

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)

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

OMB No. 1545-0047

2005

**Open to Public
Inspection**

A For the 2005 calendar year, or tax year beginning _____, 2005, and ending _____

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE FUND FOR ANIMALS, INC. <hr/> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 WEST 57TH STREET 705 <hr/> City or town, state or country, and ZIP + 4 NEW YORK, NY 10019	D Employer identification number 13-6218740 <hr/> E Telephone number (212) 246-2096 <hr/> F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <hr/> I Group Exemption Number ▶ <hr/> M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)	
G Website: ▶ WWW.FUNDFORANIMALS.ORG <hr/> J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c)(3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <hr/> K Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return. <hr/> L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 6,709,259.			

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)
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Revenue		Net Assets	
1	Contributions, gifts, grants, and similar amounts received		
a	Direct public support	1a	6,360,608.
b	Indirect public support	1b	
c	Government contributions (grants)	1c	
d	Total (add lines 1a through 1c) (cash \$ 6,360,608. noncash \$)	1d	6,360,608.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	82,859.
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	
5	Dividends and interest from securities	5	340.
6a	Gross rents	6a	
b	Less rental expenses	6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe)	7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	
b	Less cost or other basis and sales expenses	8a	
c	Gain or (loss) (attach schedule)	8b	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	8d	
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	
b	Less direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	265,452.
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	6,709,259.
13	Program services (from line 44, column (B))	13	3,869,747.
14	Management and general (from line 44, column (C))	14	221,440.
15	Fundraising (from line 44, column (D))	15	209,212.
16	Payments to affiliates (attach schedule) STMT. 1	16	2,838,794.
17	Total expenses (add lines 16 and 44, column (A))	17	7,139,193.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-429,934.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	20,425,827.
20	Other changes in net assets or fund balances (attach explanation) STMT. 2	20	-18,418,663.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,577,230.

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

Form 990 (2005)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>39,086.</u> noncash \$ <u> </u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22 39,086.	39,086.	STMT 3	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 NONE	NONE	NONE	
26 Other salaries and wages	26 871,265.	783,214.	45,276.	42,775.
27 Pension plan contributions	27 NONE			
28 Other employee benefits	28 269,527.	242,288.	14,006.	13,233.
29 Payroll taxes	29 2,007.	1,804.	104.	99.
30 Professional fundraising fees	30 56,066.			56,066.
31 Accounting fees	31 57,322.	51,529.	2,979.	2,814.
32 Legal fees	32 189,404.	170,263.	9,842.	9,299.
33 Supplies	33 757,567.	681,007.	39,367.	37,193.
34 Telephone	34 34,763.	31,250.	1,806.	1,707.
35 Postage and shipping	35 29,911.	26,887.	1,556.	1,468.
36 Occupancy	36 269,398.	242,173.	13,999.	13,226.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 88,150.	79,241.	4,581.	4,328.
39 Travel	39 156,497.	140,682.	8,132.	7,683.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 135,736.	122,018.	7,054.	6,664.
43 Other expenses not covered above (itemize):	STMT 5			
a CONSULTING FEES	43a 427,653.	393,678.	22,757.	11,218.
b INVESTMENT ADVISORY FEES	43b 10,284.	9,245.	534.	505.
c INSURANCE	43c -1,975.	-1,775.	-103.	-97.
d REAL ESTATE AND PERSONAL	43d			
e PROPERTY TAX	43e 11,977.	10,767.	622.	588.
f MAILING COSTS	43f 895,761.	846,390.	48,928.	443.
g	43g			
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 4,300,399.	3,869,747.	221,440.	209,212.

Joint Costs. Check ☒ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 879,145.; (ii) the amount allocated to Program services \$ 643,701.;(iii) the amount allocated to Management and general \$ 26,374. and (iv) the amount allocated to Fundraising \$ 209,070.

Form 990 (2005)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a **SEE EXHIBIT 1**

(Grants and allocations \$ **39,086.**) If this amount includes foreign grants, check here ☐

3,869,747.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services).

3,869,747.




