

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning

and ending

B Check if applicable:

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

C Name of organization
THE FUND FOR ANIMALS, INC.
Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
200 WEST 57TH STREET 705

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10019

F Name and address of principal officer: MICHAEL MARKARIAN
SAME AS C ABOVE

D Employer identification number

13-6218740

E Telephone number

212-246-2096

G Gross receipts \$

8,696,873.

H(a) Is this a group return

for subordinates? Yes No

H(b) Are all subordinates included?

Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number

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

J Website: WWW.FUNDFORANIMALS.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1967

M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO OPERATE ANIMAL CARE FACILITIES AND TO ADVOCATE FOR ANIMAL PROTECTION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 5
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 342
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 7,215,144. Current Year 8,576,042.
	9	Program service revenue (Part VIII, line 2g)	21,797. 18,229.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,922. -5,597.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,718. 79,571.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,298,581. 8,668,245.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,000. 30,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,519,258. 2,479,941.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	104,377. 92,200.
	b	Total fundraising expenses (Part IX, column (D), line 25) 470,754.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,634,946. 6,931,259.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,298,581. 9,533,400.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	0. -865,155.
	20	Total assets (Part X, line 16)	Beginning of Current Year 9,334,062. End of Year 11,195,842.
	21	Total liabilities (Part X, line 26)	131,974. 2,858,909.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,202,088. 8,336,933.

Part II Signature Block

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

Sign Here

Signature of officer: *G Thomas Waite III* Date: 11/14/14

G THOMAS WAITE III, TREASURER

Paid Preparer Use Only

Print/Type preparer's name: WILLIAM E. TURCO, CPA Preparer's Signature: *William E. Turco* Date: 6/10/14 Check if self-employed: PTIN: P00369217

Firm's name: MCGLADREY LLP Firm's EIN: 42-0714325

Firm's address: 9737 WASHINGTONIAN BLVD, STE 400 GAITHERSBURG, MD 20878 Phone no. 301-296-3600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PROVIDE SANCTUARY, MEDICAL TREATMENT, REHABILITATION AND RELEASE OR RE-HOMING, AND OTHER HANDS-ON CARE AND RESCUE OF EXPLOITED, INJURED, ORPHANED, AND ABANDONED ANIMALS; TO PROMOTE THE HUMANE TREATMENT OF ALL ANIMALS AND THE PREVENTION OF CRUELTY THROUGH EDUCATION AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,757,523. including grants of \$ 30,000.) (Revenue \$ 18,229.) DIRECT ANIMAL CARE SERVICES:

THE FUND FOR ANIMALS OPERATES FOUR ANIMAL CARE CENTERS, INCLUDING:

CLEVELAND AMORY BLACK BEAUTY RANCH IN MURCHISON, TX, IS A 1,310-ACRE SANCTUARY FOR APPROXIMATELY 1,000 ANIMALS YEAR ROUND, REPRESENTING 42 SPECIES, RESCUED FROM ABUSE OR ABANDONMENT. RESCUED ANIMAL RESIDENTS INCLUDE EXOTIC SPECIES AS WELL AS DOMESTIC, INCLUDING HORSES AND BURROS, CATTLE AND BUFFALO, DEER, PIGS, TORTOISE, TIGERS, CHIMPANZEES, AND OTHER PRIMATE SPECIES. ANIMALS RESCUED FROM CRUELTY CASES OR OTHER FORMS OF ABUSE RECEIVE VETERINARY CARE AND A PERMANENT SAFE HAVEN. THE DORIS DAY EQUINE CENTER, A PROGRAM OF THE CLEVELAND AMORY BLACK BEAUTY

4b (Code:) (Expenses \$ 4,960,535. including grants of \$ 0.) (Revenue \$ 0.)

