

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

| | | | | |
|--|---|---|--------------|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type See Specific Instructions | C Name of organization | | D Employer identification number |
| | | FOUNDATION FOR ANIMAL CARE & EDUCATION | | 20-5333261 |
| | | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite | | E Telephone number |
| 10505 SORRENTO VALLEY ROAD | | 250 | 858-875-7500 | |
| City or town, state or country, and ZIP + 4 | | F Group Exemption Number | | |
| SAN DIEGO, CA 92121 | | | | |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.FACE4PETS.ORG

H Check if the organization is not

J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **316,682.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | | |
|------------|---|--|----------|----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 159,189. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 282. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | b | Less: cost or other basis and sales expenses | 5b | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a | Gross revenue (including \$ reported on line 1) of contributions | 6a | 154,825. |
| b | Less: direct expenses other than fundraising expenses | 6b | 16,500. | |
| c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 138,325. | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| b | Less: cost of goods sold | 7b | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe ▶ MISCELLANEOUS INCOME) | 8 | 2,386. | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 300,182. | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) STMT 2 | 10 | 131,833. |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 11,612. |
| | 13 | Professional fees and other payments to independent contractors | 13 | 12,285. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe ▶ SEE STATEMENT 1) | 16 | 24,656. |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 180,386. | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 119,796. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 61,048. |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 180,844. |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 61,048. | 180,844. |
| 23 Land and buildings | | |
| 24 Other assets (describe ▶) | | |
| 25 Total assets | 61,048. | 180,844. |
| 26 Total liabilities (describe ▶) | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 61,048. | 180,844. |

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

Form **990-EZ** (2008)

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

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

| | |
|--|----------------------------|
| <p>28 THROUGHOUT THE YEAR THE FOUNDATION FOR ANIMAL CARE & EDUCATION PROVIDED GRANTS FOR THE MEDICAL TREATMENT OF 54 QUALIFIED ANIMALS.</p> | |
| <p>(Grants \$ 131,833.) If this amount includes foreign grants, check here <input type="checkbox"/></p> | <p>28a 180,386.</p> |
| <p>29</p> | |
| <p>(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></p> | <p>29a</p> |
| <p>30</p> | |
| <p>(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></p> | <p>30a</p> |
| <p>31 Other program services (attach schedule)</p> | |
| <p>(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></p> | <p>31a</p> |
| <p>32 Total program service expenses (add lines 28a through 31a)</p> | <p>32 180,386.</p> |

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|--|---|--|
| <p>HOWARD D. FINKELSTEIN, 10505 SORRENTO VALLEY ROAD, STE 250, SAN</p> | <p>CHAIRMAN 1.00</p> | <p>0.</p> | <p>0.</p> | <p>0.</p> |
| <p>KEITH RICHTER, 10505 SORRENTO VALLEY ROAD, STE 250, SAN DIEGO, CA 92121</p> | <p>PRESIDENT 2.50</p> | <p>0.</p> | <p>0.</p> | <p>0.</p> |
| <p>JOSHUA JACKSON, 10505 SORRENTO VALLEY ROAD, STE 250, SAN DIEGO, CA</p> | <p>VICE-PRESIDENT 2.50</p> | <p>0.</p> | <p>0.</p> | <p>0.</p> |
| <p>G. FRANK LABONTE, 10505 SORRENTO VALLEY ROAD, STE 250, SAN DIEGO, CA</p> | <p>SECRETARY 7.50</p> | <p>0.</p> | <p>0.</p> | <p>0.</p> |
| <p>SHERRY M. KLINE, 10505 SORRENTO VALLEY ROAD, STE 250, SAN DIEGO, CA</p> | <p>TREASURER 20.00</p> | <p>0.</p> | <p>0.</p> | <p>0.</p> |
| <p>KATHLEEN T. ROBB, 10505 SORRENTO VALLEY ROAD, STE 250, SAN DIEGO, CA</p> | <p>BOARD MEMBER 20.00</p> | <p>0.</p> | <p>0.</p> | <p>0.</p> |
| <p>CHRISTINE PENROD, 10505 SORRENTO VALLEY ROAD, STE 250, SAN DIEGO, CA</p> | <p>BOARD MEMBER 1.00</p> | <p>0.</p> | <p>0.</p> | <p>0.</p> |
| <p>STEVE GOLDBERG, 10505 SORRENTO VALLEY ROAD, STE 250, SAN DIEGO, CA</p> | <p>BOARD MEMBER 0.00</p> | <p>0.</p> | <p>0.</p> | <p>0.</p> |
| <p></p> | <p></p> | <p></p> | <p></p> | <p></p> |
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Part V Other Information (Note the statement requirements in the instructions for Part VI)