Form 990 (2005)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	218.	45	NONE	
	46 Savings and temporary cash investments	2,860,718.	46	1,409,104.	
	47a Accounts receivable	85,402.			
	b Less allowance for doubtful accounts		47b		
			149,303.	47c	85,402.
	48a Pledges receivable	426,718.			
	b Less allowance for doubtful accounts		48b		
			NONE	48c	426,718.
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes and loans receivable (attach schedule)				
	b Less allowance for doubtful accounts		51b		
				51c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	112,504.	53		2,343.
54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	15,718,625.	54		NONE	
55a Investments - land, buildings, and equipment basis					
b Less accumulated depreciation (attach schedule)		55b			
			55c		
56 Investments - other (attach schedule)	STMT. 7.	NONE	56	2,630.	
57a Land, buildings, and equipment basis STMT. 8	3,360,846.				
b Less accumulated depreciation (attach schedule)		57b			
	1,675,194.	3,899,336.	57c	1,685,652.	
58 Other assets (describe <input type="checkbox"/> STMT 9)	44,712.	58		470.	
59 Total assets (must equal line 74) Add lines 45 through 58.	22,785,416.	59		3,612,319.	
Liabilities	60 Accounts payable and accrued expenses	359,589.	60		56,109.
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/> STMT 10)	2,000,000.	65		1,978,980.
66 Total liabilities. Add lines 60 through 65	2,359,589.	66		2,035,089.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	20,070,597.	67		1,577,230.
	68 Temporarily restricted	355,230.	68		NONE
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	20,425,827.	73		1,577,230.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	22,785,416.	74		3,612,319.

Yes	No
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1	2	3
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75b		x

75c	X	
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75d	X
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Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

	Yes	No
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76		X
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77		X
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78a	X
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78b	N/A
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79	X	
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80a	X	

1111

11

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81b	X
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Part VI Other Information (continued)

YesNo

2 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a

X

b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)

82b

36,656.

3 a Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

X

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

X

4 a Did the organization solicit any contributions or gifts that were not tax deductible?

84a

N/A

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

N/A

5 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

N/A

b Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

N/A

If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year

c Dues, assessments, and similar amounts from members

85c

N/A

d Section 162(e) lobbying and political expenditures

85d

N/A

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

N/A

f Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

N/A

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

N/A

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h

N/A

6 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12

86a

N/A

b Gross receipts, included on line 12, for public use of club facilities

86b

N/A

7 501(c)(12) orgs. Enter: a Gross income from members or shareholders

87a

N/A

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

87b

N/A

8 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX

88

X

9 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE

b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction

89b

X

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

N/A

d Enter: Amount of tax on line 89c, above, reimbursed by the organization

N/A

0 a List the states with which a copy of this return is filed SEE STATEMENT 18

b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)

90b

NONE

1 a The books are in care of THE FUND FOR ANIMALS, INC. Telephone no 212-246-2096

Located at 200 WEST 57TH STREET, NEW YORK, NY ZIP + 4 10019

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

X

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country

2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a LITERATURE					38,119.
b SPONSORSHIPS			42	6,624.	
c WORKSHOPS					38,116.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	340.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b MISC. REVENUE			01	3,655.	
c ROYALTIES			15	175,983.	
d LEGAL REIMB.			01	54,496.	
e LIST RENTALS			15	31,318.	
104 Subtotal (add columns (B), (D), and (E))				272,416.	76,235.
105 Total (add line 104, columns (B), (D), and (E))					348,651.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	SALES OF BOOKS, VIDEOS, AND LOGO ITEMS, AT OR BELOW COST, TO INCREASE PUBLIC AWARENESS OF THE FUND FOR ANIMALS' MISSION.
93C	ONLINE & CLASSROOM TRAINING ON ANIMAL WELFARE.