HUMANE EDUCATION AND ADVOCACY - THE FUND FOR ANIMALS' ANIMAL CARE CENTERS REPRESENT LIVING SEMINARS ON THE RANGE OF PROBLEMS AND THREATS FACING WILD ANIMALS, DRAWING ATTENTION TO WHAT HAPPENS TO THOSE ANIMALS WHEN INDIVIDUAL CITIZENS, INSTITUTIONS, OR POLICY MAKERS MAKE BAD DECISIONS. ANIMALS ENTER THE FUND FOR ANIMALS' SANCTUARY SYSTEM FROM A NUMBER OF DIFFERENT STATES EVERY YEAR, AND SANCTUARY STAFF MEMBERS PROVIDE SERVICE AND EXPERTISE THROUGHOUT THE NATION, ADVISING GOVERNMENT AGENCIES, PRIVATE INSTITUTIONS, AND THE PUBLIC ON HUMANE SOLUTIONS TO HUMAN-WILDLIFE CONFLICTS, WHILE PUSHING FOR PUBLIC POLICIES THAT BENEFIT WILD ANIMALS AND WILD ANIMAL HABITATS.

THE FUND'S ANIMAL CARE CENTERS PROVIDE CAPTIVATING EXPERIENCES VIA

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,718,058.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: G. THOMAS WAITE, III - 202-452-1100 700 PROFESSIONAL DRIVE, GAITHERSBURG, MD 20879

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	30,409.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,545,633.			
	g Noncash contributions included in lines 1a-1f: \$		130,135.			
	h Total. Add lines 1a-1f		8,576,042.			
	Program Service Revenue	2 a MERCHANDISE SALES	Business Code			
		900099	14,109.	14,109.		
b ADOPTION		900099	4,120.	4,120.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		18,229.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	8,000.			
		b Less: cost or other basis and sales expenses		13,597.		
		c Gain or (loss)		-5,597.		
	d Net gain or (loss)		-5,597.		-5,597.	
	8 a Gross income from fundraising events (not including \$ 30,409. of contributions reported on line 1c). See Part IV, line 18	a	36,584.			
		b Less: direct expenses	15,031.			
c Net income or (loss) from fundraising events			21,553.		21,553.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a LIST RENTAL	511140	32,785.			32,785.	
b PAYMENT FOR EASEMENT	900099	25,233.			25,233.	
c						
d All other revenue						
e Total. Add lines 11a-11d		58,018.				
12 Total revenue. See instructions.		8,668,245.	18,229.	0.	73,974.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	30,000.	30,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	32,280.	29,375.	1,291.	1,614.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,966,376.	1,805,646.	67,874.	92,856.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	156,618.	143,812.	5,409.	7,397.
9 Other employee benefits	176,552.	162,119.	6,095.	8,338.
10 Payroll taxes	148,115.	135,991.	5,124.	7,000.
11 Fees for services (non-employees):				
a Management	327,263.	303,119.	12,014.	12,130.
b Legal	1,801,323.	1,674,522.	63,095.	63,706.
c Accounting	3,765.	3,500.	132.	133.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	92,200.			92,200.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	79,037.	71,000.	3,999.	4,038.
12 Advertising and promotion	2,804.	2,607.	98.	99.
13 Office expenses	1,225,481.	1,137,972.	42,981.	44,528.
14 Information technology				
15 Royalties				
16 Occupancy	742,398.	690,138.	26,004.	26,256.
17 Travel	126,420.	117,056.	4,659.	4,705.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	564,216.	524,499.	19,763.	19,954.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SETTLEMENTS	1,200,000.	1,116,579.	42,072.	41,349.
b DIRECT RESPONSE COSTS	690,499.	613,944.	38,093.	38,462.
c TOOLS AND SUPPLIES	117,538.	109,264.	4,117.	4,157.
d R/E AND OTHER TAXES	8,121.	7,505.	283.	333.
e All other expenses	42,394.	39,410.	1,485.	1,499.
25 Total functional expenses. Add lines 1 through 24e	9,533,400.	8,718,058.	344,588.	470,754.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,061,944.	594,432.	31,858.	435,654.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	445,614.
	2 Savings and temporary cash investments	242,677.	2	
	3 Pledges and grants receivable, net	1,714,902.	3	1,602,214.
	4 Accounts receivable, net	194,015.	4	350,733.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	270.	9	270.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,453,540.		
	b Less: accumulated depreciation	10b 2,656,529.	6,502,658.	10c 8,797,011.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	679,540.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,334,062.	16	11,195,842.	
Liabilities	17 Accounts payable and accrued expenses	131,974.	17	142,504.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	2,716,405.
	26 Total liabilities. Add lines 17 through 25	131,974.	26	2,858,909.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets	9,202,088.	28	8,336,933.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,202,088.	33	8,336,933.	
34 Total liabilities and net assets/fund balances	9,334,062.	34	11,195,842.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,668,245.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,533,400.
3	Revenue less expenses. Subtract line 2 from line 1	3	-865,155.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,202,088.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,336,933.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
THE FUND FOR ANIMALS, INC.

