

Form **990**Department of the Treasury  
Internal Revenue Service**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

**2007**Open to Public  
Inspection**A** For the 2007 calendar year, or tax year beginning

and ending

**B** Check if  
applicable

- ☐ Address  
change
- ☐ Name  
change
- ☐ Initial  
return
- ☐ Termin-  
ation
- ☐ Amended  
return
- ☐ Application  
pending

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instruc-  
tions**C** Name of organization**THE FUND FOR ANIMALS, INC**

Number and street (or P O box if mail is not delivered to street address)

**200 WEST 57TH STREET**

Room/suite

**705**

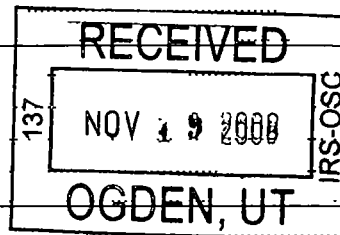
City or town, state or country, and ZIP + 4

**NEW YORK, NY 10019****D** Employer identification number**13-6218740****E** Telephone number**212-246-2096****F** Accounting method:☐ Cash☒ Accrual  
(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? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ▶ **N/A**H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list)H(d) Is this a separate return filed by an or-  
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: ▶ **WWW.FUNDFORANIMALS.ORG****J** Organization type (check only one) ▶ ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross  
receipts are normally not more than \$25,000. A return is not required, but if the organization  
chooses to file a return, be sure to file a complete return.**M** Check ☐ if the organization is **not** required to attach  
Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶**8,667,733.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds		1a	
	b	Direct public support (not included on line 1a)		1b	8,054,399.
	c	Indirect public support (not included on line 1a)		1c	20,495.
	d	Government contributions (grants) (not included on line 1a)		1d	
	e	Total (add lines 1a through 1d) (cash \$ <b>8,074,894.</b> noncash \$ )		1e	8,074,894.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	12,057.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	120,413.
	5	Dividends and interest from securities		5	
Expenses	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) Other
	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	
	8d			8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
Net Assets	a	Gross revenue (not including \$ of contributions reported on line 1b)		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	460,369.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	8,667,733.
	13	Program services (from line 44, column (B))		13	4,893,524.
	14	Management and general (from line 44, column (C))		14	317,139.
15	Fundraising (from line 44, column (D))		15	219,071.	
16	Payments to affiliates (attach schedule)		16		
17	Total expenses. Add lines 16 and 44, column (A)		17	5,429,734.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	3,237,999.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	3,585,763.	
20	Other changes in net assets or fund balances (attach explanation)		20	0.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	6,823,762.	

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Form 990 (2007)

**HUMANEWATCH.ORG**

SCANNED DEC 16 2008

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**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.

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>86,608</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>86,608.</b>	<b>86,608.</b>	<b>STATEMENT 2</b>	
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>1,419,235.</b>	<b>1,282,581.</b>	<b>80,823.</b>	<b>55,831.</b>
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>30,515.</b>	<b>20,950.</b>	<b>5,658.</b>	<b>3,907.</b>
<b>28</b> Employee benefits not included on lines 25a - 27	<b>298,225.</b>	<b>276,139.</b>	<b>13,062.</b>	<b>9,024.</b>
<b>29</b> Payroll taxes				
<b>30</b> Professional fundraising fees	<b>83,548.</b>			<b>83,548.</b>
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies	<b>549,662.</b>	<b>509,812.</b>	<b>39,849.</b>	<b>1.</b>
<b>34</b> Telephone	<b>71,248.</b>	<b>64,387.</b>	<b>4,058.</b>	<b>2,803.</b>
<b>35</b> Postage and shipping	<b>39,316.</b>	<b>35,530.</b>	<b>2,239.</b>	<b>1,547.</b>
<b>36</b> Occupancy	<b>411,262.</b>	<b>371,663.</b>	<b>23,421.</b>	<b>16,178.</b>
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications				
<b>39</b> Travel	<b>153,551.</b>	<b>138,766.</b>	<b>8,745.</b>	<b>6,040.</b>
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>98,556.</b>	<b>89,066.</b>	<b>5,613.</b>	<b>3,877.</b>
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 1</b>	<b>2,188,008.</b>	<b>2,018,022.</b>	<b>133,671.</b>	<b>36,315.</b>
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>5,429,734.</b>	<b>4,893,524.</b>	<b>317,139.</b>	<b>219,071.</b>

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 \$ 1,372,124., (ii) the amount allocated to Program services \$ 1,091,662.(iii) the amount allocated to Management and general \$ 41,164.; and (iv) the amount allocated to Fundraising \$ 239,298.

**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? ► <b>SEE STATEMENT 6</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
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.)	
<b>a</b> <b>SEE STATEMENT 3</b>	
(Grants and allocations \$ <b>41,000.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>1,903,943.</b>
<b>b</b> <b>CLEVELAND AMORY BLACK BEAUTY RANCH: THE FUND FOR ANIMALS OPERATES THE WORLD FAMOUS BLACK BEAUTY RANCH IN MURCHISON, TEXAS. THE 1,320-ACRE REFUGE IS HOME TO NEARLY 1,300 ANIMALS -- FROM CHIMPANZEES AND CAMELS TO BURROS AND HORSES. HERE, ANIMALS DO NOT GET HARASSED OR HARMED, BUT ARE PROVIDED WITH A HELPING HAND AND A LOVING HOME.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>1,006,554.</b>
<b>c</b> <b>SEE STATEMENT 4</b>	
(Grants and allocations \$ <b>45,548.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>915,046.</b>
<b>d</b> <b>SEE STATEMENT 5</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>571,404.</b>
<b>e</b> Other program services (attach schedule) <b>SEE STATEMENT 7</b>	
(Grants and allocations \$ <b>60.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>496,577.</b>
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>4,893,524.</b>

Form 990 (2007)

**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
<b>Assets</b>	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	1,782,732.	46 5,329,751.
	47 a Accounts receivable	47a 397,419.	
	b Less: allowance for doubtful accounts	47b	47c 397,419.
	48 a Pledges receivable	48a 37,680.	
	b Less: allowance for doubtful accounts	48b 350.	48c 37,330.
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	2,383.	53 3,146.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
<b>Liabilities</b>	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	57a 3,856,802.	
	b Less: accumulated depreciation	57b 2,001,211.	57c 1,855,591.
	58 Other assets, including program-related investments (describe <b>SECURITY DEPOSITS</b> )	470.	58 260.
	59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	4,452,277.	59 7,623,497.
	60 Accounts payable and accrued expenses	98,347.	60 141,340.
	61 Grants payable		61
	62 Deferred revenue		62
<b>Net Assets or Fund Balances</b>	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <b>DUE TO HSUS</b> )	768,167.	65 658,395.
	66 <b>Total liabilities.</b> Add lines 60 through 65	866,514.	66 799,735.
	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>X</b> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	3,585,763.	67 6,823,762.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	3,585,763.	73 6,823,762.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	4,452,277.	74 7,623,497.	





**Part VI Other Information** (continued)

		Yes	No
82 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	130,725.
83 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 <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
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
85 a	501(c)(4), (5), or (6). 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
86	501(c)(7) organizations. 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
87	501(c)(12) organizations. 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
88 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it 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		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed	SEE STATEMENT 11	
b	Number of employees employed in the pay period that includes March 12, 2007	90b	0
91 a	The books are in care of	THE FUND FOR ANIMALS, INC	
	Located at	200 WEST 57TH STREET, NEW YORK, NY	
	Telephone no	212-246-2096	
	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)? If "Yes," enter the name of the foreign country	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		N/A

**Part VI Other Information** (continued)

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

91c

Yes	No
	X

If "Yes," enter the name of the foreign country **N/A**92 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a LITERATURE					1,107.
b WORKSHOP					10,950.
c					
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			14	120,413.	
96 Dividends and interest from securities					
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 OTHER INCOME			01	368,706.	
b ROYALTIES			15	58,864.	
c LIST RENTALS			15	32,799.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		580,782.	12,057.
105 Total (add line 104, columns (B), (D), and (E))					592,839.

Note: Line 105 plus line 1e, 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.
93B	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
N/A	%			
	%			
	%			
	%			

**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?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

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



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a  
controlling organization as defined in section 512(b)(13). N/A

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				


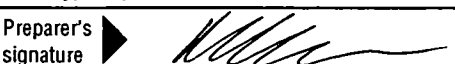
**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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		11-12-08 Date		
Paid Preparer's Use Only	 Preparer's signature		11/12/08 Date	<input type="checkbox"/> Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. X)
	RSM MCGLADREY, INC. 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205			EIN	703-336-6400 Phone no

**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

**2007**

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
ROBERT FEARN 200 W 57TH STREET, NEW YORK, NY 10019	DIR-CAPE WL CENTER 40.00	65,525.	10,651.	0.
ERIC W. DAVIS 200 W 57TH STREET, NEW YORK, NY 10019	DIR-RAVS 40.00	72,196.	10,569.	0.
SUSAN HOUGH MONGER 200 W 57TH STREET, NEW YORK, NY 10019	VETERINARIAN 40.00	65,819.	7,645.	0.
KATHERINE B. LISCOMB 200 W 57TH STREET, NEW YORK, NY 10019	VP-ANIMAL CARE CENTE 40.00	112,169.	20,072.	0.
RICHARD H. FARINATO 200 W 57TH STREET, NEW YORK, NY 10019	DIR-BLACK BEAUTY 40.00	69,711.	12,519.	0.
Total number of other employees paid over \$50,000 ▶	0			

**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
NATIONAL OUTDOOR SPORTS 5151 WISCONSIN AVE, NW 4TH FL, WASHINGTON DC 200	DIRECT MAIL CONSULTING SERVIC	83,548.
THE SHARE GROUP, INC 4411 S 40TH ST, SUITE D-6, PHOENIX, AZ 85040	TELEMARKETING	60,570.
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Total number of others receiving over \$50,000 for professional services ▶	0	

**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
RICHARD J. RICHMOND 453 CHURCH STREET, WEST BARNSTABLE MA 02668	CUMMAQUID CONSULTANT FEES	63,510.
EO EGAR, DVM. 2607 MARILYN ROAD, PHOENIX, AZ 85032	CLINIC-FIELD VETERINARIAN	56,324.
JENNIFER SCARLETT, DVM 905 FLORIDA STREET, SAN FRANCISCO CA 94110	VETERINARY SERVICES	52,770.
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Total number of other contractors receiving over \$50,000 for other services ▶	0	

**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 ► \$ \_\_\_\_\_ (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

- 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)

SEE STATEMENT 12

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

N/A

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

N/A

4c

d Enter the total number of donor advised funds owned at the end of the tax year

► N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

► N/A

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

► 0.