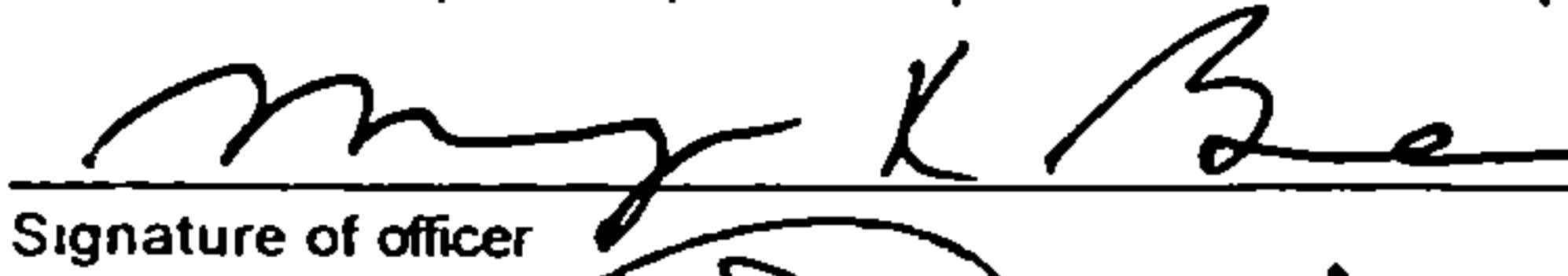
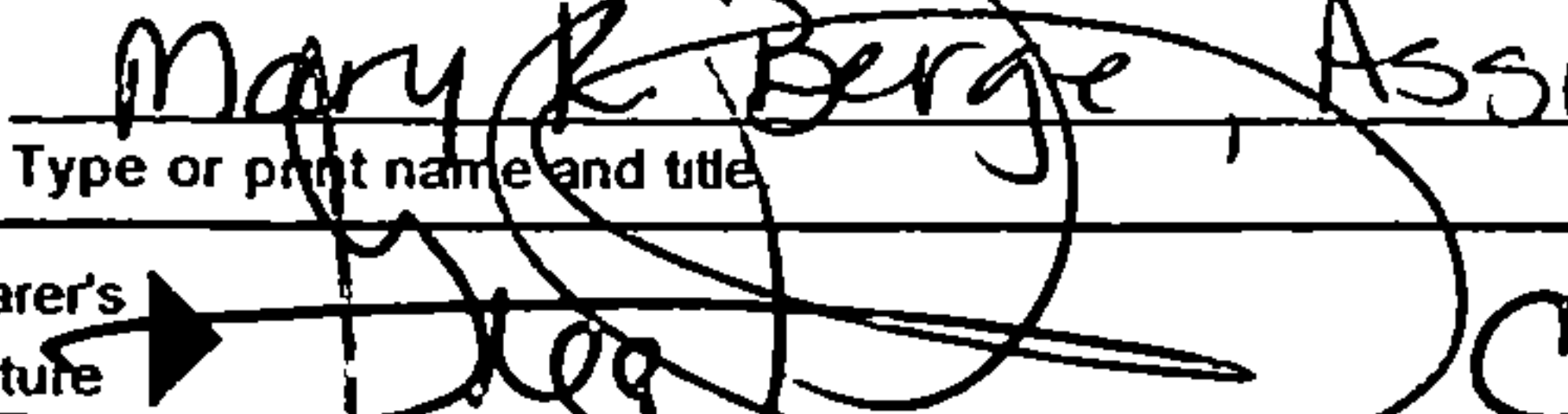
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer 		Date 11/10/06		
Paid Preparer's Use Only	Type or print name and title: Mary K. Berge, Assistant Treasurer				
	Preparer's signature 	Date 11/9/06	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)	
	Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP, 2010 CORPORATE RIDGE, SUITE 400, MCLEAN, VA 22102		EIN: 703-847-7500		
			Phone no: 703-847-7500		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization

THE FUND FOR ANIMALS, INC.

Employer identification number

13-6218740

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 19				
Total number of other employees paid over \$50,000 . . ▶		NONE		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 20		
Total number of others receiving over \$50,000 for professional services ▶		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		NONE

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>4,259.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1 X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a X	
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b ☐ A community trust. Section 170(b)(1)(A)(v). (Also complete the Support Schedule in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,540,396.	6,514,491.	7,239,412.	5,500,946.	25,795,245.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	126,217.	350,557.	370,129.	418,314.	1,265,217.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	655,238.	681,533.	722,744.	740,803.	2,800,318.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	7,321,851.	7,546,581.	8,332,285.	6,660,063.	29,860,780.
24 Line 23 minus line 17.	7,195,634.	7,196,024.	7,962,156.	6,241,749.	28,595,563.
25 Enter 1% of line 23.	73,219.	75,466.	83,323.	66,601.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 571,911.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 1,412,080.
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶					26c 28,595,563.
d Add: Amounts from column (e) for lines 18 2,800,318. 19					
22 26b 1,412,080. ▶					26d 4,212,398.
e Public support (line 26c minus line 26d total) ▶					26e 24,383,165.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 85.2691 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. NOT APPLICABLE (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____					
17 _____ 20 _____ 21 _____ ▶					27c
d Add: Line 27a total. and line 27b total ▶					27d
e Public support (line 27c total minus line 27d total). ▶					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to.		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)		

34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement		

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	Exhibit 4	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements	X		4,259.
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			4,259.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities **STMT 22**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

FORM 990, PART I - PAYMENTS TO AFFILIATES
=====

DESCRIPTION -----	AMOUNT -----
THE HUMANE SOCIETY OF THE UNITED STATES	2,838,794.

TOTAL	2,838,794.
	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
TRANSFER BEGINNING NET ASSETS TO HSUS EIN# 53-0225390	18,418,663. -----
TOTAL	18,418,663. =====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS

GRANTS PAID

CAPE COD STRANDING NETWORK, INC.

120 MAIN STREET

BUZZARDS WAY, MA 02532

NONE

CHARITABLE

10,000.

WHELDEN MEMORIAL LIBRARY

2401 MEETINGHOUSE WAY

WEST BARNSTABLE, MA 02668

NONE

CHARITABLE

25.

HENDERSON COUNTY HUMANE SOCIETY

1059 RICHMOND BLVD

OAKLAND, CA 94611

NONE

CHARITABLE

400.

PAWS/CA

PO BOX 849

SALT, CA 95632

NONE

CHARITABLE

4,500.

THE FUND FOR ANIMALS RABBIT SANCTUARY

133 FAIRVIEW ROAD

IMPSONVILLE, SC 29680

NONE

CHARITABLE

22,936.

HAN ZANDT COUNTY HUMANE SOCIETY

PO BOX 4

RAND SALINE, TX 75140

NONE

CHARITABLE

400.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS

PALAU ANIMAL WELFARE SOCIETY

PO BOX 1765

KOROR, CA 96940

NONE

CHARITABLE

825.

TOTAL CONTRIBUTIONS PAID

39,086.

=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

THE ALLEVIATION OF FEAR, THE PREVENTION OF PAIN AND THE RELIEF OF
SUFFERING OF ANIMALS EVERYWHERE AND TO FOSTER HUMANE CONDUCT TOWARD
ANIMALS AND ENCOURAGE AND SUPPORT THE COOPERATION AMONG ALL PERSONS
INTERESTED IN HUMANE ACTIVITIES.

FORM 990, PART IV - INVESTMENTS - OTHER
=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
OTHER INVESTMENTS	2,630.
TOTALS	----- 2,630. =====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL						
ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
VARIOUS ASSETS		3,360,846.			3,360,846.	1,539,459.	135,735.		1,675,194.
TOTALS		3,360,846.			3,360,846.	1,539,459.			1,675,194.

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
SECURITY DEPOSITS	470.

TOTALS	470.
	=====

FORM 990, PART IV - OTHER LIABILITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DUE TO AFFILIATE	1,978,980.

TOTALS	1,978,980.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION -----	AMOUNT -----
PAYMENTS TO AFFILIATES	2,838,794. -----
TOTAL	2,838,794. =====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION -----	AMOUNT -----
PAYMENTS TO AFFILIATES	2,838,794.

TOTAL	2,838,794.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARIAN G. PROBST 200 WEST 57TH STREET 705 NEW YORK, NY 10019	CHAIR/DIRECTOR 35	NONE	NONE	NONE
MICHAEL MARKARIAN 200 WEST 57TH STREET 705 NEW YORK, NY 10019	PRESIDENT 40	NONE	NONE	NONE
WAYNE PACELE 200 WEST 57TH STREET 705 NEW YORK, NY 10019	VICE PRESIDENT 1	NONE	NONE	NONE
G. THOMAS WAITE, III 200 WEST 57TH STREET 705 NEW YORK, NY 10019	TREASURER 1	NONE	NONE	NONE
MARY KATHERINE BERGE 200 WEST 57TH STREET 705 NEW YORK, NY 10019	ASSISTANT TREASURER 1	NONE	NONE	NONE
PATRICK MCDONNELL 200 WEST 57TH STREET 705 NEW YORK, NY 10019	DIRECTOR 1	NONE	NONE	NONE
WILLIAM F. MANCUSO	DIRECTOR 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
200 WEST 57TH STREET 705 NEW YORK, NY 10019				
EDGAR SMITH 200 WEST 57TH STREET 705 NEW YORK, NY 10019	DIRECTOR 1	NONE	NONE	NONE
DAVID WEIBERS 200 WEST 57TH STREET 705 NEW YORK, NY 10019	DIRECTOR 1	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----
HSUS 53-0225390 MICHAEL MARKARIAN 200 WEST 57TH STREET 705 NEW YORK, NY 10019	146,538.	15,129.	NONE
HSUS 53-0225390 WAYNE PACELLE 200 WEST 57TH STREET 705 NEW YORK, NY 10019	203,231.	20,097.	NONE
HSUS 53-0225390 G. THOMAS WAITE, III 200 WEST 57TH STREET 705 NEW YORK, NY 10019	165,231.	28,076.	NONE
HSUS 53-0225390 MARY KATHERINE BERGE 200 WEST 57TH STREET 705 NEW YORK, NY 10019	112,538.	23,381.	NONE
HSUS 53-0225390 GRANT THORNTON, LLP	100,683.	NONE	NONE