Employer identification number
13-6218740

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,106,859.	5,790,868.	8,210,239.	7,215,144.	8,576,042.	36,899,152.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,106,859.	5,790,868.	8,210,239.	7,215,144.	8,576,042.	36,899,152.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,455,547.
6 Public support. Subtract line 5 from line 4.						34,443,605.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	7,106,859.	5,790,868.	8,210,239.	7,215,144.	8,576,042.	36,899,152.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	290,858.	364,110.	121,598.	49,718.	32,785.	859,069.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	819.		116,000.		61,817.	178,636.
11 Total support. Add lines 7 through 10						37,936,857.
12 Gross receipts from related activities, etc. (see instructions)					12	237,446.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	90.79 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	81.34 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and**
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

THE FUND FOR ANIMALS, INC.

Employer identification number

13-6218740

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization THE FUND FOR ANIMALS, INC.	Employer identification number 13-6218740
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 180,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 432,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 200,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 2,900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE FUND FOR ANIMALS, INC.	Employer identification number 13-6218740
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 337,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE FUND FOR ANIMALS, INC.	Employer identification number 13-6218740
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization THE FUND FOR ANIMALS, INC.	Employer identification number 13-6218740
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization THE FUND FOR ANIMALS, INC. **Employer identification number** 13-6218740

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,636,164.		1,636,164.
b Buildings		8,955,029.	2,132,162.	6,822,867.
c Leasehold improvements				
d Equipment		509,185.	249,064.	260,121.
e Other		353,162.	275,303.	77,859.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,797,011.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AFFILIATE DEBT	2,716,405.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,716,405.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	8,693,217.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	9,941.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	15,031.
e	Add lines 2a through 2d	2e	24,972.
3	Subtract line 2e from line 1	3	8,668,245.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,668,245.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	9,558,372.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	9,941.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	15,031.
e	Add lines 2a through 2d	2e	24,972.
3	Subtract line 2e from line 1	3	9,533,400.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,533,400.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EXPLANATION: MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND

CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT

REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH

THE PROVISIONS OF THIS GUIDANCE. GENERALLY, THE ORGANIZATION IS NO LONGER

SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX

AUTHORITIES FOR YEARS BEFORE 2010.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RELATED TO FUNDRAISING EVENTS 15,031.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

EXPENSES RELATED TO FUNDRAISING EVENTS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RELATED TO FUNDRAISING EVENTS 15,031.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DINNER UNDER THE STARS (event type)	GOLF TOURNAMENT (event type)	1 (total number)	
Revenue	1 Gross receipts	26,550.	24,350.	16,093.	66,993.
	2 Less: Contributions	15,440.	3,470.	11,499.	30,409.
	3 Gross income (line 1 minus line 2)	11,110.	20,880.	4,594.	36,584.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		100.		100.
	6 Rent/facility costs		2,226.		2,226.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	190.	11,957.	558.	12,705.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				15,031.
	11 Net income summary. Subtract line 10 from line 3, column (d)				21,553.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: NATIONAL OUTDOOR SPORTS

(I) ADDRESS OF FUNDRAISER:

5151 WISCONSIN AVENUE, NW, 4TH FLOOR, WASHINGTON, DC 20016

(I) NAME OF FUNDRAISER: DONOR SERVICES GROUP

(I) ADDRESS OF FUNDRAISER: 6715 SUNSET BLVD, LOS ANGELES, CA 90028

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization THE FUND FOR ANIMALS, INC. Employer identification number 13-6218740