| | | Yes | No |
|-----|--|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0. | | |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 39a N/A | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. | | |
| b | Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I | | X |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. | | |
| d | Enter amount of tax on line 40c reimbursed by the organization ▶ 0. | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | X |
| 41 | List the states with which a copy of this return is filed. ▶ CA | | |
| 42a | The books are in care of ▶ SHERRY M. KLINE Telephone no. ▶ (858) 875-7500 Located at ▶ 10435 SORRENTO VALLEY ROAD, SUITE 100, SAN DIEGO ZIP + 4 ▶ 92121 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | Yes | No |
| | If "Yes," enter the name of the foreign country: ▶ _____ | | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | X |
| | If "Yes," enter the name of the foreign country: ▶ _____ | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization(s) a section 527 organization?
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 2 columns: Question ID, Yes/No. Rows 46-49b.

Table for highest compensated employees with columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances.

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table for highest compensated independent contractors with columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

Sign Here section containing officer signature (Sherry M. Kline), printed name, and date (5/14/09).

Paid Preparer's Use Only section containing preparer signature (Lindsay & Brownell, LLP), date (5/14/09), firm name, address, EIN, and phone number.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

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)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 - 3 | | | | | | |
| 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) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 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.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 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 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | | % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | | % |
| 16a 33 1/3% support test - 2008. 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 type="checkbox"/> | | | |
| b 33 1/3% support test - 2007. 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 - 2008. 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 - 2007. 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | 5,500. | 94,072. | 159,189. | 258,761. |
| 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 | | | | | 154,825. | 154,825. |
| 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 - 5 | | | 5,500. | 94,072. | 314,014. | 413,586. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | 500. | 20,000. | 41,650. | 62,150. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | 14,400. | 14,400. |
| c Add lines 7a and 7b | | | 500. | 20,000. | 56,050. | 76,550. |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 337,036. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | 5,500. | 94,072. | 314,014. | 413,586. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | 462. | 282. | 744. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | 462. | 282. | 744. |
| 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) | | | | | | 414,330. |

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 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |

19a 33 1/3% support tests - 2008. 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 - 2007. 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

FORM 990-EZ OTHER EXPENSES STATEMENT 1

| DESCRIPTION | AMOUNT |
|-------------------------------|---------|
| INSURANCE | 4,509. |
| POSTAGE & DELIVERY | 282. |
| PRINTING | 12,959. |
| WEBSITE EXPENSE | 350. |
| MARKETING MATERIALS | 551. |
| MEALS & ENTERTAINMENT | 90. |
| OFFICE SUPPLIES | 109. |
| FILING FEES | 35. |
| TELEPHONE | 645. |
| APPLICATION FEE | 20. |
| BANK SERVICE CHARGES | 3,511. |
| COMPUTER AND INTERNET EXPENSE | 1,326. |
| DUES AND SUBSCRIPTIONS | 269. |
| TOTAL TO FORM 990-EZ, LINE 16 | 24,656. |

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 2

| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS | DONEE'S RELATIONSHIP | AMOUNT |
|---|-------------------------|-----------------|
| VETERINARY SPECIALTY HOSPITAL 10435 SORRENTO VALLEY ROAD, STE 100 SAN DIEGO, CA 92121 | NONE | 130,288. |
| PACIFIC ANIMAL HOSPITAL 2801 OCEANSIDE BLVD OCEANSIDE, CA 92054 | NONE | 673. |
| MISSION ANIMAL & BIRD HOSPITAL 3308 MISSION AVE OCEANSIDE, CA 92054 | NONE | 872. |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | | <u>131,833.</u> |

THE FOUNDATION FOR ANIMAL CARE & EDUCATION WAS FORMED FOR THE PURPOSE OF FURTHERING THE CARE AND TREATMENT OF ANIMALS.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO