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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning 2011, and ending D Employer Identification Number Check if applicable Address change IN DEFENSE OF ANIMALS 68-0008936 3010 KERNER BLVD Telephone number Name change |SAN RAFAEL, CA 94901 415-448-0048 Initial return Terminated 4,364,841 Amended return G Gross receipts \$ F Name and address of principal officer MARILYN KROPLICK, M.D. H(a) Is this a group return for affiliates? Application pending Yes No H(b) Are all affiliates included? 3010 KERNER BLVD SAN RAFAEL, CA 94901 Yes If 'No,' attach a list (see instructions) Tax-exempt status X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or WWW.IDAUSA.ORG Website: ► H(c) Group exemption number Form of organization X Corporation L Year of Formation 1983 M State of legal domicile CA Association Other > Summary Briefly describe the organization's mission or most significant activities: IN DEFENSE OF ANIMALS IS AN INTERNATIONAL ANIMAL PROTECTION ORGANIZATION DEDICATED TO ENDING THE EXPLOITATION Governance AND ABUSE OF ANIMALS BY RAISING THE STATUS OF ANIMALS BEYOND THAT OF MERE PROPERTY, AND BY DEFENDING THEIR RIGHTS, WELFARE AND HABITAT Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) 30 5 Total number of volunteers (estimate if necessary) 6 7 a 998 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 4,195,463. Contributions and grants (Part VIII, line 1h). 2,544,530. 57,334. 123,052. 22,059. 25,374. Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and e) 42,434. 11,738. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,735,390. 4,286,594. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 111,416. 115,084. Benefits paid to or for members (Part IX, column-(A), line-4) 15 Salaries, other compensation, employee behalfts (Part IX, column (A), lines 5-10) 1,517,797 1,172,655. 16a Professional fundraising fees (Part IX, column (A), line 11e) 48,500 **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 1,942,271 1,673,856. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 3,571,484 3,010,095. Revenue less expenses Subtract line 18 from line 12 -836,094 1,276,499. **Beginning of Current Year End of Year** 5,275,858. 3,977,927. Total assets (Part X, line 16) 518,284 532,395. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 3,459,643 4,743,463. Part II |Signature Block Under penalties of penury, 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 gather than officer) is based on all information of preparer has any knowledge. Signature of office Date Sign Here MARILYN KROPLICK, M.D. PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date DOUGLAS W. DOUGLAS W. REGALIA P00186389 self-employed Paid Preparer ► REGALIA & ASSOCIATES, CPAS Use Only ► 103 TOWN & COUNTRY DR., STE. Firm's EIN - 68-0260103 Firm's address (925) 314-0390 DANVILLE, CA 94526 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

X Yes

TEEA0113L 08/18/11

	10 14 Otherwise of Reduined Conceases			r——
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	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	3		Х
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? If 'Yes,' complete Schedule C, Part II	4		х
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? If 'Yes,' complete Schedule C, Part III	5		
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? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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? If 'Yes,' complete Schedule D, Part VII	11 ь	Х	
4	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? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
1	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° If 'Yes,' complete Schedule D, Part IX	11 d		Х
1	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	<u> </u>
1	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)? If 'Yes,' complete Schedule D, Part X	11f	х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	ļ	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	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? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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? If 'Yes,' complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь	L	<u> </u>

Form 990 (2011) IN DEFENSE OF ANIMALS

Part IV | Checklist of Required Schedules (continued)

		$\overline{}$	Yes	No
			165	, NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		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>	23		Х
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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?	24c		
(I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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? If 'Yes,' complete Schedule L, Part I	25a		Х
ļ	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? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		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? If 'Yes,' complete Schedule L, Part III.	27		Х
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)	\		
8	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
29	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? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29	X	X
		23	<u> </u>	
30	Did the organization receive contributions of art. historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If-'Yes,' complete Schedule N, Part II	32		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? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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? If 'Yes,' complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
ВАА			990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance	e			
Check if Schedule O contains a response to any question in this Part V				Ļ
To Enter the number reported in Day 2 of Form 1006. Enter 10 if not continoble	1a 12[Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
•••	<u> </u>			
c Did the organization comply with backup withholding rules for reportable paymen (gambling) winnings to prize winners?	· · · · · · · · · · · · · · · · · · ·	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and ments, filed for the calendar year ending with or within the year covered by this r	Tax State- eturn 2a 30			
b If at least one is reported on line 2a, did the organization file all required federal	employment tax returns? .	2b	X	<u> </u>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to ϵ	e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more du	ring the year?	3a	<u>X</u>	<u> </u>
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in S	Schedule O	3ь	Х	
4a At any time during the calendar year, did the organization have an interest in, or financial account in a foreign country (such as a bank account, securities account	a signature or other authority over, a it, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country ▶				
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign	Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time d	uring the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibit	red tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a Does the organization have annual gross receipts that are normally greater than solicit any contributions that were not tax deductible?	\$100,000, and did the organization	6a	Х	
b If 'Yes,' did the organization include with every solicitation an express statement not tax deductible?	that such contributions or gifts were	6Ь	Х	
7 Organizations that may receive deductible contributions under section 170(c).	ŀ			<u> </u>
a Did the organization receive a payment in excess of \$75 made partly as a contrib services provided to the payor?	oution and partly for goods and	7a	 X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services	s provided?	7 b	X	╁─
	` <u> </u>	' '	^	┢
c Did the organization sell, exchange, or otherwise dispose of tangible personal pro	1 1	7с		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	[7d]			
e Did the organization receive any funds, directly or indirectly, to pay premiums on	· · · · · · · · · · · · · · · · · · ·	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a p	The state of the s	-7f		X
g If the organization received a contribution of qualified intellectual property, did the as required?	e organization file Form 8899	79		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles form 1098-C?	cles, did the organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a), supporting organization, or a donor advised fund maintained by a sponsoring organization.	(3) supporting organizations. Did the panization, have excess business			
holdings at any time during the year?		8		ļ
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9a		ऻ
b Did the organization make a distribution to a donor, donor advisor, or related per	son?	9 b		ļ
10 Section 501(c)(7) organizations. Enter	1 1			
a Initiation fees and capital contributions included on Part VIII, line 12	10a	- 1		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club fac	cilities 10b			
11 Section 501(c)(12) organizations. Enter	1 1			
a Gross income from members or shareholders	11a	İ		
b Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them.)	11 b	~		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9		12a		<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the y	rear 12 b			1
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state	la contraction of the contractio	13 a		<u> </u>
Note. See the instructions for additional information the organization must report	on Schedule O			1
b Enter the amount of reserves the organization is required to maintain by the state which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			<u> </u>
14a Did the organization receive any payments for indoor tanning services during the	· ·	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an exp	olanation in Schedule O	14b		