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

► 0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions)I certify that 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)(vi). (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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	6,388,608.	6,360,608.	6,540,396.	6,514,491.	25,804,103.
<b>16</b> Membership fees received					
<b>17</b> 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	31,458.	82,859.	126,217.	350,557.	591,091.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	120,413.	207,641.	655,238.	681,533.	1,664,825.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	472,305.	58,151.	SEE STATEMENT 13		530,456.
<b>23</b> Total of lines 15 through 22	7,012,784.	6,709,259.	7,321,851.	7,546,581.	28,590,475.
<b>24</b> Line 23 minus line 17	6,981,326.	6,626,400.	7,195,634.	7,196,024.	27,999,384.
<b>25</b> Enter 1% of line 23	70,128.	67,093.	73,219.	75,466.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					26a 559,988.
<b>b</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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 4,624.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 27,999,384.
<b>d</b> Add: Amounts from column (e) for lines 18 1,664,825. 19 22 530,456. 26b 4,624.					26d 2,199,905.
<b>e</b> Public support (line 26c minus line 26d total)					26e 25,799,479.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.1430%
<b>27</b> Organizations described on line 12: <b>a</b> 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: N/A	(2006)	(2005)	(2004)	(2003)	
<b>b</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 11b, 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: N/A	(2006)	(2005)	(2004)	(2003)	
<b>c</b> Add: Amounts from column (e) for lines 15 16 17 20 21					27c N/A
<b>d</b> Add: Line 27a total and line 27b total					27d N/A
<b>e</b> Public support (line 27c total minus line 27d total)					27e N/A
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions )

N/A

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

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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 )	<b>31</b>	
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> 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	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2007



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?

- (i) **Cash**

- (ii) Other assets

**b Other transactions**

- (i) Sales or exchanges of assets with a noncharitable exempt organization**

- (ii) Purchases of assets from a noncharitable exempt organization**

- (iii) Rental of facilities, equipment, or other assets

- (iv) Reimbursement arrangements**

- (v) Loans or loan guarantees

- (vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

- 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.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

- 52 a** 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

N/A

[illegible]



FORM 990

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PRICES & AWARDS	66.	66.		
CONSULTANT & CONTRACTED SERVICE	474,846.	429,124.	27,042.	18,680.
INVESTMENT EXPENSES & TRUSTEES' FEES	23,232.	17,765.	3,233.	2,234.
INSURANCE	<333.>	<301.>	<19.>	<13.>
REAL ESTATE & PERSONAL PROPERTY				
TAXES	19,525.	17,645.	1,112.	768.
PROFESSIONAL FEES	252,286.	227,994.	14,367.	9,925.
EDUCATION MATERIAL, PUBLICATION , AND CAMPAIGNS	120,005.	108,450.	6,834.	4,721.
MAILING COSTS	1,298,381.	1,217,279.	81,102.	
TOTAL TO FM 990, LN 43	2,188,008.	2,018,022.	133,671.	36,315.

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FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	2
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GRANTS ANIMAL COMPASSION NETWORK PO BOX 1704 SKYLAND, NC 28776-1704	719.
GRANTS ANIMAL PROTECTIVE LEAGUE 1001 TAINTOR ROAD SPRINGFIELD, IL 62702	901.
GRANTS ANIMAL WELFARE ASSOCIATION INC PO BOX 575 HOWE, IN 46746-0575	719.
GRANTS ANIMAL WELFARE SOCIETY OF CAMDEN COUNTY PO BOX 475 BLACKWOOD, NJ 08009	854.
GRANTS ANIMALS REQUESTING FRIENDS BENEVOLENT SOCIETY 210 N 3RD BURNT PRAIRIE, IL 62820	719.
GRANTS BALDWIN ANIMAL RESCUE CENTER 306 MAGNOLIA AVENUE FAIRHOPE, AL 36532	731.
GRANTS BARREN RIVER ANIMAL WELFARE ASSOCIATION PO BOX 171 GLASGOW, KY 42141	719.
GRANTS BEST FRIENDS OF BAKER INC PO BOX 185 BAKER CITY, OR 97801	719.
GRANTS BROOKHAVEN ANIMAL RESCUE LEAGUE PO BOX 3477 BROOKHAVEN, MS 39603	756.