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RABBIT SANCTUARY, INC. PO BOX 80036 SIMPSONVILLE, SC 29680	20-5315478	501(C)(3)	30,000.	0.			OPERATING EXPENSES FOR THE SANCTUARY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (2013)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: THE FUND FOR ANIMALS ISSUES GRANTS TO ORGANIZATIONS THAT MEET
 OUR MISSION CRITERIA. GRANTS ARE USUALLY GIVEN TO ORGANIZATIONS THAT HAVE
 BEEN THOROUGHLY RESEARCHED BY US OR TO ONES WITH WHICH WE HAVE AN EXISTING
 RELATIONSHIP. GRANT OVERSIGHT IS ACCOMPLISHED THROUGH A VARIETY OF METHODS
 SUCH AS GRANT REPORTS, MEETINGS WITH GRANTEEES, AND SITE VISITS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

THE FUND FOR ANIMALS, INC.

Employer identification number

13-6218740

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL MARKARIAN PRESIDENT	(i)	21,436.	0.	0.	1,598.	793.	23,827.	0.
	(ii)	192,928.	0.	0.	14,380.	7,139.	214,447.	0.
(2) WAYNE PACHELLE VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	312,523.	0.	43,782.	31,522.	12,854.	400,681.	0.
(3) G. THOMAS WAITE III TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	206,434.	0.	0.	64,005.	19,515.	289,954.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization **THE FUND FOR ANIMALS, INC.** Employer identification number **13-6218740**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	29,950.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	609.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	160	16,702.	FMV
20 Drugs and medical supplies	X	112	16,260.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GROUND MAINT.)	X	24	34,385.	FMV
26 Other ▶ (EQUIP/FURNITU)	X	8	13,247.	FMV
27 Other ▶ (OFFICE SUPPLI)	X	55	10,578.	FMV
28 Other ▶ (ANIMAL CARE S)	X	18	8,404.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization **THE FUND FOR ANIMALS, INC.** Employer identification number **13-6218740**

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVOCACY; AND TO FOSTER HUMANE CONDUCT TOWARD ANIMALS AND ENCOURAGE AND

SUPPORT COOPERATION TOWARD THAT END AMONG ALL PERSONS AND ENTITIES

INTERESTED IN HUMANE ACTIVITIES.

THE FUND FOR ANIMALS WAS FOUNDED IN 1967 BY PROMINENT AUTHOR AND ANIMAL

ADVOCATE CLEVELAND AMORY. FOR MORE THAN FOUR DECADES, THE FUND HAS

PROTECTED ANIMALS BY OPERATING A NETWORK OF WORLD-FAMOUS ANIMAL CARE

FACILITIES, WHILE AT THE SAME TIME EMPLOYING NATIONAL ANIMAL ADVOCACY

CAMPAIGNS TO PROTECT ANIMALS FROM CRUELTY AND ABUSE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RANCH, PROVIDES CARE AND REHABILITATION FOR HORSES RESCUED FROM CRUELTY

AND NEGLECT CASES. THE PROGRAM TRAINS HORSES TO BE APPROPRIATE

COMPANION ANIMALS AND SEEKS TO RE-HOME THEM WITH NEW ADOPTING FAMILIES.

IN 2013, THE FUND FOR ANIMALS TRAINED EQUINE RESCUE CENTERS FROM AROUND

THE COUNTRY IN HUMANE HORSEMANSHIP PRACTICES.

CAPE WILDLIFE CENTER IN CAPE COD, MA, IS A FIVE-ACRE FACILITY AND MODEL

REHABILITATION PROGRAM FOR NATIVE WILDLIFE, WITH A FOCUS ON THE

CHALLENGING RABIES VECTOR SPECIES, PROVIDING MEDICAL AND REHABILITATIVE

TREATMENT TO INJURED AND ORPHANED ANIMALS AND RELEASING THEM BACK INTO

THE WILD. THE CAPE WILDLIFE CENTER IS AN INTEGRAL PART OF THE CAPE

COMMUNITY, ADVISING PEOPLE ON HUMANE SOLUTIONS TO HUMAN-WILDLIFE

CONFLICTS, WHILE SUPPORTING PUBLIC POLICIES THAT BENEFIT WILD ANIMALS

AND THEIR HABITATS. THE CENTER IS MAKING HUMANE ADVANCEMENTS IN

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

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization THE FUND FOR ANIMALS, INC.	Employer identification number 13-6218740
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WILDLIFE VETERINARY CARE AND REHABILITATION, SEEKING SOLUTIONS FOR
 ECOLOGICAL CHALLENGES AFFECTING WILDLIFE AND HUMAN POPULATIONS AND
 TRAINING CURRENT AND FUTURE WILDLIFE VETERINARIANS. IN 2013, MORE THAN
 1,700 ANIMALS RECEIVED CARE AT THE CENTER.

THE FUND FOR ANIMALS WILDLIFE CENTER, IN RAMONA, CA, IS A 13-ACRE
 FACILITY WHICH PROVIDES MEDICAL TREATMENT, CARE, AND REHABILITATION OF
 NATIVE WILDLIFE, AND RELEASES THEM BACK INTO THE WILD. THE CENTER
 FOCUSES PRIMARILY ON THE REHABILITATION AND RELEASE OF PREDATOR SPECIES
 NATIVE TO CALIFORNIA, SUCH AS SKUNKS, COYOTES, BOBCATS, EAGLES, HAWKS,
 AND OWLS. IN 2013, 500 ANIMALS RECEIVED CARE AND TREATMENT.
 PRESENTLY, 15 NON-RELEASABLE OR NON-NATIVE ANIMALS RESCUED FROM THE
 EXOTIC PET TRADE AND CRUELTY CASES CALL THE CENTER HOME, INCLUDING AN
 AFRICAN LION, PYGMY HIPPO, AND MOUNTAIN LION, ALL OF WHOM ONCE SUFFERED
 IN THE HANDS OF PRIVATE OWNERS. IN ADDITION, THE CENTER SERVES AS A
 SHELTER FOR A COLONY OF 40 FERAL CATS RESCUED FROM NEARBY SAN NICOLAS
 ISLAND. IN 2013 THE CENTER OPENED A NEW MEDICAL FACILITY AND OUTDOOR
 RECOVERY ROOMS EXPANDING THE CENTER'S CAPACITY TO PROVIDE CARE AND
 TREATMENT FOR NATIVE WILDLIFE.

DUCHESS WILDLIFE SANCTUARY, IN OAKLAND, OR, IS A 1,120-ACRE FACILITY
 ESTABLISHED TO CARE FOR ABOUT 200 FORMERLY ABUSED, EXPLOITED, AND
 NEGLECTED HORSES. MARES RESCUED FROM THE PREGNANT MARE URINE (PMU)
 INDUSTRY AND THEIR OFFSPRING MAKE UP THE MAJORITY OF THE HERD AT THE
 SANCTUARY. IN 2013 THE CENTER PROVIDED TEMPORARY SANCTUARY FOR THE
 REHABILITATION AND RECOVERY OF SEVERAL HORSES RESCUED FROM CRUELTY
 CASES. A 6,000 SQUARE FOOT HOSPITAL BARN WAS COMPLETED IN 2013.

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ADDITIONALLY, THE FUND FOR ANIMALS SUPPORTS OTHER ANIMAL SANCTUARIES AND DIRECT ANIMAL CARE PROGRAMS. IN 2013, THE FUND PROVIDED FINANCIAL SUPPORT TO THE RABBIT SANCTUARY, INC. IN SIMPSONVILLE, SC, WHICH PROVIDES A HOME TO RESCUED RABBITS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PERSONALIZED TOURS, EXTERN PROGRAMS FOR PROFESSIONAL STUDENTS, AND VOLUNTEER OPPORTUNITIES FOR VISITORS FROM AROUND THE COUNTRY. GUESTS LEARN ABOUT ANIMAL PROTECTION ISSUES RELATING TO FACTORY FARMING, WILDLIFE AND HABITAT PROTECTION, ANIMALS IN RESEARCH, HORSE SLAUGHTER, AND OTHER PRESSING CHALLENGES. IN 2013, THE CLEVELAND AMORY BLACK BEAUTY RANCH'S EXTERN PROGRAM PROVIDED ANIMAL CARE EDUCATIONAL OPPORTUNITIES TO 17 STUDENTS PARTICIPATING. THE RANCH, HOME TO ANIMALS RESCUED FROM THE EXOTIC PET TRADE, ALSO ADVOCATED FOR LEGISLATION TO BAN PRIVATE OWNERSHIP OF BIG CATS AND DANGEROUS PRIMATES. THE CAPE WILDLIFE CENTER'S EXTERNSHIP PROGRAM DRAWS VETERINARY TECHNICIANS, PRE-VETERINARY UNDERGRADUATE MAJORS, AND VETERINARY STUDENTS AND GRADUATE VETERINARIANS FROM ACROSS THE U.S. AND ABROAD; IN 2013, MORE THAN 26 EXTERNS AND VISITING PROFESSIONALS FROM THE U.S. AND SEVEN OTHER COUNTIES STUDIED WILDLIFE REHABILITATION, VETERINARY CARE, AND CONSERVATION MEDICINE AT THE CENTER. THE FUND FOR ANIMALS WILDLIFE CENTER PROVIDED IMMERSION TRAINING TO 12 STUDENT INTERNS, AND ALSO ADVOCATED FOR STATE LEGISLATION ENACTED IN CALIFORNIA IN 2013 TO PHASE OUT THE USE OF TOXIC LEAD AMMUNITION WHICH POISONS WILDLIFE IN THE STATE.

THE FUND FOR ANIMALS NOT ONLY IMPROVES PUBLIC UNDERSTANDING OF ANIMAL WELFARE ISSUES BUT ALSO EDUCATES ITS SUPPORTERS THROUGH COMPELLING

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STORIES AND ACTION OPPORTUNITIES IN PRINT AND ONLINE PUBLICATIONS, AND

ON ITS WEBSITE, FUNDFORANIMALS.ORG. ABOUT 20,000 PEOPLE RECEIVE

MONTHLY ELECTRONIC COMMUNICATIONS, AND MORE THAN 350,000 RECEIVE

PRINTED MATERIALS FROM THE FUND FOR ANIMALS THROUGH THE MAIL.

THE WORK OF THE FUND FOR ANIMALS DIRECTLY SUPPORTS THE HUMAN-ANIMAL

BOND, WITH ALL OF ITS EMOTIONAL, PSYCHOLOGICAL, AND SOCIETAL BENEFITS.

THE ORGANIZATION'S WORK ALSO BENEFITS HUMANS BY ENSURING THAT WILD,

INJURED, AND POTENTIALLY DANGEROUS ANIMALS ARE CARED FOR AND HANDLED IN

A MANNER CONSISTENT WITH FUNDAMENTAL PUBLIC HEALTH AND SAFETY

INTERESTS.

IN JUNE 2013, THE U.S. FISH AND WILDLIFE SERVICE PUBLISHED A PROPOSED

RULE THAT WOULD GRANT A LEGAL PETITION FILED BY THE FUND AND OTHER

ORGANIZATIONS TO LIST ALL CHIMPANZEES, INCLUDING CAPTIVE ANIMALS IN THE

U.S., AS ENDANGERED UNDER THE FEDERAL ENDANGERED SPECIES ACT. THE

PROTECTED STATUS REQUESTED BY THE PETITION WOULD HELP WORK TOWARD

ELIMINATING THE USE OF CHIMPANZEES IN BIOMEDICAL RESEARCH AND

ENTERTAINMENT.

IN AUGUST 2013, THE U.S. DEPARTMENT OF AGRICULTURE OPENED A PUBLIC

REVIEW AND COMMENT PERIOD FOR THE FUND'S PETITION TO PROHIBIT PUBLIC

CONTACT WITH INHERENTLY DANGEROUS EXOTIC WILDLIFE, SUCH AS BEARS, BIG

CATS AND PRIMATES. IF GRANTED, THE RULEMAKING IN RESPONSE TO OUR

PETITION WILL SIGNIFICANTLY LIMIT THE CAPTIVE EXPLOITATION OF THESE

EXOTIC WILD ANIMALS FOR COMMERCIAL GAIN.

