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Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| Α                       | For the             | 2012 calendar year, or tax year beginning  | g and  | ending        |                             |                               |
|-------------------------|---------------------|--|--|---------------|-----------------------------|-------------------------------|
| В                       | Check if applicable | C Name of organization   |  |               | D Employer identifie        | cation number                 |
|                         | Addres              | S UNITED ANIMAL NATIO  | NS DBA REDROVER  |               |                             |                               |
|                         | Name<br>change      | Doing Business As  |  |               |                             | 124097                        |
|                         | return Termin ated  | Number and street (or P 0 box if mail is 1122 S STREET   | not delivered to street address)   | Room/suite    |                             | r<br>429-2457                 |
|                         | Amend               | City, town, or post office, state, and Z   | P code   |               | G Gross receipts \$         | 2,706,614.                    |
|                         | Apolication         | DACKAMENTO, CA 930   |  |               | H(a) Is this a group re     | eturn                         |
|                         | pendin              | F Name and address of principal officer:   | NICOLE FORSYTH   |               | for affiliates?             | Yes X No                      |
| _                       |                     | SAME AS C ABOVE  |  |               | H(b) Are all affiliates inc | luded? Yes No                 |
|                         |                     | empt status X 501(c)(3) 501(c) (   | ) ◀ (insert no ) 4947(a)(1)  | or 527        | 7                           | list. (see instructions)      |
|                         |                     | e: ► WWW.REDROVER.ORG  |  |               | H(c) Group exemptio         |                               |
|                         |                     | organization X Corporation Trust   | Association Other ►  | L Year        | of formation 1987 N         | State of legal domicile CA    |
| -                       | art I               | Summary  |  | D T NIC A     | NITMATE OUT                 | OF CRICIC                     |
| Se                      | 1 1                 | Briefly describe the organization's mission of AND STRENGTHEN THE BON                          | Trimost significant activities: 10 Di  | ND ANT        | MAT.S                       | OF CKIPIS                     |
| Activities & Governance |                     |  | discontinued its operations or dispos  |               |                             | noote .                       |
| Ver                     | 3                   | Number of voting members of the governing  | 1  | sed of filore | 3                           | 5                             |
| ဇ္                      | 4                   | Number of independent voting members of  |  |               | 4                           | 5                             |
| ~8<br>~8                | 5                   | Total number of individuals employed in cale   |  |               | 5                           | 14                            |
|                         | 6                   | Total number of volunteers (estimate if nece   |  |               | 6                           | 190                           |
| ~₹                      | 7 a                 | Total unrelated business revenue from Part   | **   |               | 7a                          | 0.                            |
| رو<br>(⊖                | b                   | Net unrelated business taxable income from   | Form 990-T, line 34  |               | 7b                          | 0.                            |
|                         |                     |  |  |               | Prior Year                  | Current Year                  |
| SCANNFEDENTIL           | 8                   | Contributions and grants (Part VIII, line 1h)  |  |               | 2,337,176.                  | 2,103,955.                    |
| ē                       | 9                   | Program service revenue (Part VIII, line 2g)   |  |               | 16,931.                     | 40,028.                       |
| 뚾                       | 10                  | investment income (Part VIII, column (A) lin<br>Other revenue (Part VIII, column (A), lines 5, | es 3) 4, and 7d)   |               | 40,467.                     | 45,988.                       |
| 茎                       | 11                  | Other revenue (Part VIII, column (A); lines 5,   | 6d, 8c, 9c, 10c, and 11e)  |               | 2,549.                      | 3,337.                        |
| $\neq$                  | 12                  | Total revenue - add lines 8 through 11 (must   |  |               | 2,397,123.                  | 2,193,308.                    |
| Š                       | 13                  | Grants and similar amounts paid (Part IX, de   | blumn (A), flines 1-3)   |               | 90,839.                     | 108,742.                      |
|                         |                     | Benefits paid to or for members (Part IX, col  |  |               | 650,026.                    | 744,090.                      |
| ses                     | 15                  | Salaries, other compensation, employed ber<br>Professional fundraising fees (Part IX, colum    | relits (Part IX, Column (A), lines 5-10)   |               | 0.50,020.                   | 7,875.                        |
| Expenses                | Ioa                 | Professional fundraising flees (Part IX, column<br>Total fundraising expenses (Part IX, column |  | 91.           | <u> </u>                    | 770731                        |
| Ä                       | 17                  | Other expenses (Part IX, column (A), lines 1   | ```  | <del></del>   | 673,892.                    | 637,016.                      |