Form 990 (2011) IN DEFENSE OF ANIMALS 68-0008936 Page 6 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 to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 x X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х 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 X members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their Х 10b operations are consistent with the organization's exempt purposes? X 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12 a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

SEE SCHEDULE 0 120 X 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15a Х SEE SCHEDULE O 15 b X **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х taxable entity during the year? bil 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 161 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **CA** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

►GLORY KATZ 3010 KERNER BLVD. SAN RAFAEL CA 94901 415-448-0048

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization	n nor any	relate	d or	ganı	zatı	on cor	npe	nsated any current of	ficer, director, or trus	tee
(A) Name and title	(B) Average hours	unies	s per	SON IS	tion re th	ian one l n an offi	box, cer	(D) Reportable	(E) Report <i>a</i> ble	(F) Estimated
	per week (describe hours for related organiza- tions in Schedule O)	tridividual trustee or director	nstitutional trustee		Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) MARILYN KROPLICK, M.D. PRESIDENT	20	Х		Х				0.	0.	0.
(2) MICHAEL BAILEY TREASURER	2	Х		Х				0.	0.	0.
(3) ELLIOT M. KATZ DVM FOUNDER	40			Х				50,000.	0.	1,428.
(5)										
<u>(6)</u>										_
(9)										
(10)										
(11)									· " · · · · · · · · · · · · · · · · · ·	
(12)										
(13)										· · · ·
(14)										
					_					

Part VII Section A. Officers, Directors, Trust	ees, r	\ey	EM			es,	and	nignesi Con	ipensated En	pioye	es (COI	11)
(4)	(B)	///	not cr	Pos	C) ation	than	~~~	(D)	(E)	ŀ	(F)	
(A) Name and title	Average hours	Ďox.	untes cer and	ss pe	rson	s both	an	Reportable compensation from	Reportable compensation from		Estimated mount of o	ther
	per week (descnb	or di	Insti	Officer	Key	High	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	s (compensati from the organization	m
	hours for	rector	nstitutional	Ğ	employee	est con loyee	ner				and relate organizatio	
	related organi- zations	Individual trustee or director	l trustee		yee	Highest compensated employee						
	Sch O)		8			ated						
<u>(15)</u>												
(16)				-					<u> </u>			
(17)												
(18)	<u> </u>							,				
(19)												
(20)							,			1		
(21)												
(22)												
(23)												
(24)									······································			
(25)												
1 b Sub-total							•	50,000.).	1,4	128.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	A						^	0. 50,000.).).	1 /	<u>0.</u> 428.
2 Total number of individuals (including but not limited	d to the	se l	ısted	abo	ove)	who	rec					
from the organization \blacktriangleright 0						<u>-</u>					T _V	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trus	tee,	key	emp	ploy	ee, c	or hi	ghest compensate	ed employee	<u> </u>	Yes	No X
For any individual listed on line 1a, is the sum of re the organization and related organizations greater the organization.	portabl	е со	mpei	nsa #'Y	tion 'es'	and	oth olet	er compensation f e Schedule 1 for	rom			
such individual	·	·								<u> </u>	4	X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or a services rendered to the organization?	ompen comple	satio te So	on tro	om a ule	any <i>J fo</i>	unre r <i>suc</i>	h p	d organization or erson	individual		5	X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed inde	epen	dent	cor	ntrac	tors	tha	t received more th	an \$100,000 of			
compensation from the organization. Report compe	nsation	for	the c	ale	nda	yea	r er	nding with or withi	n the organization	n's tax		
(A) Name and business address (B) Description of services							Com	(C) pensation	on			
DIRECT MAIL SYSTEMS 12450 AUTOMOBILE BLVD CLEARWATER, FL 33762 CONSULTING SERVICES									208,0	000.		
												
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		t lım	ited 1	to th	nose	liste	ed a	bove) who receive	ed more than			

Pa	t VIII Statement of Revenue				
	· 1	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
GIFTS, GRANTS	1a Federated campaigns 1 b Membership dues. 1 c Fundraising events 1 c d Related organizations 1 e Government grants (contributions) 1 e				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f \$ 32,630. h Total. Add lines 1a-1f	4,195,463.			
岁	Business Code				
Ē	2a MAILING LIST RENTAL	43,334.	43,334.		
2	b ROYALTY/ANNUITY/LAWSUITS	14,000.	14,000.		
PROGRAM SERVICE REVENUE	d				
RAM	e				
8	f All other program service revenue				
-	g Total. Add lines 2a-2f ▶	57,334.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	22,059.			22,059.
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents 76, 063.	-			
	b Less rental expenses. 75,065.	*	-	•	
	c Rental income or (loss) 998.				
	d Net rental income or (loss)	998.		998.	
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses	~			
	c Gain or (loss)				
	d Net gain or (loss)				
NUE	8a Gross income from fundraising events (not including \$	Ę			
<u></u>	of contributions reported on line 1c)				Ì
OTHER REVENU	See Part IV, line 18 a 2,996.	į.			
됩	b Less direct expenses b		-		
Ĭ	c Net income or (loss) from fundraising events	2,996.			
	9a Gross income from gaming activities. See Part IV, line 19	-		•	
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a 10,926.				
	b Less cost of goods sold b 3,182.				
	c Net income or (loss) from sales of inventory	7,744.	7,744.		
	Miscellaneous Revenue Business Code				
	11a				
	b	···			
	c			 	
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	4,286,594.	65,078.	998.	22,059.

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) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re		(B)	(C)	(D)
6b, 2	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	115,084.	115,084.		
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				
	Benefits paid to or for members				
•	Compensation of current officers, directors, trustees, and key employees	50,000.	44,000.	3,500.	2,500.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	905,682.	797,000.	63,398.	45,284.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	106,283.	93,529.	7,440.	5,314.
10	Payroll taxes	110,690.	97,407.	7,748.	5,535.
11	Fees for services (non-employees)				
а	Management				
	Legal	66,683.	66,683.		-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,
C	Accounting	43,885.		43,885.	
	Lobbying				
е	Professional fundraising services See Part IV, line 17	48,500.	= .,		48,500
	Investment management fees				
_) Other	245,774.	215,979.	24,859.	4,936
	Advertising and promotion	22,641.	22,641.		1 604
	Office expenses	32,078.	28,229.	2,245.	1,604
14	Information technology	31,681.	27,879.	2,218.	1,584
15	Royalties	CF C1 C	F7 742	4.502	2 200
16	Occupancy	65,616.	57,743.	4,593.	3, 280
17	Travel	88,184.	82,654.	5,530.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	17,117.	12,838.	4,279.	
21	Payments to affiliates	24 450	20.112	6 610	4 500
22	Depreciation, depletion, and amortization	94,453.	83,119.	6,612.	4,722
23 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)	31,190.	27,447.	2,183.	1,560.
а	DIRECT MAIL	390,713.	263,854.		126,859.
	RESCUE	231,774.	231,774.		
	BAD DEBT EXPENSE	134,800.	134,800.		
	FEES AND BANK/MERCHANT CHARGES	55,141.	14,268.	40,873.	-
е	All other expenses	122,126.	145,644.	-55,663.	32,145
25	Total functional expenses. Add lines 1 through 24e	3,010,095.	2,562,572.	163,700.	283,823
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				
	· · · · · · · · · · · · · · · · · ·	426,027.	287,702.		120 225
	SOP 98-2 (ASC 958-720)	420,02/.	201,102.		138,325

		•	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing .	575,687.	1	2,052,979.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	59,048.	3	39,101.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ASSETS	6	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 instructions)		6	
	7	Notes and loans receivable, net	4 601	7	F C01
E	8	Inventones for sale or use	4,691.	8	5,691.
S	9	Prepaid expenses and deferred charges	38,942.	9	35,503
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 2,940,864.			
	b	Less. accumulated depreciation . [10b] 817,546.	2,189,405.	10 c	2,123,318.
	11	Investments — publicly traded securities		11	
	12	Investments — other securities See Part IV, line 11	1,110,154.	12	1,019,266.
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
		Other assets See Part IV, line 11		15	
		Total assets. Add lines 1 through 15 (must equal line 34)	3,977,927.	16	5,275,858.
	17	Accounts payable and accrued expenses	42,750.	17	65,397.
	18	Grants payable		18	
	19	Deferred revenue		19 20	
ļ	1	Tax-exempt bond liabilities		21	
A B 1	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	Annual Property of the committee of the	22	
E	23	Secured mortgages and notes payable to unrelated third parties	442,111.	23	425,216.
S	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.	33,423.	25	41,782.
	26	Total liabilities. Add lines 17 through 25	518,284.	26	532,395.
N E T		Organizations that follow SFAS 117, check here X and complete lines	-		_
	l	27 through 29 and lines 33 and 34.		- <u>-</u> -	
ASSETS	27	Unrestricted net assets	3,422,150.	27	4,630,607.
Ĭ	28	Temporarily restricted net assets	37,493.	28	112,856.
	29	Permanently restricted net assets.		29	
R		Organizations that do not follow SFAS 117, check here ► and complete			
		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds.		30	
Ŗ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds	5 455 515	32	
BALAZOES	33	Total net assets or fund balances .	3,459,643.	33	4,743,463.
S	34	Total liabilities and net assets/fund balances	3,977,927.	34	5,275,858.

BAA

Form 990 (2011)

Form	990 (2011) IN DEFENSE OF ANIMALS 68-	0008936		Pa	age 12				
Par	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI				X				
		1							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,286,594.						
2	Total expenses (must equal Part IX, column (A), line 25).	2	3,010,095. 1,276,499.						
3	3 Revenue less expenses Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,4		<u>543.</u>				
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5		7,3	321.				
6	6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) .								
Par	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII				\Box				
				Yes	No				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other								
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O									
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ				
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O								
d	He is a line 2 or 2b, check a box below to indicate whether the financial statements for the year were issue separate basis, consolidated basis, or both	ed on a							
	X Separate basis Consolidated basis Both consolidated and separate basis				}				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Saudit Act and OMB Circular A-133?	Single	3a		Х				
ь	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red audit	3 b						
BAA			Form	990 (2011)				

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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number IN DEFENSE OF ANIMALS 68-0008936 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 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) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 d | Type III - Other Type II Type III — Functionally integrated 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box 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? 11 q (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your support? (iii) Type of organization (described on lines 1-9 above or IRC section _(vi) Is the organization in column (i) (i) Name of supported organization (ii) EIN (iv) is the (vii) Amount of support organization in column (i) listed in organized in the (see instructions)) your governing document? No Yes No Nο Yes Yes (B) (C) (D) (E)

Page 2

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)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	3,870,429.	3,039,161.	3,391,159.	2,486,867.	4,195,463.	16,983,079.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	3,870,429.	3,039,161.	3,391,159.	2,486,867.	4,195,463.	16,983,079.			
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)				-		0.			
6	Public support. Subtract line 5 from line 4						16,983,079.			
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010 (e) 2011		(f) Total			
7	Amounts from line 4	3,870,429.	3,039,161.	3,391,159.	2,486,867.	4,195,463.	16,983,079.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	195,933.	121,382.	187,404.	25,374.	22,059.	552,152.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-1,574.					-1,574.			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.			
11	Total support. Add lines 7 through 10	-		ξ	•	-	17,533,657.			
12	Gross receipts from related activ	ities, etc (see ins	tructions)	•		12	786,345.			
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)			
	tion C. Computation of Pu									
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f))		14	96.86%			
	Public support percentage from	•	•			15	95.71 %			
	33-1/3% support test — 2011. If and stop here. The organization	qualifics as a pai	onery supported o	rgariization			[2]			
t	33-1/3% support test – 2010. If and stop here. The organization	the organization of qualifies as a pub	lid not check a bo blicly supported or	ix on line 13 or 16 rganization.	5a, and line 15 is 3	33-1/3% or more,	check this box			
17 a	7a 10%-facts-and-circumstances test — 2011. 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.									
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	re. Explain in Par ed organization	t IV how the ►			
18 BAA	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			structions			

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.)