GRANTS	719.
BRUNSWICK ANIMAL LEAGUE	
3108 OAK DRIVE	
SHALLOTTE, NC 28470	
GRANTS	719.
CALAVERAS HUMANE SOCIETY	
PO BOX 177	
VALLECITO, CA 95251	
GRANTS	10,000.
CAPE COD STRANDING NETWORK INC	
PO BOX 287, 120 MAIN STREET	
BUZZARD'S BAY, MA 02532	
GRANTS	806.
CATS ANGELS, INC. SPCA	
PO BOX 16072	
FERNANDINA BEACH, FL 32035	
GRANTS	1,561.
CENTRAL CALIFORNIA SPCA	
103 S HUGHES AVENUE	
FRESNO, CA 93706	
GRANTS	886.
CHARLOTTESVILLE/ALBEMARLE SPCA	
3355 BERKMAR DRIVE	
CHARLOTTESVILLE, VA 22901	
GRANTS	734.
COMMUNITY ANIMAL RESCUE EFFORT	
PO BOX 1234	
COLUMBUS, IN 47202	
GRANTS	719.
EFFINGHAM COUNTY HUMANE SOCIETY	
53 VILLAGE SQUARE MALL, EFFINGHAM IL 62401	
COLUMBUS, IN 47202	
GRANTS	820.
FAYETTE FRIENDS OF ANIMALS	
223 SEARIGHT-HERBERT ROAD	
UNIONTOWN, PA 15401	
GRANTS	1,129.
FERAL CAT SPAY/NEUTER PROJECT	
11331 ROOSEVELT WAY NE	
SEATTLE, WA 98125-6227	

GRANTS	829.
FOND DU LAC HUMANE SOCIETY	
652 TRIANGLE ROAD	
FOND DU LAC, WI 54935	
GRANTS	909.
FRIENDS FOR THE DEARBORN ANIMAL SHELTER	
2661 GREENFIELD	
DEARBORN, MI 48120	
GRANTS	744.
FRIENDS OF KEOKUK ANIMAL SERVICES	
PO BOX 1181	
KEOKUK, IA 52632	
GRANTS	719.
GREEN MOUNTAIN ANIMAL DEFENDERS	
PO BOX 4577	
BURLINGTON, VT 05406-4577	
GRANTS	954.
GUAM ANIMALS IN NEED, INC	
108 HERMAN CORTEZ AVE SIRENA PLAZA SUITE 100	
HAGATNA, GU 96921	
GRANTS	744.
HEART OF JACKSON HUMANE SOCIETY INC	
PO BOX 126	
HOLTON, KS 66436-0126	
GRANTS	719.
HUMANE ANIMAL TREATMENT SOCIETY (HATS)	
6600 W SHORE DRIVE	
WEIDMAN, MI 48892	
GRANTS	886.
HUMANE SOCIETY OF CAMDEN COUNTY	
905 S GROVE BLVD	
KINGSLAND, GA 31548	
GRANTS	964.
HUMANE SOCIETY OF CHARLES COUNTY	
PO BOX 1015	
WALDORF, MD 20604-1015	
GRANTS	769.
HUMANE SOCIETY OF HARLINGEN	
1106 MARKOWSKY	
HARLINGEN, TX 78550	

GRANTS	719.
HUMANE SOCIETY OF KENT COUNTY	
3077 WILSON DRIVE NW	
GRAND RAPIDS, MI 49534	
GRANTS	1,191.
HUMANE SOCIETY OF ROME INC	
PO BOX 4572	
ROME, NY 13442	
GRANTS	799.
HUMANE SOCIETY OF TULSA	
8988-L S SHERIDAN #284	
TULSA, OK 74133	
GRANTS	799.
JURY-DUTY SPAY AND NEUTER PROGRAM	
109 N PALAFOX STREET	
PENSACOLA, FL 32502	
GRANTS	879.
KENT COUNTY SPCA	
32 SHELTER CIRCLE	
CAMDEN, DE 19934	
GRANTS	719.
KITTITAS COUNTY FRIENDS OF ANIMALS	
1517 SANDERS ROAD	
ELLENSBURG, WA 98926	
GRANTS	719.
LANDER PET CONNECTION	
PO BOX 99	
KINNEAR, WY 82516	
GRANTS	814.
MCKAMEY ANIMAL CARE & ADOPTION CENTER	
PO BOX 1028	
HIKSON, TN 37343	
GRANTS	719.
MENOMINEE ANIMAL SHELTER	
N 184 HAGGERSON CT	
MENOMINEE, MI 49858	
GRANTS	1,176.
MERRIMACK RIVER FELINE RESCUE SOCIETY	
63 ELM STREET, ROUTE 110	
SALISBURY, MA 01952	

