24 | VASILE 7-16 CROSS MEADOWS FAIR LAWN, NJ 07410 | \$ 8,817. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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Part III Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--|--------------------------------|---|
| 25 | CATHERINE VON SCHON ----- PO BOX 528 ----- STONY BROOK, NY 11790 ----- | \$ 10,417. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 26 | WILLIAMS ----- 100 CAMERON STATION BLVD ----- ALEXNADRIA, VA 22304 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 27 | WINLEY FOUNDATION ----- 2303 SALT POINT TURNPIKE ----- CLINTON CORNERS, NY 12514 ----- | \$ 146,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 28 | YOUNGSON ----- PO BOX 94 ----- MILFORD, MA 01757 ----- | \$ 17,153. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| 29 | JANELEE M BATHO LIVING TRUST ----- 478 WEST SPRUCE ST ----- SAULT STE MARIE, MI 49783 ----- | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |
| | ----- ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small> |