Sec	tion A. Public Support	Toda bolovi, produ	, o complete : alt :				· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')	(a) 2007	(b) 2008	(0) 2003	(u) 2010	(6) 2011	(i) Total
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)			-			
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carned on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
12	Total support. (Add Ins 9, 10c, 11, and 12)				 		
	First five years. If the Form 990 organization, check this box and	is for the organiza	l ation's first, secon	d, third, fourth, c	or fifth tax year as	a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul		ercentage				
	Public support percentage for 20			e 13. column (f))		15	%
	Public support percentage from 2		•			16	<u>\$</u>
	tion D. Computation of Inv			· · · · · · · · · · · · · · · · · · ·			•
	Investment income percentage for				ımn (fl.)	17	%
	Investment income percentage fr	=		•	(1//	18	
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check				and line 15 is more as a publicly supp		
	33-1/3% support tests $-$ 2010 . If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or I	ine 19a, and line	16 is more than 33-	1/3%, and
20	Private foundation. If the organiz	zation did not che	eck a box on line 1	4, 19a, or 19b, o	check this box and	see instructions	▶

Schedule A	(Form 990 or 990-	EZ) 2011 IN	DEFENSE	OF ANIMA	ALS	68-0008936	Page 4
Part IV	Supplemental Part II, line 17a (See instruction	Information. a or 17b: and	Complete l Part III, li	this part to ine 12. Also	provide the explanation complete this part for	ns required by Part II, line any additional information.	10;
							· -
						· 	· _
			· -				
							·
			· 				·
							- -
			· 				
			·				·
							 -
							·

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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Employer identification number IN DEFENSE OF ANIMALS 68-0008936 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 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the 2 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 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 ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? In Part XIV, 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 XIV, the text of the footnote to its financial statements that describes these items bif 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

Schedule D (Form 990) 2011 IN DE				68-000			Page 2			
Part III Organizations Mainta	ining Collections	s of Art, Histo	rical Treasures, or	Other Similar Ass	ets (c	<u>ontınu</u>	ıed)			
3 Using the organization's acquisititiems (check all that apply).	on, accession, and c		•	that are a significant u	se of its	s collect	tion			
a Public exhibition		—	or exchange programs							
b Scholarly research		e Other								
c Preservation for future gener										
4 Provide a description of the organ Part XIV					e in					
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive ather than to be mail	e donations of art ntained as part o	r, nistorical treasures, of of the organization's coll	r omer similar ection?	Yes	Γ	No			
Part IV Escrow and Custodia line 9, or reported an	Arrangements.	Complete if t	he organization ans		m 990), Part	iV,			
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or ot	her intermediary	for contributions or other	er assets not	Yes		No			
b If 'Yes,' explain the arrangement	in Part XIV and com	plete the following	ng table:							
Amount										
c Beginning balance 1c										
d Additions during the year 1d										
e Distributions during the year										
f Ending balance										
2a Did the organization include an amount on Form 990, Part X, line 21?										
b If 'Yes,' explain the arrangement				200 5						
Part V Endowment Funds. Co		1								
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e)	Four year	s back			
1 a Beginning of year balance					+					
b Contributions		-			+					
c Net investment earnings, gains, and losses					ļ					
d Grants or scholarships					 					
e Other expenditures for facilities and programs					<u> </u>					
f Administrative expenses										
g End of year balance		<u> </u>			<u> </u>					
2 Provide the estimated percentage	•	end balance (line	e 1g, column (a)) held a	ıs						
a Board designated or quasi-endow										
b Permanent endowment ►	8	0.								
c Temporarily restricted endowmer		%								
The percentages in lines 2a, 2b,	ano 20 snoulo equal	100%								
3a Are there endowment funds not it	n the possession of t	the organization	that are held and admin	istered for the	Г	Yes	No			
organization by (i) unrelated organizations					3a(i)	165	HO-			
(ii) related organizations					3a(ii)					
b If 'Yes' to 3a(ii), are the related of	ornanizations listed a	s required on Sc	hedule R?		3b		<u> </u>			
4 Describe in Part XIV the intended	*	=			_ <u>36</u>]		i			
Part VI Land, Buildings, and I				···						
Description of property	(a) Cos	st or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) i	Book va	lue			
1a Land		-	777,754.			777.	,754.			
b Buildings			1,240,240.		1		,240.			
c Leasehold improvements			429,466.				, 466.			
d Equipment			436,683.				,683.			
e Other			56,721.	817,546.			,825.			
Total Add times to through to Cation	an (d) more than a real Ca	000 Dark V	((D) (10(-))		2	122	210			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)

Cyclindric Part 2, 123, 318.

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Schedule D (Form 990) 2011

Part VII Investments - Other Securities. 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	429,200.	END OF YEAR MARKET VALUE
(2) Closely-held equity interests		
(3) Other U.S. TREASURY SECURITIES		
(A) MUTUAL FUNDS	83,412.	
(B) STOCKS AND EQUITIES	56,060.	
(C) PARTNERSHIPS	4,458.	
(D) CASH_AND_OTHER	33,002.	END OF YEAR MARKET VALUE
<u>(E)</u>		
<u></u>		
(G)		
<u>(H)</u>		
_()		
Total (Column (b) must equal Form 990 Part X, column (B) line 12)		
Part VIII Investments - Program Related. See	T	, line 13. N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(8)	<u> </u>	
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶ Part IX Other Assets. See Form 990, Part X,		
	scription	
(1)	scription	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)	>
Part X Other Liabilities. See Form 990, Part		
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PAYROLL LIABILITIES	41,78	82.
(3)		
(4)		
(5)		
(6)		
(8)		
(9)		
(10)		
(/		
(11)		