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2010 CORPORATE RIDGE, SUITE 400 MCLEAN, VA 22102			
HSUS 53-0225390 MEYER & GLITZENSTEIN 1601 CONNECTICUT AVENUE, NW WASHINGTON, DC 20009	61,051.	NONE	NONE
HSUS 53-0225390 NATIONAL OUTDOOR SPORTS ADVERT 5151 WISCONSIN AVENUE, NW WASHINGTON, DC 20016	1,757,199.	NONE	NONE
GRAND TOTALS	2,546,471.	86,683.	NONE

THE FUND FOR ANIMALS, INC.

13-6218740

FORM 990, PART VI - LIQUIDATION, DISSOLUTION, TERMINATION
=====

SEE EXHIBIT 2

FORM 990, PART VI, LINE 90A - STATES
=====

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA,
IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM,
NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
ROBERT FEARN 200 WEST 57TH STREET 705 NEW YORK, NY 10019	DIR, ANIMAL CARE 40	59,071.	9,319.	NONE
ERIC DAVIS 200 WEST 57TH STREET 705 NEW YORK, NY 10019	DIR, RURAL VET SERV. 40	64,836.	12,666.	NONE
SUSAN MONGER 200 WEST 57TH STREET 705 NEW YORK, NY 10019	VETERINARIAN 40	58,578.	8,788.	NONE
TOTAL COMPENSATION		182,485.	30,773.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
GRANT THORNTON, LLP 2010 CORPORATE RIDGE, SUITE 400 MCLEAN, VA 22102	AUDIT	54,320.
MEYER & GLITZENSTEIN 1601 CONNECTICUT AVENUE, NW WASHINGTON, DC 20009	LEGAL	120,139.
NATIONAL OUTDOOR SPORTS ADVERTISING 5151 WISCONSIN AVENUE, NW WASHINGTON, DC 20016	PROF. FUNDRAISING	56,066.
LEO, EGAR, DVM. 2607 MARILYN ROAD PHOENIX, AZ 85032	VETERINARIAN	57,250.
LYDIA C LOVE 6324 PLEASANT TOP DRIVE ARLINGTON, TN 38002	VETERINARIAN	51,500.
TOTAL COMPENSATION		----- 339,275. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

AN ANALYSIS AND CALCULATION IS MADE FOR ALL REQUESTS FOR FUNDS TO
OTHER ORGANIZATIONS. IF THE SOLICITING ORGANIZATION IS IN THE POSITION
OF AIDING IN THE FUND'S GOALS, THEN THE MONEY WILL BE GRANTED.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

=====

LOBBYING EXPENSES INCURRED THROUGH THE FUND FOR ANIMALS (MAGAZINE).

The Fund for Animals

Following the 2005 corporate combination between The HSUS and The Fund for Animals (FFA), FFA became the entity responsible for The HSUS's animal care facilities. These facilities include the Cleveland Amory Black Beauty Ranch (TX), the Fund for Animals Wildlife Rehabilitation Center (CA), the Cape Wildlife Rehabilitation Center (MA), and the Rural Area Veterinary Services (RAVS) program, which sponsors mobile veterinary clinic visits to Native American reservations and impoverished communities across the United States and throughout the western hemisphere.

Humane Education: Educate the public on issues and events affecting animal rights and welfare.

Program Expense: \$1,149,149

Gifts and Grants: \$ 22,936

Cleveland Amory Black Beauty Ranch: The Fund for Animals operates the world famous Black Beauty Ranch in Murchison, Texas. The 1,620-acre refuge is home to many hundreds of animals -- from chimpanzees to burros to elephants. Here, animals do not get harassed or harmed, but a helping hand and a loving home.

Program Expense: \$1,152,747

Gifts and Grants: \$ 400

California Wildlife Rehabilitation Center: In southern California, injured and orphaned wild animals are restored to health and back to their native wild homes, thanks to The Fund's 24-hour medical facility. The center includes premium rehabilitation enclosures for animals such as mountain lions, coyotes, and raccoons, and the largest free-flight raptor aviary in the world.

Program Expense: \$434,890

Gifts and Grants: \$ 4,900

Cape Wildlife Rehabilitation Center: The mission of the Cape Wildlife Center, a program of The Humane Society of the United States, is to promote and protect the health and well-being of wild animals and their habitats as integral parts of the Cape Cod community. The center operates a year-round wildlife rehabilitation facility and veterinary clinic that annually provides professional care to nearly 1,400 injured, ill, and orphaned wild animals. We strive to achieve the highest standards of care and humane treatment of wild animals within the Cape Cod ecosystem.

Program Expense: \$353,021

Gifts and Grants: \$10,025

Rural Area Veterinary Services (RAVS) RAVS brings veterinary services to poor communities around the globe, whether in Bolivia or Bell County, Kentucky. Volunteer veterinary students work with several professional vets to provide not only essential services such as sterilizations and vaccinations, but also educational services such as talks on disease prevention and pet care.

Program Expense: \$779,940

Gifts and Grants: \$ 825

The Fund for Animals
Form 990, Part VI
Other Information
12/31/05

Question 79

Effective January 1, 2005, an asset acquisition agreement was executed between The Fund for Animals (Fund) and The Humane Society of the United States (Society), EIN: 53-0225390, whereby the Fund transferred assets totaling \$18,418,663 to the Society.

In addition, the Fund's Board members were assumed into the Society's Board of Director's, and the Society took control of the Fund's Board and voting membership. The Fund continues to operate as an animal welfare organization, coordinating its animal care facilities with the Society's animal care programs.

THE FUND FOR ANIMALS
EIN: 13-6218740
12/31/2005

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
THE HUMANE SOCIETY OF THE UNITED STATES	X	
THE HUMANE SOCIETY OF THE US WILDLIFE LAND TRUST	X	
THE NATL ASSOC. FOR HUMANE AND ENVIRONMENTAL EDUCATION	X	
CENTER FOR RESPECT OF LIFE AND THE ENVIRONMENT	X	
EARTHVOICE INTERNATIONAL	X	
EARTHKIND USA	X	
THE HUMANE SOCIETY LEGISLATIVE FUND	X	
HUMANE SOCIETY INTERNATIONAL	X	
HUMANE SOCIETY OF HONG KONG LIMITED		(INT'L NFP CORP)
THE HUMANE SOCIETY INTERNATIONAL UK		(INT'L NFP CORP)
THE HUMANE SOCIETY INTERNATIONAL GERMANY		(INT'L NFP CORP)
THE HUMANE SOCIETY INTERNATIONAL FRANCE		(INT'L NFP CORP)
THE HUMANE SOCIETY INTERNATIONAL, INC. (AUSTRALIA)		(INT'L NFP CORP)
GLOBAL ALLIANCE FOR HUMANE SUSTAINABLE DEVELOPMENT		(INT'L NFP CORP)

The Fund for Animals
Form 990, Schedule A, Part VI-A
Lobbying expenditures by Electing Public Charities
12/31/05

Question 36

While FFA did not revoke its election under 501(h) for 2005, we are filing this Schedule A as though it had because we intend to file a private letter ruling request seeking 9100 relief.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application 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)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.
Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	THE FUND FOR ANIMALS	13-6218740
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	200 WEST 57TH STREET 705	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10019	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► THE ORGANIZATION

Telephone No. ► 212 246-2096

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 08/15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
► ☒ calendar year 2005 or
► ☐ tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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

\$ n/a

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

\$

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

\$ n/a

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 12-2004)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box. ☒ **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization THE FUND FOR ANIMALS, INC.	Employer identification number 13-6218740
	Number, street, and room or suite no. If a P.O. box see instructions 200 WEST 57TH STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10019	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **THE FUND FOR ANIMALS, INC.**

Telephone No **212 246-2096**

FAX No

• If the organization does not have an office or place of business in the United States, check this box. ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐ If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **11/15/2006**
- 5 For calendar year **2005**, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a 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 \$ _____

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 previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

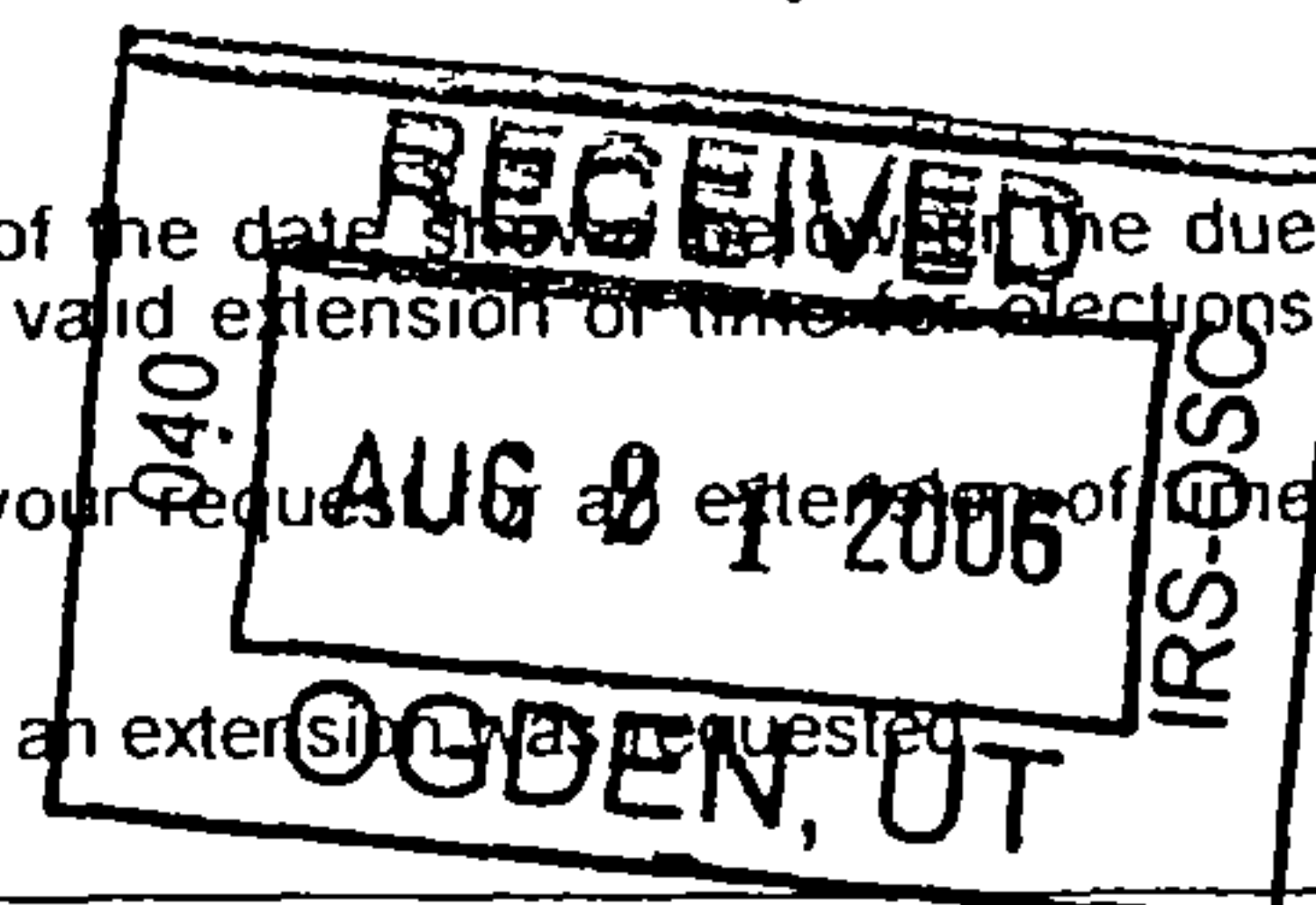
Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct and complete, and that I am authorized to prepare this form

Signature **David Cottone** Title **CPA/agent** Date **8/14/06**

Notice to Applicant - To Be Completed by the IRS

<input checked="" type="checkbox"/>	We have approved this application Please attach this form to the organization's return
<input type="checkbox"/>	We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
<input type="checkbox"/>	We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
<input type="checkbox"/>	We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
<input type="checkbox"/>	Other _____



Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name GRANT THORNTON LLP Attn: David Cottone
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2010 CORPORATE RIDGE, SUITE 400
	City or town, province or state, and country (including postal or ZIP code) MCLEAN, VA 22102