|                         |                     | Total expenses. Add lines 13-17 (must equa   |  |               | 1,414,757.                  | 1,497,723.                    |
|                         |                     | Revenue less expenses Subtract line 18 fro   |  |               | 982,366.                    | 695,585.                      |
| Net Assets or           | 3                   |  |  | Ве            | ginning of Current Year     | End of Year                   |
| sets                    | 20                  | Total assets (Part X, line 16)   |  |               | 2,448,896.                  | 3,197,456.                    |
| t As                    | 21                  | Total liabilities (Part X, line 26)  |  |               | 16,678.                     | 38,219.                       |
| 2                       | 22                  | Net assets or fund balances Subtract line 2  | 1 from line 20   |               | 2,432,218.                  | 3,159,237.                    |
|                         |                     | Signature Block  |  |               |                             |                               |
|                         |                     | Ities of perjury, I declare that I have examined this  |  |               |                             | y knowledge and belief, it is |
| tru                     | e, correc           | t, and complete Declaration of preparer (other tha   | an officer) is based on all information of wi  | hich preparei | r has any knowledge         | 1.2                           |
| ٥:                      |                     | Signature of officer   |  |               | 5/10                        | / / 3                         |
| Sig                     |                     | , ,  | CHIEF FINANCIAL OF   | FTCER         |                             |                               |
| He                      | re                  | Type or print name and title   | The state of the s | 1 10010       |                             |                               |
| -                       |                     | Print/Type preparer's name   | Preparer's signature   |               | Date / Check                | PTIN                          |
| Pa                      | ıd                  | DARLA A. COLSON  | Preparer's signature   | a CPA         | 5/10/13 If self-employ      | P00027123                     |
|                         | eparer              | Firm's name GILBERT ASSOC  | CIATES, INC.   | 1/            | Firm's EIN                  | 68-0037990                    |
|                         | e Only              | Firm's address 2880 GATEWAY  |  |               |                             |                               |
| _                       |                     | SACRAMENTO, C  |  |               | Phone no 9                  | 16-646-6464                   |
| Ma                      | y the IF            | RS discuss this return with the preparer sho   | wn above? (see instructions)   |               |                             | X Yes No                      |
|                         | 001 12-1            |  |  | ons.          |                             | Form <b>990</b> (2012)        |

| Par | t III Statement of Program Service Accomplishments  |
|-----|---|
|     | Check if Schedule O contains a response to any question in this Part III  |
| 1   | Briefly describe the organization's mission.  |
|     | TO BRING ANIMALS OUT OF CRISIS AND STRENGTHEN THE BOND BETWEEN PEOPLE   |
|     | AND ANIMALS THROUGH EMERGENCY SHELTERING, DISASTER RELIEF SERVICES,   |
|     | FINANCIAL ASSISTANCE AND EDUCATION. REDROVER ACCOMPLISHES ITS MISSION   |
|     | BY ENGAGING VOLUNTEERS AND SUPPORTERS, COLLABORATING WITH OTHERS AND  |
| 2   | Did the organization undertake any significant program services during the year which were not listed on  |
|     | the prior Form 990 or 990-EZ?   |
|     | If "Yes," describe these new services on Schedule O   |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No  |
|     | If "Yes," describe these changes on Schedule O.   |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses   |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  |
|     | revenue, if any, for each program service reported  (Code ) (Expenses \$ 407, 643 • including grants of \$ ) (Revenue \$ 34,669 • )   |
| 4a  | (SSSS / (EXPENSES V / CONTROL V |
|     | REDROVER RESPONDERS - AS PART OF OUR NETWORK OF MORE THAN 3,000 TRAINED VOLUNTEERS, 114 REDROVER RESPONDERS VOLUNTEERS PROVIDED 6,208 HOURS OF  |
|     |   |
|     | SHELTER AND CARE SERVICES FOR 1,958 ANIMALS DISPLACED BY 13 DIFFERENT NATURAL DISASTERS, PUPPY MILL SEIZURES AND HOARDING CASES, WITH   |
|     |   |
|     | ASSISTANCE PROVIDED AT NO COST TO COMMUNITIES. IN ONE SUCH CASE, REDROVER RESPONDERS VOLUNTEERS OFFERED HELP 3 TIMES OVER 3 MONTHS TO A   |
|     | HOARDING SITUATION THAT CAUSED SUFFERING AND INJURY TO NEARLY 700 CATS,   |
|     | MANY OF WHOM SHOWED SIGNS OF NEGLECT, UPPER RESPIRATORY INFECTIONS,   |
|     | SKIN CONDITIONS AND EYE INFECTIONS. REDROVER RESPONDERS ALSO CONTINUED  |
|     | OUR CHARTER MEMBERSHIP AND BOARD LEADERSHIP IN THE NATIONAL ANIMAL  |
|     | RESCUE AND SHELTERING COALITION (NARSC) AND PLAYED KEY ROLES IN   |
|     | COORDINATING NARSC RESOURCES DURING MAJOR INCIDENTS, INCLUDING  |
| 45  | 212 141   |
| 4b  | (Code ) (Expenses \$ 313, 141. including grants of \$ 108, 742.) (Revenue \$ 0.)  REDROVER RELIEF - WITH DEMAND FOR OUR SERVICES DOUBLING SINCE 2007,   |
|     | REDROVER RELIEF CONTINUED TO PROVIDE GUIDANCE, REFERRALS, CASE  |
|     | MANAGEMENT AND/OR FINANCIAL ASSISTANCE TO MORE THAN 3,000 GOOD  |
|     | SAMARITANS, ANIMAL RESCUERS AND PET OWNERS, HELPING THEM OBTAIN   |
|     | EMERGENCY VETERINARY CARE FOR ANIMALS IN LIFE-THREATENING SITUATIONS.   |
|     | REDROVER RELIEF CASE MANAGERS ALSO WORKED WITH DOMESTIC VIOLENCE  |
|     | SHELTERS TO ENABLE VICTIMS TO LEAVE THEIR BATTERERS WITHOUT HAVING TO   |
|     | LEAVE THEIR PETS BEHIND. APPLICATIONS TO REDROVER'S SAFE ESCAPE GRANT   |
|     | PROGRAM, WHICH PROVIDES FUNDING FOR URGENT BOARDING AND VETERINARY CARE   |
|     | FOR DOMESTIC VIOLENCE VICTIMS' PETS, INCREASED BY 126 PERCENT, AND THE  |
|     | PROGRAM PROVIDED MORE THAN 1,000 NIGHTS OF BOARDING AS WELL AS OTHER  |
|     | CARE. FINALLY, 2012 MARKED THE BEGINNING OF REDROVER RELIEF'S SAFE  |
| 4c  | (Code ) (Expenses \$ 187,730 • including grants of \$ ) (Revenue \$ 0 • )   |
|     | PUBLIC EDUCATION AND OUTREACH - USING OUR QUARTERLY MEMBERSHIP  |
|     | COMPANION MAGAZINE, FREQUENT EMAIL NEWSLETTERS, DIRECT ANIMAL CAUSE   |
|     | MAILINGS, TWO WEBSITES, SOCIAL MEDIA, SPEAKING AND TABLING ENGAGEMENTS,   |
|     | BROCHURES AND OTHER MATERIALS, REDROVER EDUCATED MEMBERS AND THE  |
|     | GENERAL PUBLIC ABOUT OUR PROGRAMS, ANIMAL DISASTER PREPAREDNESS, ANIMAL   |
|     | NEGLECT AND CRUELTY, COMPANION ANIMAL CARE AND ANIMAL ADVOCACY. IN  |
|     | 2012, 219,338 VISITORS VIEWED THE REDROVER.ORG WEBSITE, WHICH WAS   |
|     | COMPLETELY REDESIGNED TO BE MORE ACCESSIBLE AND USER-FRIENDLY FOR OUR   |
|     | MEMBERS, REDROVER RELIEF GRANT APPLICANTS, VOLUNTEER WORKSHOP ENROLLEES   |
|     | AND GENERAL PUBLIC. WITH 2012 BEING OUR 25TH ANNIVERSARY YEAR, EXTRA  |
|     | ATTENTION AND RESOURCES WERE ALLOCATED TO OUTREACH, SPREADING VITAL   |
|     | ANIMAL SAFETY MESSAGES, MOST NOTABLY REGARDING DISASTER PREPAREDNESS  |
| 4d  | Other program services (Describe in Schedule O)   |
|     | (Expenses \$ 239,819 • including grants of \$ ) (Revenue \$ 5,359 •)  |
| 4e  | Total program service expenses 1, 148, 333.   |
|     | Form <b>990</b> (2012   |

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Form 990 (2012) UNITED ANIMA
Part IV Checklist of Required Schedules

|     |  |               | Yes     | No              |
|-----|--|---------------|---------|-----------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |               |         |                 |
|     | If "Yes," complete Schedule A  | 1             | X       |                 |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2             | Х       |                 |
| 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             | X       |                 |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |               |         |                 |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                   | 5             |         | Х               |
| 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             |         | X               |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete     |               |         |                 |
|     | Schedule D, Part III   | 88            |         | X               |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for    |               |         |                 |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?        |               |         |                 |
|     | 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            | <u></u> | X               |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X |               |         |                 |
|     | as applicable  |               |         |                 |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,      |               |         |                 |
|     | Part VI  | 11a           | Х       | <u> </u>        |
| 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 <sup>9</sup> If "Yes," comp <sup>l</sup> iete Schedule D, Part VII                            | 11b           |         | X               |
| С   | 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   | 11c           |         | X               |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in     |               |         |                 |
|     | Part X, line 16 <sup>o</sup> If "Yes," complete Schedule D, Part IX  | 11d           |         | X               |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e           |         | X               |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |               |         |                 |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f           | X       |                 |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |               | .,      |                 |
|     | Schedule D, Parts XI and XII   | 12a           | _X      | ļ .             |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                        |               |         | v               |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional            | 12b           |         | X               |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13            |         | X               |
|     | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a           |         | <b>^</b> _      |
| 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       | 44.           |         | Х               |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b           |         |                 |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization        | 4.5           | 1       | Х               |
|     | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                                      | 15            |         |                 |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals   | 16            |         | х               |
| 47  | located outside the United States? If "Yes," complete Schedule F, Parts III and IV   | 16            | -       | <del>  ^`</del> |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          | 17            |         | X               |
| 10  | column (A), lines 6 and 11e <sup>9</sup> If "Yes," complete Schedule G, Part I   | <del>''</del> | -       | +**             |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     | 18            | [       | x               |
| 10  | 1c and 8a? If "Yes," complete Schedule G, Part II  | -18           |         | 1               |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"           | 19            |         | X               |
| 20~ | complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       | 20a           |         | X               |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 20b           |         | 1               |
|     | ii 165 to line 20a, did the organization attach a copy of its addited initialidial statements to this fetum.                     |               | 000     | (0010           |

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Form 990 (2012) UNITED ANIMAL NATI
Part IV Checklist of Required Schedules (continued)

|     |   |      | Yes        | No     |
|-----|---|------|------------|--------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the   |      |            |        |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21   | X          |        |
| 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   | Х          |        |
| 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? If "Yes," complete  |      |            |        |
|     | Schedule J  | 23   |            | X      |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |      |            |        |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |      |            |        |
|     | Schedule K If "No", go to line 25   | 24a  |            | X      |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |            |        |
| С   | 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  |            |        |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d  |            |        |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a  |      |            | v      |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a  |            | Х      |
| b   |   |      |            |        |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   | 25b  |            | Х      |
| 06  | Schedule L, Part I  | 200  |            | -21    |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26   |            | Х      |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial  |      |            |        |
| 2.1 | 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)  |      |            |        |
| а   | 0.000   | 28a  |            | X      |
| b   |   | 28b  |            | Х      |
| С   | 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  | 28c  |            | X_     |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29   |            | Х      |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |      |            |        |
|     | contributions? If "Yes," complete Schedule M  | 30   |            | X      |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |      |            |        |
|     | If "Yes," complete Schedule N, Part I   | 31   |            | Х      |
| 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  |      |            | Х      |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33   |            | ^      |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   | 34   |            | Х      |
| 25- | Part V, line 1  | 35a  |            | X      |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                      | 33a  | ļ <u> </u> |        |
| D   | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35ь  |            |        |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  | 355  |            |        |
| -   | 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   |            | Х      |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |      |            |        |
|     | Note. All Form 990 filers are required to complete Schedule O   | 38   | X          |        |
|     |   | Form | 990        | (2012) |

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Form 990 (2012) UNITED ANIMAL NATIONS DBA REDROVER
Part V Statements Regarding Other IRS Filings and Tax Compliance

|          | Check if Schedule O contains a response to any question in this Part V   |           |                       |                |     |           |
|----------|--|-----------|-----------------------|----------------|-----|-----------|
|          |  |           |                       |                | Yes | No        |
| 1a       | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | 1a        | 8                     |                | 103 |           |
| b        | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable                                     | 1b        | 0                     | İ              |     |           |
| c        | Did the organization comply with backup withholding rules for reportable payments to vendors and r                 |           |                       | ĺ              |     |           |
|          | (gambling) winnings to prize winners?  | орона     | ole garring           | 1c             | Х   | Í         |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                        |           |                       | <u></u>        |     |           |
|          | filed for the calendar year ending with or within the year covered by this return                                  | 2a        | 14                    | ĺ              |     |           |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax retu         |           |                       | 2b             | Х   |           |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions           |           |                       |                |     |           |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?                      | 3)        | :                     | 3a             | į į | Х         |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                   |           |                       | 3b             |     |           |
|          | At any time during the calendar year, did the organization have an interest in, or a signature or other            | authori   | tv over a             |                | ļ   | <u> </u>  |
|          | financial account in a foreign country (such as a bank account, securities account, or other financial             |           |                       | 4a             |     | X         |
| ь        | If "Yes," enter the name of the foreign country:   | accoun    | 11,71                 | 76             |     |           |
| _        | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial               | Accour    | nte                   |                |     |           |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?              | Accoun    | 113.                  | 5a             | † † | Х         |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa         | action?   |                       | 5b             |     | X         |
| c        | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | CHOIL     |                       | 5c             |     |           |
|          | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to              | ha oras   | unization edicit      |                | ļ   | <u> </u>  |
| -        | any contributions that were not tax deductible as charitable contributions?  | ie oiga   | inzation solicit      | 6a             |     | Х         |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions        | lione oi  | raifte                |                |     | _ <u></u> |
| -        | were not tax deductible?   |           | girto                 | 6b             |     | l         |
| 7        | Organizations that may receive deductible contributions under section 170(c).                                      |           |                       | -02            |     | $\vdash$  |
| а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices n  | rovided to the navor? | 7a             | [   | Х         |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                    | . т.ссс р | rovidod to tilo payor | 7b             |     |           |
| C        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w             | as real   | ured                  |                |     |           |
|          | to file Form 8282?   | uo 1041   |                       | 7c             |     | X         |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d        |                       |                |     |           |
| е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of           | -         | t?                    | 7e             | [ ] | X         |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti           |           | ••                    | 7 <del>f</del> |     | Х         |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Fe       |           | 99 as required?       | 7g             | N/A |           |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization     |           | •                     | 7h             | N/A |           |
| 8        | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D         |           |                       |                |     |           |
|          | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at    |           |                       | 8              |     | ĺ         |
| 9        | Sponsoring organizations maintaining donor advised funds.  | •         | <b>3</b> · <b>y</b>   |                |     |           |
| а        | Did the organization make any taxable distributions under section 4966?  |           |                       | 9a             |     | ĺ         |
| b        | Did the organization make a distribution to a donor, donor advisor, or related person?                             | -         |                       | 9b             |     |           |
| 10       | Section 501(c)(7) organizations. Enter:  |           |                       |                |     |           |
| а        | 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 facilities                        | 10b       |                       |                |     |           |
| 11       | Section 501(c)(12) organizations. Enter:   |           |                       |                |     | ĺ         |
| а        | Gross income from members or shareholders  | 11a       |                       |                |     | ĺ         |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources against                           |           |                       |                |     | ĺ         |
|          | amounts due or received from them.)  | 116       |                       |                |     | ĺ         |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form               | 1041?     |                       | 12a            |     | Ĺ         |
| þ        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                              | 12b       |                       |                |     |           |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   |           |                       |                |     | Ĺ         |
| а        | Is the organization licensed to issue qualified health plans in more than one state?                               |           |                       | 13a            |     |           |
|          | Note. See the instructions for additional information the organization must report on Schedule O.                  |           |                       |                |     |           |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the                   |           |                       |                |     | ĺ         |
|          | organization is licensed to issue qualified health plans   | 13b       |                       |                |     |           |
| C        | Enter the amount of reserves on hand   | 13c       |                       |                |     |           |
| 14a      | Did the organization receive any payments for indoor tanning services during the tax year?                         |           |                       | 14a            |     | _ X       |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul             | e O       |                       | 14b            |     |           |
|          |  |           |                       | Form           | ggn | (2012     |

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

|            | Check if Schedule O contains a response to any question in this Part VI  |         |                        | X       |
|------------|--|---------|------------------------|---------|
| <u>Sec</u> | tion A. Governing Body and Management  |         |                        |         |
|            |  | 1       | Yes                    | No      |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year 5  |         |                        |         |