2 FIN 48 (ASC 740) Footnote In Part XIV. 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)

SEE PART XIV

Schedule D (Form 990) 2011 IN DEFENSE OF ANIMALS 68-00089	936 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	<u></u>
1 Total revenue (Form 990, Part VIII, column (A), line 12)	4,286,594.
2 Total expenses (Form 990, Part IX, column (A), line 25)	3,010,095.
3 Excess or (deficit) for the year Subtract line 2 from line 1	1,276,499.
4 Net unrealized gains (losses) on investments.	7,321.
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments .	
8 Other (Describe in Part XIV)	
9 Total adjustments (net) Add lines 4 through 8	7,321.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	1,283,820.
	4,296,799.
game, and a separate	4,230,733.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments.	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIV) SEE PART XIV 217,574.	
e Add lines 2a through 2d 2e	217,574.
3 Subtract line 2e from line 1	4,079,225.
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	
b Other (Describe in Part XIV) SEE PART XIV 4b 207,369.	
c Add lines 4a and 4b	207,369.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	4,286,594.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1 Total expenses and losses per audited financial statements 1	3,088,342.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	0,000,0121
a Donated services and use of facilities	
b Prior year adjustments.	
c Other losses 2c	
	70 247
e Add lines 2a through 2d	78,247.
3 Subtract line 2e from line 1	3,010,095.
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 .	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5	3,010,095.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) [Part XIV Supplemental Information] [5 5 7 7 7 7 7 7 7 7	3,010,093.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part any additional information	and 2b, t to provide
PART X - FIN 48 FOOTNOTE	
INCOME_TAXES	
FINANCIAL STATEMENT PRESENTATION FOLLOWS THE RECOMMENDATIONS OF ASC 740, IN	NCOME
TAXES. UNDER ASC 740, THE AGENCY IS REQUIRED TO REPORT INFORMATION REGARDS	ING_ITS
EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE AGENCY AND REQUIRES A TWO-ST	TEP
PROCESS THAT SEPARATES RECOGNITION FROM MEASUREMENT. THE FIRST STEP IS DET	TERMINING
WHETHER A TAX POSITION HAS MET THE RECOGNITION THRESHOLD; THE SECOND STEP 1	<u> </u>
MEASURING A TAX POSITION THAT MEETS THE RECOGNITION THRESHOLD. MANAGEMENT BAA TEEA3304L 05/25/11 Schedule	BELIEVES e D (Form 990) 2011

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Schedule D (Form 990) 2011 IN DEFENSE OF ANIMALS	68-0008936	Page 5
Part XIV Supplemental Information (continued)		
PART X - FIN 48 FOOTNOTE (CONTINUED)		
THAT THE AGENCY HAS ADEQUATELY EVALUATED ITS CURRENT TAX POSITION	ONS AND HAS CONCL	UDED
THAT AS OF DECEMBER 31, 2011 THE AGENCY DOES NOT HAVE ANY UNCER	TAIN TAX POSITION	s
FOR WHICH A RESERVE OR AN ACCRUAL FOR A TAX LIABILITY WOULD BE	NECESSARY.	
THE AGENCY HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE	SERVICE AND THE S	TATE
OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS UNDER SEC	TION 501(C)(3) OF	THE
INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVEN	NUE AND TAXATION	
CODE. THE EXEMPTIONS ARE SUBJECT TO PERIODIC REVIEW BY THE FED	ERAL AND STATE TA	XING
AUTHORITIES AND MANAGEMENT IS CONFIDENT THAT THE AGENCY CONTINU	ES TO SATISFY ALL	
FEDERAL AND STATE STATUTES IN ORDER TO QUALIFY FOR CONTINUED TA	X EXEMPTION STATU	s.
THE AGENCY MAY PERIODICALLY RECEIVE UNRELATED BUSINESS INCOME (SUCH AS SUBLEASE	
RENTAL INCOME) REQUIRING THE AGENCY TO FILE SEPARATE TAX RETURNS		ND
STATE STATUTES. UNDER SUCH CONDITIONS, THE AGENCY CALCULATES A		
ADDITORIE TAVES		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Employer identification number 68-0008936 IN DEFENSE OF ANIMALS Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply X Solicitation of non-government grants Mail solicitations X Internet and email solicitations b Solicitation of government grants X Phone solicitations c Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity (iii) Did fundraiser (v) Amount paid to have custody or control
of contributions? or entity (fundraiser) (or retained by) from activity fundraiser listed in organization column (i) Yes No PAUL SEIGEL 4957 CROSS POIN OLDSMAR FL 34677 FUND Χ 48,500 RAISING 2 3 4 5 6 7 8 9 10 Total 48,500. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2011	IN	DEFENSE	OF	ANIMALS
--------------------------------------	----	---------	----	---------

68-0008936 Page **2**

Par	t II	Fundraising Events. Complete if more than \$15,000 of fundraising	the organization a	answered 'Yes' to Fo	orm 990, Part IV, II	ne 18, or reported
	•	List events with gross receipts gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
Ŗ			(event type)	(event type)	(total number)	through column (c))
ポートルスリル	,	Cross resounts	(, ,	
N E		Gross receipts.				
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)			<u> </u>	
	4	Cash prizes				
	5	Noncash prizes				
ם – מי	6	Rent/facility costs				
RECT	7	Food and beverages				
E X P	8	Entertainment				
EXPEZSES	9	Other direct expenses				
Ĕ		·			I	
	10 11	Direct expense summary Add lines 4 thr Net income summary Combine line 3, co	• , ,		>	
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Par	t IV, line 19, or rep	oorted more than
mczm <mw< td=""><td></td><td></td><td>(a) Bingo</td><td>(b) Pull tabs/Instant bingo/progressive bingo</td><td>(c) Other gaming</td><td>(d) Total gaming (add column (a) through column (c))</td></mw<>			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue				
	2	Cash prizes				
D X		Casil plizes				
D-RECT	3	Non-cash prizes .				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary. Combine l	lines 1, column (d) and	d line 7	•	ı
	Ent	er the state(s) in which the organization of the organization licensed to operate gaming	perates gaming activiti g activities in each of t	es hese states?		Yes No
C	۱۱ ۱۱ م	No,' explain				
		re any of the organization's gaming license es,' explain	es revoked, suspended	or terminated during the	e tax year?	Yes No
ВДД			TFFA37021	01/24/20	Schodulo C (Fo	rm 990 or 990-FZ) 2011