GRANTS	719.
MITCHELL COUNTY ANIMAL RESCUE	
PO BOX 308	
SPRUCE PINE, NC 28777	
GRANTS	886.
NOAH'S ARK ANIMAL FOUNDATION	
PO BOX 748	
FAIRFIELD, IA 52556	
GRANTS	1,466.
PARSIPPANY ANIMAL SUPPORTERS SOCIETY INC	
PO BOX 5077	
PARSIPPANY, NJ 07054-5210	
GRANTS	834.
PARTNERS AMONG CATS & CANINES	
PO BOX 1133	
FRANKLIN, VA 23851	
GRANTS	831.
PET-OVERPOPULATION PREVENTION ADVOCATES	
PO BOX 5721	
BEAVERTON, OR 97006	
GRANTS	961.
PROGRESSIVE ANIMAL WELFARE SOCIETY (PAWS-WA)	
15305 44TH AVENUE WEST	
LYNNWOOD, WA 98037	
GRANTS	1,194.
PURRFECT CAT RESCUE	
PO BOX 7958	
FREMONT, CA 94537	
GRANTS	29,000.
RABBITT SANCTUARY, INC	
833 FAIRVIEW ROAD	
SIMPSONVILLE, SC 29680	
GRANTS	956.
RUTHERFORD COUNTY ANIMAL PROTECTION	
PO BOX 623	
RUTHERFORDTON, NC 28139	
GRANTS	994.
SACRAMENTO AREA ANIMAL COALITION	
PO BOX 188890	
SACRAMENTO, CA 95818	

THE FUND FOR ANIMALS, INC

13-6218740

GRANTS	756.
SOUTHERN ALLIANCE ANIMAL WELFARE	
PO BOX 23535	
NASHVILLE, TN 37202	
GRANTS	819.
SPAY/NEUTER YOUR PET	
PO BOX 477	
MEDFORD, OR 97501	
GRANTS	994.
VIRGINIA PARTNERSHIP ANIMAL WELFARE AND SUPPORT	
PO BOX 179	
CHRISTIANSBURG, VA 24068	
GRANTS	896.
W.A.G.S. OF MONROE COUNTY INC	
60035 VAUGH ROAD	
AMORY, MS 38821	
GRANTS	1,601.
WASHINGTON HUMANE SOCIETY	
7319 GEORGIA AVE., NW	
WASHINGTON, DC 20012	
GRANTS	2,000.
WILDLIFE ADVOCACY PROJECT	
1601 CONNECTICUT AVENUE NW, SUITE 700	
WASHINGTON, DC 20009	
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	86,608.

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FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	3
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DESCRIPTION OF PROGRAM SERVICE ONE

THE FFA IS AN AFFILIATE ORGANIZATION OF THE HUMANE SOCIETY OF THE UNITED STATES (HSUS). IT IS RESPONSIBLE FOR THE HSUS'S ANIMAL CARE FACILITIES AND IT ALSO INCLUDES AN ANIMAL PROTECTION LITIGATION SECTION WHICH UNDERTAKES PRECEDENT-SETTING LEGAL CAMPAIGNS IN STATE AND FEDERAL COURTS. THESE DIRECT CARE FACILITIES INCLUDE THE CLEVELAND AMORY BLACK BEAUTY RANCH (TX), THE FUND FOR ANIMALS WILDLIFE CENTER (CA), AND THE CAPE WILDLIFE CENTER (MA).

HUMANE EDUCATION: EDUCATE THE PUBLIC ON ISSUES AND EVENTS AFFECTING ANIMAL RIGHTS AND WELFARE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	41,000.	1,903,943.



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FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	4
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DESCRIPTION OF PROGRAM SERVICE THREE

RURAL AREA VETERINARY SERVICES (RAVS): RAVS, PART OF THE FUND FOR ANIMALS IN 2007 PROVIDED VETERINARY SERVICES TO POOR COMMUNITIES AROUND THE GLOBE, WHETHER IN BOLIVIA OR BELL COUNTY, KENTUCKY. VOLUNTEER VETERINARY STUDENTS WORK WITH 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.

TO FORM 990, PART III, LINE C

GRANTS45,548.EXPENSES915,046.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
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DESCRIPTION OF PROGRAM SERVICE FOUR

CAPE WILDLIFE CENTER: THE MISSION OF THE CAPE WILDLIFE CENTER IS TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF WILD ANIMALS AND THEIR HABITATS AS INTEGRAL PARTS OF THE NEW ENGLAND AREA. THE CENTER OPERATES A YEAR-ROUND WILDLIFE REHABILITATION FACILITY AND VETERINARY CLINIC THAT ANNUALLY PROVIDES PROFESSIONAL CARE TO MORE THAN 1,400 INJURED, ILL, AND ORPHANED WILD ANIMALS. VETERINARY STUDENTS AND TECHNICIANS ARE TRAINED AT THIS FACILITY AS WELL.

	<u>GRANTS</u>	<u>EXPENSES</u>	
TO FORM 990, PART III, LINE D		571,404.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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EXPLANATION

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	OTHER PROGRAM SERVICES	STATEMENT	7
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<u>DESCRIPTION OF OTHER PROGRAM SERVICES</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>EXPENSES</u>
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 REHABILITATION FACILITY. THE CENTER SPECIALIZES IN LARGE PREDATORS AND BIRDS OF PREY--ANIMALS SUCH AS MOUNTAIN LIONS, COYOTES, AND BOBCATS ARE REGULARLY ADMITTED, AND THE LARGEST FREE-FLIGHT RAPTOR AVIARY ON THE WEST COAST IS USED TO PREPARE INJURED BIRDS TO GO BACK TO THE WILD.	60.	496,577.
TOTAL TO FORM 990, PART III, LINE E	60.	496,577.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,490,541.	0.	1,490,541.
BUILDINGS & AUTO	2,045,194.	1,765,165.	280,029.
FURNITURE & EQUIPMENTS	321,067.	236,046.	85,021.
TOTAL TO FORM 990, PART IV, LN 57	3,856,802.	2,001,211.	1,855,591.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARIAN PROBST 200 WEST 57TH STREET, 705 NEW YORK, NY 10019	CHAIR/DIRECTOR 35.00	0.	0.	0.
MIKE MARKARIAN 200 WEST 57TH STREET, 705 NEW YORK, NY 10019	PRESIDENT/EXECUTIVE DIRECTOR 40.00	0.	0.	0.
WAYNE PACELLE 200 WEST 57TH STREET, 705 NEW YORK, NY 10019	VICE PRESIDENT 1.00	0.	0.	0.
G. THOMAS WAITE III 200 WEST 57TH STREET, 705 NEW YORK, NY 10019	TREASURER 1.00	0.	0.	0.
MARY K. BERGE 200 WEST 57TH STREET, 705 NEW YORK, NY 10019	ASSISTANT TREASURER 1.00	0.	0.	0.
PATRICK MCDONNELL 200 WEST 57TH STREET, 705 NEW YORK, NY 10019	DIRECTOR 1.00	0.	0.	0.
WILLIAM F. MANCUSO 200 WEST 57TH STREET, 705 NEW YORK, NY 10019	DIRECTOR 1.00	0.	0.	0.