|            | 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 1b 5  |         |                        |         |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other         |         |                        |         |
|            | officer, director, trustee, or key employee?   | 2       |                        | Х       |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision            |         |                        |         |
| _          | of officers, directors, or trustees, or key employees to a management company or other person?                                   | 3       |                        | Х       |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                 | 4       |                        | X       |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?                       | 5       |                        | X       |
| 6          | Did the organization have members or stockholders?   | 6       | X                      |         |
| 7a         | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                   |         |                        |         |
|            | more members of the governing body?  | 7a      | Х                      |         |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or               |         |                        |         |
| J          | persons other than the governing body?   | 7b      | Х                      |         |
| 0          |  | 10      | 71                     |         |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following |         | Х                      |         |
| a          | The governing body?  | 8a      | Λ                      | Х       |
| ь          | Each committee with authority to act on behalf of the governing body?  | 8b      |                        | A       |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the             |         |                        | Х       |
| <u> </u>   | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9       |                        | ^       |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                 |         |                        |         |
| 40.        | Daltha and the base has been been been been a well-based   |         | Yes                    | No<br>X |
|            | Did the organization have local chapters, branches, or affiliates?   | 10a     |                        |         |
| D          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,       |         |                        |         |
|            | and branches to ensure their operations are consistent with the organization's exempt purposes?                                  | 10b     | X                      |         |
| 11a        |  | 11a     | Δ.                     |         |
| _          | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                    | l ˈi    | v                      |         |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | X                      |         |
| ь          | ,  | 12b     | Λ                      |         |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe               |         | v                      |         |
|            | in Schedule O how this was done  | 12c     | X                      |         |
| 13         | Did the organization have a written whistleblower policy?  | 13      | X                      |         |
| 14         | Did the organization have a written document retention and destruction policy?   | 14      | Λ.                     | - 11211 |
| 15         | Did the process for determining compensation of the following persons include a review and approval by independent               |         |                        |         |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                |         | v                      |         |
| а          | The organization's CEO, Executive Director, or top management official   | 15a     | X                      |         |
| b          | Other officers or key employees of the organization  | 15b     |                        | *****   |
| 4.0        | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |         |                        |         |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a            |         |                        | v       |
|            | taxable entity during the year?  | 16a     |                        | X       |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation     | ,       |                        |         |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                   |         |                        |         |
|            | exempt status with respect to such arrangements?   | 16b     |                        |         |
|            | tion C. Disclosure   |         |                        |         |
| 17         | List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O  |         |                        |         |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)   | availab | le                     |         |
|            | for public inspection. Indicate how you made these available. Check all that apply.  |         |                        |         |
|            | X Own website Another's website X Upon request Other (explain in Schedule O)   |         |                        |         |
| 19         | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an  | d finan | icial                  |         |
|            | statements available to the public during the tax year   | _       |                        |         |
| 20         | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza         | tion: 🕨 |                        |         |
|            | REBECCA SARSFIELD - 916-429-2457   |         |                        |         |
| 23200      | 1122 S STREET, SACRAMENTO, CA 95811  |         |                        |         |
| 20200      | v I  | _       | $\alpha \alpha \alpha$ | 100461  |

## 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 Peport 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

| (A)  | (B)  | (C)                            |                       |   |                                |  |       | (D)  | (E)                          | (F)             |  |