Sche	edule G (Form 990 or 990-EZ) 2011 IN DEFENSE OF ANIMALS	68-0008	936	Page 3
	Does the organization operate gaming activities with nonmembers?	· <u>·</u>	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity administer charitable gaming?	formed to	Yes	No
13	Indicate the percentage of gaming activity operated in	1 1		
	The organization's facility	13 a		8
	h An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a	and records		
	Name ►			
	Address •			
i	a Does the organization have a contact with a third party from whom the organization receives gaming reverb If 'Yes,' enter the amount of gaming revenue received by the organization \$\frac{\\$}{2} = \frac{\\$}{2} = \		∏Yes t	No
	Name ►			7
	Address ►			l I
16	Gaming manager information			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to state gaming license?	retain the	Yes	□No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	or spent in t		Пио
•	organization's own exempt activities during the tax year > \$	or spont in t		
Pai	Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appetitive part to provide any additional information (see instructions).	ed by Par blicable. A	t I, line 2 Ilso comp	2b, olete
				
				
		 .		
				
				

SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545 0047 2011

Open to Public Inspection

Employer identification number

936		X Yes No		'Yes' to	an \$5,000. ▼	(h) Purpose of grant or assistance	KOREAN DOG AND	ANIMAL RESCUE VET CARE						2	0	dule I (Form 990) (2011)
986-000838		e, and		ion answered	eived more th	(g) Description of non cash assistance										Sche
		e grants or assistance	RT IV	te if the organizat	one recipient rec	(f) Method of valuation (book, FMV, appraisal, other)										06/01/11
		antees' eligibility for th	tates SEE PART IV	d States. Complet	neck this box if no	(e) Amount of non cash assistance	0	0.								TEEA3901L 06/01/11
		of the grants or assistance, the grantees' eligibility for the grants or assistance, and	use of grant funds in the United States	ations in the Unite	ore than \$5,000. Cf	(d) Amount of cash grant	22,020	71,796.						the line 1 table		
	ance			ents and Organiz	that received mo	(c) IRC section if applicable								rganizations listed in	1 table	is for Form 990.
	ants and Assista	ts to substantiate the e grants or assistand	procedures for moni	ice to Governme	for any recipient additional space	(b) EIN		68-0008936						3) and government or	ons listed in the line	, see the Instruction
IN DEFENSE OF ANIMALS	Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the	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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	(1) CARE KOREA: EXISTENCE OF ANIM F 253-5 HWIGYEONG-DONG 2ND FL SEOUL, SEOUL KOREA, REPUBLIC	DIA	(3)			 <u></u>	(8)	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number of other organizations listed in the line 1 table	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 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. 9868000-89 Schedule I (Form 990) (2011) IN DEFENSE OF ANIMALS Part III Grants and Other Assistance to Individuals

(a) Type of grant or assistance (b) Number of recipients	(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
2	-				
. ·					
4					
2					
9					
7					
Part IV Supplemental Information. Complete this part to pr	lete this part to pi	rovide the information required in Part I,	ion required in Pai	line 2,	and any other additional information.
PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.	MONITORING USE	OF GRANTS FUN	DS IN U.S.		
DONATIONS TO OTHER ORGANIZATIONS ARE SUMMARI	NS ARE SUMMARI	ZED AS FOLLOWS:	 		
IDA INDIA	\$-71,796	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 		
CARE KOREA	22,020				
RSPCA QUEENSLAND	4,000		! ! ! ! !		
ANIMAL PROTECTION & RESCUE LEAGUE	GUE3,800		! ! ! !		
SAN FRANCISCO VEGETARIAN SOCIETY	<u>TY3,000</u>	1			
DREAMCATCHER		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 		
OTHER CHARITABLE ENTITIES	8,468	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
TOTAL	\$ 115,084	 	1 1 1 1 1 1		
ВАА	-				Schedule I (Form 990) (2011)

SCHEDULE M (Form 990) .

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

(b)

(a)

OMB No 1545-0047

2011

Open To Public Inspection

(d)

Department of the Treasury Internal Revenue Service Name of the organization

IN DEFENSE OF ANIMALS Part I Types of Property

Employer identification number

68-0008936

(c)

		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		nod of d n contrib					
1	Art — Works of art.										
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										
10	Securities - Closely held stock	30,000.									
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											
18											
19											
20											
21											
22	P. Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other ► (CHAIRS/JEWELRY)	Х	1	2,630.	FMV						
26	Other ► (PHOTOGRAPHY)	Х	1	30,000.	FMV						
27	Other ► ()										
28	Other ► ()										
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done	on during the e Acknowled	e tax year for contributi Igement	ons for which the	29						
						\longrightarrow	Yes	No			
30a	During the year, did the organization receive by cohold for at least three years from the date of the purposes for the entire holding period?	ontribution a nitial contribi	ny property reported in ution, and which is not	Part I, lines 1-28 that i required to be used for	t must exempt	30a		X			
b	If 'Yes,' describe the arrangement in Part II										
	Does the organization have a gift acceptance poli-		•		ns?	31		<u>X</u>			
	Does the organization hire or use third parties or noncash contributions?	related orgar	nizations to solicit, proc	ess, or sell		32 a		<u> X</u>			
	If 'Yes,' describe in Part II										
33	If the organization did not report an amount in col	umn (c) for a	a type of property for w	rhich column (a) is che	cked,			j			
	describe in Part II.			 							
BAA	For Paperwork Reduction Act Notice, see the Ins	tructions fo	r Form 990.		Schedu	ıle M (F	orm 99	0) 2011			

Schedule	e M (Form 990)	2011	IN DE	FENSE	OF AN	IMALS						68-	000893	6	Page 2
Part II	Supplemen	tal In	format	i on. Con	nplete	this par	rt to pro	ovide	the info	ormatio	n requir	ed by F	art I, Iır	nes 30t	o, 32b,
,	Supplement and 33, and number of its	l whe	ther the	e organi:	zation	is repor	rting in	Part	I, colun	nn (b),	the nun	nber of	contribu	itions,	the
	number of it	tems	receive	ed, or a	combir	nation c	of both.	Also	comple	te this	part for	any ad	ditional	ınform	ation.
		-					-								
															
									_ -						
		. — — —							_ _						
				- -											
				. 											
		. — — —													
				-											
			- 												
															_
				- 											

TEEA4602L 07/14/11

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Schedule **M** (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Employer identification number

68-0008936 IN DEFENSE OF ANIMALS FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION CONTINUATION OF DISCUSSION FROM FORM 990, PAGE 2, PART 4A OVER THE YEARS, WE HAVE WON SOME PRECEDENT SETTING VICTORIES FOR OUR ANIMAL FRIENDS, BOTH HERE AT HOME, AND AROUND THE WORLD. THEY INCLUDE: CLOSING DOWN WHAT ONCE WAS THE LARGEST EXPERIMENTAL CENTER FOR CHIMPANZEES IN THE WORLD, THE HIDEOUS COULSTON FOUNDATION. IN DOING SO, HUNDREDS OF CHIMPANZEES WERE FREED FROM THE HORRORS OF VIVISECTION. CREATING A CHIMPANZEE SANCTUARY AND EDUCATION CENTER IN THE WEST AFRICAN REPUBLIC OF CAMEROON, PROVIDING A SAFE HAVEN FOR SEVERELY ABUSED ADULT CHIMPANZEES AND FOR BABIES ORPHANED BY A THRIVING BUSHMEAT TRADE. CLOSING DOWN NEW YORK UNIVERSITY'S GRUESOME CRACK COCAINE EXPERIMENTS ON MONKEYS ... AND ROCKEFELLER UNIVERSITY'S HORRIFIC VOMITING EXPERIMENTS ON CATS. SAVING THE LIVES OF 180 "RESEARCH" BEAGLES AT THE UNIVERSITY OF CALIFORNIA AFTER AN EMPLOYEE TIPPED US OFF THEY WERE ABOUT TO BE KILLED. HELPING PASS A LAW THAT, FOR THE FIRST TIME, PROTECTS KOREA'S 1.7 MILLION STRAY DOGS FROM CRUELTY, ABANDONMENT, AND EXPLOITATION * CANCELING A PROPOSED SLAUGHTER OF THOUSANDS OF BABY SEALS OFF THE COAST OF SOUTH AFRICA. RESCUING HUNDREDS OF DOGS AND CATS AFTER A DEVASTATING FIRESTORM SWEPT THROUGH THE OAKLAND/BERKELEY HILLS, DESTROYING MORE THAN 3,500 HOMES. LIBERATING 40 DOLPHINS WHEN AN IDA INVESTIGATOR FLEW TO JAPAN AND SWAM UNDERWATER IN THE DEAD OF NIGHT TO CUT THE NETS THAT IMPRISONED THE TERRIFIED ANIMALS. FILING FIVE LAWSUITS THAT RESULTED IN THE FREEING OF 42 RACING GREYHOUNDS FROM ARMY, UNIVERSITY OF CALIFORNIA AND ARIZONA RESEARCH LABORATORIES. MANY WERE ALREADY IN THE MIDST OF PAINFUL RESEARCH. THE LAWSUITS SUCCESSFULLY PREVENTED HORRIFIC BONE BREAKING EXPERIMENTS ON 120 RETIRED RACING GREYHOUNDS

Schedule **O** (Form 990 or 990-EZ) 2011 Page 2 Name of the organization Employer identification number 68-0008936 IN DEFENSE OF ANIMALS FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION CONDUCTING UNDERCOVER INVESTIGATIONS THAT EXPOSED THE CRUELTIES OF THE PUPPY MILL INDUSTRY ... RESCUING THOUSANDS OF STARVING AND ABUSED ANIMALS, AND DEVELOPING A 64-ACRE ABUSED ANIMAL SANCTUARY IN RURAL MISSISSIPPI. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND AT LEAST ONE MEMBER OF THE BOARD OF DIRECTORS. THIS GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT OR THE BOARD SIGNS AND MAILS THE RETURN TO THE DEPARTMENT OF THE TREASURY. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE EXECUTIVE DIRECTOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES. FORM 990. PART VI. LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS

AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS

THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S

Name of the organization IN DEFENSE OF ANIMALS	Employer identification number 68-0008936
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	S FOR CEO, EXEC. DIR., OR TOP M
POLICIES AND PROCEDURES.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	S FOR OFFICERS & KEY EMPLOYER
COMPENSATION OF OTHER HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES IS	S REVIEWED AT LEAST
ANNUALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE O	COMPENSATION DATA FROM
INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPR	ROPRIATENESS OF
SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE THEN DOCUM	ÆNTED IN PERSONNEL
FILES.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	VAILABLE
ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEM	MENTS AND OTHER LEGAL
FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILAE	BLE FOR INSPECTION BY
TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED	ANNUALLY TO
WWW.GUIDESTAR.ORG (WHERE IT IS AVAILABLE FOR VIEWING AS AN ELEC	CTRONIC COPY) AND ARE
ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE IN SAN RAFAEL, CALI	FORNIA (FOR A
PHYSICAL INSPECTION).	

2011	SCHEDULE D, PART XIV - SUPPLEMENTAL	INFORMATI	
CLIENT 98002	IN DEFENSE OF ANIMALS		68-0008936
5/07/12 SCHEDULE D OTHER REVE), PART XII, LINE 2D ENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990		09 33AN
NET ASSETS	DDS SOLD EFLECTED ON FORM 990-T RELEASED FROM RESTRICTIONS GAINS ON INVESTMENTS	\$ TOTAL \$	3,182. 75,065. 132,006. 7,321. 217,574.
SCHEDULE D OTHER REVE	, PART XII, LINE 4B ENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S		
TEMP RESTR	ICTED CONTRIBUTIONS	TOTAL \$	207,369. 207,369.
COST OF GOX	P, PART XIII, LINE 2D INSES AND LOSSES PER AUDITED F/S DDS SOLD EFLECTED ON FORM 990-T	\$ TOTAL <u>\$</u>	3,182. 75,065. 78,247.
			-

2011

SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION

CLIENT 98002

IN DEFENSE OF ANIMALS

68-0008936

09 33AM

PAGE 3

5/07/12

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

IN DEFENSE OF ANIMALS REQUIRES PERIODIC REPORTING FROM RECIPIENT ORGANIZATIONS TO ENSURE THAT THE FUNDS WERE UTILIZED ACCORDING TO THE ORIGINAL INTENTION.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 98002

IN DEFENSE OF ANIMALS

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5/07/12

09 33AM

FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ 7,321.