THE FUND FOR ANIMALS, INC

13-6218740

JUDY NEY 200 WEST 57TH STREET,705 NEW YORK, NY 10019	DIRECTOR 1.00	0.	0.	0.
SHERYL DEMPSEY 200 WEST 57TH STREET,705 NEW YORK, NY 10019	SECRETARY 1.00	0.	0.	0.
DAVID WEIBERS 200 WEST 57TH STREET,705 NEW YORK, NY 10019	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

FORM 990

PART V-A OFFICER COMPENSATION FROM  
RELATED ORGANIZATIONS

STATEMENT 10

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
MICHAEL MARKARIAN	170,923.	16,264.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
HUMANE SOCIETY OF THE UNITED STATES	53-0225390

RELATIONSHIP BETWEEN ORGANIZATIONS

CONTROLLED BY HSUS

COMPENSATION DESCRIPTION

COMPENSATION RECIEVED FOR PERFORMING DUTIES OF EXECUTIVE VP, EXTERNAL AFFAIRS OF THE HUMANE SOCIETY OF THE UNITED STATES.

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
G. THOMAS WAITE, III	180,616.	23,510.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
HUMANE SOCIETY OF THE UNITED STATES	53-0225390

RELATIONSHIP BETWEEN ORGANIZATIONS

CONTROLLED BY HSUS

COMPENSATION DESCRIPTION

COMPENSATION RECIEVED FOR PERFORMING DUTIES OF TREASURER/CFO OF THE HUMANE SOCIETY OF THE UNITED STATES.

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
MARY KATHERINE BERGE	125,369.	23,821.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
HUMANE SOCIETY OF THE UNITED STATES		53-0225390	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
CONTROLLED BY HSUS			
<u>COMPENSATION DESCRIPTION</u>			
COMPENSATION RECIEVED FOR PERFORMING DUTIES OF ASSISTANT TREASURER OF THE HUMANE SOCIETY OF THE UNITED STATES.			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
MARTA PRADO	134,466.	12,844.	0.
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
HUMANE SOCIETY INTERNATIONAL, INC		52-1769464	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
CONTROLLED BY HSUS			
<u>COMPENSATION DESCRIPTION</u>			
COMPENSATION RECIEVED FOR PERFORMING DUTIES OF EXECUTIVE DIRECTOR OF THE HUMANE SOCIETY INTERNATIONAL, INC.			

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
WAYNE PACELLE	215,308.	19,445.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
HUMANE SOCIETY OF THE UNITED STATES	53-0225390

RELATIONSHIP BETWEEN ORGANIZATIONS

CONTROLLED BY HSUS

COMPENSATION DESCRIPTION

COMPENSATION RECIEVED FOR PERFORMING DUTIES OF PRESIDENT/CEO OF THE HUMANE SOCIETY OF THE UNITED STATES.

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FORM 990	LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90	STATEMENT 11
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STATES

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

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SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3A	STATEMENT 12
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AN ANALYSIS AND CALCULATION IS MADE OF 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	OTHER INCOME			STATEMENT 13
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	472,305.	58,151.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	472,305.	58,151.	0.	0.



**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).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ► ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

**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 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 will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until
- AUGUST 15, 2008**
- , to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► ☒ calendar year **2007** 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

<b>3a</b> 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>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</b>	\$ <b>N/A</b>

**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

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

Form **8868** (Rev. 4-2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**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).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> You 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	Employer identification number
	THE FUND FOR ANIMALS, INC	13-6218740
	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	200 WEST 57TH STREET, NO. 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):

- ☒ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**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 **NOVEMBER 15, 2008**
- 5 For calendar year **2007**, 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 ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION AND FILE AN AND COMPLETE 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.	8a	\$
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	8b	\$
c <b>Balance Due.</b> 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.	8c	\$ <b>N/A</b>

### 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  Title **Accountant** Date **8/11/08**

Form 8868 (Rev. 4-2008)