IN DECEMBER 2013, THE FUND FILED TO INTERVENE IN A LAWSUIT CHALLENGING

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CALIFORNIA'S REGULATIONS RESTRICTING THE PRIVATE POSSESSION OF CAPTIVE

WILD ANIMALS BY BACKYARD BREEDERS AND ROADSIDE ZOOS. THE PLAINTIFF

CHALLENGING THE CALIFORNIA LAW, THE EXOTIC FELINE BREEDING COMPOUND, IS

A SUBSTANDARD FACILITY THAT RECKLESSLY BREEDS DANGEROUS EXOTIC CATS.

THIS MATTER WAS QUICKLY RESOLVED IN THE FUND'S FAVOR-THE LAWSUIT WAS

DISMISSED SHORTLY AFTER WE MOVED TO INTERVENE.

THE FUND IS STILL AWAITING FINAL DECISIONS ON SEVERAL ACTIONS TO

PROTECT OTHER VULNERABLE SPECIES. STILL PENDING BEFORE FEDERAL COURTS

AND ADMINISTRATIVE AGENCIES ARE THE FUND'S LAWSUIT CHALLENGING THE

REMOVAL OF GRAY WOLVES IN WYOMING FROM THE LIST OF SPECIES PROTECTED BY

THE ENDANGERED SPECIES ACT, AND THE FUND'S PETITION TO ADD AFRICAN

LIONS TO THAT LIST.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: OFFICERS MARKARIAN, PACELLE, WAITE, CRANE, GETZ AND BRIGGS

WERE EMPLOYED BY ANOTHER TAX EXEMPT ORGANIZATION ON WHOSE BOARD DIRECTORS

PROBST, FANG, MCDONNELL, NEY AND WIEBERS SERVED. THEREFORE THESE

INDIVIDUALS HAD "BUSINESS RELATIONSHIPS" WITH EACH OTHER.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: IN 2013, FFA AMENDED ITS ARTICLES OF INCORPORATION TO UPDATE

ITS DISSOLUTION CLAUSE AND ADD A NEW DEDICATION CLAUSE, MAKING IT CLEAR

THAT FFA ASSETS REMAIN IRREVOCABLY DEDICATED TO CHARITABLE PURPOSES.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THERE ARE CURRENTLY FIVE VOTING MEMBERS OF THE FUND FOR

ANIMALS.

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FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: MEMBERS OF THE FUND FOR ANIMALS' GOVERNING BODY ARE DESIGNATED
BY THE BOARD OF A RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED
STATES (THE HSUS).

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: MEMBERS OF THE FUND FOR ANIMALS' GOVERNING BODY ARE DESIGNATED
BY THE BOARD OF A RELATED ORGANIZATION, THE HUMANE SOCIETY OF THE UNITED
STATES (THE HSUS).

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: THE FUND FOR ANIMALS' BOARD HAS NO COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: AFTER INTERNAL ACCOUNTING STAFF DRAFTS THE 990, THE DRAFT IS
SUBMITTED TO FFA'S INDEPENDENT TAX PREPARERS FOR THEIR REVIEW AND REVISION,
AS MAY BE APPROPRIATE. THE REVISED DRAFT IS THEN GIVEN TO FFA'S TREASURER
FOR FURTHER REVIEW. ONCE ALL STAFF AND PROFESSIONAL REVIEWS/REVISIONS ARE
DONE, THE TREASURER SENDS THE PROPOSED FINAL OF THE FORM 990 TO THE FFA
BOARD FOR ITS CONSIDERATION. ONCE THE BOARD HAS HAD AN OPPORTUNITY TO
REVIEW AND COMMENT, THE FINALIZED VERSION IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE IMPLEMENTATION OF THE CONFLICT OF INTEREST POLICY
EMPHASIZES AVOIDING CONFLICTS TO BEGIN WITH. THE GENERAL COUNSEL'S OFFICE
FIELDS AND USUALLY RESOLVES CONFLICTS OF INTEREST AND QUESTIONS RAISED BY
STAFF OR BOARD MEMBERS.

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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, AZ, CA, LA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MS, MN, MO, NC, ND, NJ, NH

NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: FFA MAKES ITS ARTICLES OF INCORPORATION AND BYLAWS AVAILABLE

TO DONORS FREE OF CHARGE UPON REQUEST. FORMAL AUDITED FINANCIAL STATEMENTS

ARE FILED WITH STATE CHARITABLE SOLICITATION REGISTRATIONS AND ARE MADE

AVAILABLE TO MAJOR DONORS AND, WHERE REQUIRED BY STATE LAW, TO THE GENERAL

PUBLIC BY MAIL UPON REQUEST. COPIES OF FFA'S FORM 1023 APPLICATION FOR

RECOGNITION OF TAX-EXEMPT STATUS ARE MADE AVAILABLE TO THE PUBLIC UPON

REQUEST BOTH BY MAIL AND IN PERSON AT FFA'S HEADQUARTERS IN NEW YORK CITY

AND AT ITS OFFICE IN GAITHERSBURG, MARYLAND. FFA MAKES COPIES OF THE MOST

RECENTLY-FILED FORMS 990 AVAILABLE TO THE PUBLIC UPON REQUEST BOTH BY MAIL

AND IN PERSON AT FFA'S HEADQUARTERS IN NEW YORK, NY AND ITS OFFICE IN

GAITHERSBURG, MD. THE THREE MOST RECENTLY FILED FORMS 990 AND THE CURRENT

YEAR'S ANNUAL AUDIT REPORT ARE ALSO AVAILABLE TO THE GENERAL PUBLIC FREE OF

CHARGE ON THE FFA WEBSITE. THE CONFLICT OF INTEREST POLICY HAS NOT BEEN

MADE AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART XII, LINE 2C

EXPLANATION: THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL

STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE

FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

THE FUND FOR ANIMALS, INC.

Employer identification number

13-6218740

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CENTER FOR RESPECT OF LIFE & ENVIRONMENT - 52-1520451, 2100 L ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	DISTRICT OF COLUMBIA	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		X
DORIS DAY ANIMAL LEAGUE - 95-4117651 2100 L ST. NW WASHINGTON, DC 20037	ANIMAL WELFARE	CALIFORNIA	501(C)(4)		THE HUMANE SOCIETY OF THE UNITED STATES		X
HUMANE SOCIETY INTERNATIONAL - 52-1769464 2100 L ST. NW WASHINGTON, DC 20037	ANIMAL WELFARE	DISTRICT OF COLUMBIA	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		X
HUMANE SOCIETY OF THE UNITED STATES CALIFORNIA BRANCH - 94-6050420, 2100 L ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	CALIFORNIA	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		X

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Schedule R (Form 990) 2013

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HUMANE SOCIETY OF THE UNITED STATES NEW JERSEY BRANCH, INC. - 22-1671626, 2100 L ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	NEW JERSEY	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		X
HUMANE SOCIETY UNIVERSITY - 27-0263498 2100 L ST. NW WASHINGTON, DC 20037	ANIMAL WELFARE EDUCATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 2	THE HUMANE SOCIETY OF THE UNITED STATES		X
HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION INC - 22-2768664, 2100 L ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	NEW YORK	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		X
SOUTH FLORIDA WILDLIFE CENTER, INC. - 23-7086391, 3200 S.W. 4TH AVE., FT. LAUDERDALE, FL 33315	ANIMAL WELFARE	FLORIDA	501(C)(3)	9	THE HUMANE SOCIETY OF THE UNITED STATES		X
THE HUMANE SOCIETY OF THE UNITED STATES - 53-0225390, 2100 L ST, NW, WASHINGTON, DC 20037	ANIMAL WELFARE	DELAWARE	501(C)(3)	7	N/A		X
THE HUMANE SOCIETY WILDLIFE LAND TRUST - 52-1808517, 2100 L ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	DISTRICT OF COLUMBIA	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		X
THE NATIONAL ASSOCIATION FOR HUMANE AND ENVIRONMENTAL EDUCATION - 23-7327537, 2100 L ST. NW, WASHINGTON, DC 20037	ANIMAL WELFARE	DISTRICT OF COLUMBIA	501(C)(3)	7	THE HUMANE SOCIETY OF THE UNITED STATES		X

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