2011	FEDERA	L SUPPOR	TING DETAI	L	PAGE 1
CLIENT 98002	IN	DEFENSE OF A	NIMALS		68-0008936
5/07/12 CONTRIBUTIONS, GIFTS, OTHER CONTRIBUTIONS,	AND GRANTS GIFTS, GRANTS	S, ETC.	— —		09 33AM
UNRESTRICTED DONATION BEQUESTS AND LEGACIES RESTRICTED DONATIONS OTHER INCOME / SPONSO	AND GRANTS			\$ TOTAL \$	1,693,187. 2,262,144. 207,369. 133. 4,162,833.
COMPUTATION OF COST	OF GOODS SOL	D (FORM 990)			
1. INVENTORY AT START 2. PURCHASES 3. COST OF LABOR 4. ADDITIONAL 263A CO 5. OTHER COSTS 6. TOTAL (ADD LINES 1 7. INVENTORY AT END CO 8. COST OF GOODS SOLE	OSTS THROUGH 5) OF YEAR	INE 7 FROM LI	NE 6)		4,691. 4,182. 0. 0. 0.
FORM 990, PART IX, LINE OTHER EXPENSES	24E				
	_	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) <u>FUNDRAISING</u>
COMPUTER/WEB SERVICES DEMONSTRATIONS DUES AND SUBSCRIPTION		-75,065. 26,667. 1,239. 2,321.	20,000. 1,239. 2,321.	-75,065. 4,000.	
EQUIPMENT RENTAL & MA EVENTS AND SPONSORSHI MISCELLANEOUS	INTENANCE	13,595. 14,129. 39,869.	11,964. 29,902.	951. ⁻ 9,967.	_14,129
POSTAGE AND SHIPPING PRINTING AND PUBLICAT REPAIRS AND MAINTENAN	ICE	52,940. 35,314. 11,117.	46,587. 23,848. 9,783.	3,706.	2,647. 11,466.
	TOTAL	122,126.	\$ 145,644.		

2011

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 98002

IN DEFENSE OF ANIMALS

68-0008936

5/07/12

09 33AM

PROPERTY, EQUIPMENT AND LEASEHOLD IMPROVEMENTS

PROPERTY, EQUIPMENT AND LEASEHOLD IMPROVEMENTS CONSIST OF THE FOLLOWING AT DECEMBER 31, 2011 AND 2010:

	2011	2010
LAND BUILDING COMPUTERS, OFFICE EQUIPMENT AND FURNITURE LEASEHOLD IMPROVEMENTS VEHICLES ACCUMULATED DEPRECIATION/AMORTIZATION	\$ 777,754 1,240,240 417,549 429,466 75,855 (817,546)	759,954 1,240,240 404,268 423,955 108,755 (747,767)
	\$2,123,318	2,189,405

TOTAL DEPRECIATION AND AMORTIZATION EXPENSE AMOUNTED TO \$94,453 AND \$101,450 FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010, RESPECTIVELY.

Form **8868** (Rev January 2012) •

Donardman's of the Tream in

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Departmenit of th Internal Revenu		► File a sep	oarate appli	cation for each return.			
	- 3	Automatic 3-Month Extension, con Additional (Not Automatic) 3-Mont		Part I and check this box n, complete only Part II (on page 2 of this	s form)	► X	
				atic 3-month extension on a previously fi			
corporation request an e	required to file extension of tim With Certain Pe	Form 990-T), or an additional (not ne to file any of the forms listed in	automatic) Part I or Pa ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can elected II with the exception of Form 8870, Infecto the IRS in paper format (see instruction Charities & Nonprofits	tronically file Form ormation Return for	8868 to Transfers	
Part I A	utomatic 3-	Month Extension of Time. C	nly subm	nt original (no copies needed).	. <u></u>		
A corporatio	on required to fi	le Form 990-T and requesting an a	utomatic 6	-month extension — check this box and c	omplete Part I only	- ▶ 📗	
All other coi income tax i		uding 1120-C filers), partnerships,	REMICS, a	nd trusts must use Form 7004 to request Enter filer's identify			
	Name of exempt	organization or other filer, see instructions	•		Employer identification in	umber (EIN) or	
Type or print	IN DEFENSE OF ANIMALS				X 68-0008936		
File by the due date for	Number, street, and room or suite number. If a PIO box, see instructions				Social security number (SSN)		
filing your return See	3010 KERNER BLVD						
instructions	City, town or pos	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
	SAN RAFA	EL, CA 94901					
Enter the Re	eturn code for t	he return that this application is fo	r (file a sep	arate application for each return)		01	
Application Is For			Return Code	Application Is For		Return Code	
Form 990		01 Form 990-T (corporation)			07		
Form 990-B	L		02	2 Form 1041-A			
Form 990-E.	Z		01	Form 4720		09	
Form 990-P	F		04	Form 5227		10	
Form 990-T	Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069			11			
				5 0070			

Form 990-T (trust other than above)	06	Form 8870		12
■ The books are in the care of ■ GLORY KATZ				
Telephone No ► 415-448-0048 If the organization does not have an office or place of bus If this is for a Group Return, enter the organization's four check this box If it is for part of the group, of the extension is for	siness in the digit Group	United States, check this box		
I request an automatic 3-month (6 months for a corpora until8/15, 2012, to file the exempt orgonate the extension is for the organization's return for X calendar year 2011 or, 20 If the tax year entered in line 1 is for less than 12 month Change in accounting period	anization re	eturn for the organization named above	return	
3a If this application is for Form 990-BL, 990-PF, 990-T, 47 nonrefundable credits. See instructions	720, or 6069	, enter the tentative tax, less any	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6 payments made. Include any prior year overpayment al			3ь\$	0.
c Balance due. Subtract line 3b from line 3a Include you EFTPS (Electronic Federal Tax Payment System) See			3c \$	0.
Caution. If you are going to make an electronic fund withdraw payment instructions	val with this	Form 8868, see Form 8453-EO and Form	8879-EO for	