|--|--|--------------------------------|-----------------------|---|--------------------------------|--|-------|--|------------------------------|-----------------|--|
| Name and Title   | Average  | (do                            | (do not check         |   | Position<br>heck more than one |  |       | Reportable                                       | Reportable                   | Estimated       |  |
| Name and Title  ) ARMAITI MAY  ARD DIRECTOR ) DEBRA FERGUSON  ARD TREASURER ) JAMIE SICKLES  ARD SECRETARY ) JEFF DE CAGNA  ARD CHAIR ) LISA DECARLO  ARD VICE CHAIR ) NICOLE FORSYTH  ESIDENT AND CEO ) REBECCA SARSFIELD | hours per<br>week                                |                                |                       | ess person is both an and a director/trustee) |                                |  |       | compensation<br>from                             | compensation<br>from related | amount of other |  |
|  | (list any  | cto                            |                       |   |                                |  |       | the  | organizations                | compensation    |  |
|  | hours for  | die                            |                       |   |                                | £  |       | organization                                     | (W·2/1099-MISC)              | from the        |  |
|  | related  | stee                           | ruste                 |   | ۵.                             | pensa  |       | (W-2/1099-MISC)                                  |                              | organization    |  |
|  | organizations                                    | 声                              | onal 1                |   | afold                          | E 28   |       |  |                              | and related     |  |
|  | below<br>(line)                                  | Individual trustee or director | Institutional trustee | Officer                                       | Key employee                   | Highest compensated employee                     | ormer |  |                              | organizations   |  |
| (1) ARMAITI MAY  | 1.00   |                                |                       |   | Ť                              | 1  | _     |  |                              |                 |  |
| BOARD DIRECTOR   |  | X                              |                       |   |                                |  |       | 0.   | 0.                           | 0.              |  |
| (2) DEBRA FERGUSON   | 1.00   |                                |                       |   |                                |  | _     |  |                              |                 |  |
| BOARD TREASURER  |  | X                              |                       | Х   |                                |  |       | 0.   | 0.                           | 0.              |  |
| (3) JAMIE SICKLES  | 1.00   |                                |                       |   |                                |  |       |  |                              | <u> </u>        |  |
| BOARD SECRETARY  |  | X                              |                       | Х   |                                |  | ļ     | 0.   | 0.                           | 0.              |  |
| (4) JEFF DE CAGNA  | 1.00   | 1                              |                       |   |                                |  |       |  |                              | _               |  |
| BOARD CHAIR  |  | X                              |                       | Х   |                                |  |       | 0.   | 0.                           | 0.              |  |
| (5) LISA DECARLO   | 1.00   | _                              |                       |   |                                |  |       |  |                              |                 |  |
| BOARD VICE CHAIR   |  | X                              | ļ                     | X   |                                | L.   |       | 0.   | 0.                           | 0.              |  |
| (6) NICOLE FORSYTH   | 40.00  | 1                              |                       |   |                                |  |       | 20.006   | _                            | 10 000          |  |
| PRESIDENT AND CEO  | 410.00   | -                              |                       | X   |                                | <u> </u>   |       | 89,986.  | 0.                           | 13,320          |  |
| (7) REBECCA SARSFIELD  | 40.00  |                                |                       | ١.,   |                                |  |       | F7 000   |                              | 11 550          |  |
| CHIEF FINANCIAL OFFICER  |  | -                              | ļ                     | X   |                                | _  | -     | 57,909.  | 0.                           | 11,550          |  |
|  | <u> </u>   | -                              |                       |   |                                |  |       |  |                              |                 |  |
| <del></del>  |  | -                              | _                     |   |                                | -  |       | <del>                                     </del> |                              |                 |  |
|  | 1  | -                              |                       |   |                                |  |       |  |                              |                 |  |
|  |  |                                |                       |   | -                              |  |       |  |                              |                 |  |
|  |  | 1                              |                       |   |                                |  |       |  |                              |                 |  |
|  |  | <del> </del>                   |                       |   |                                | -  | -     |  |                              |                 |  |
|  | <del>                                     </del> | 1                              |                       |   |                                |  |       |  |                              |                 |  |
|  |  | $\vdash$                       |                       |   |                                |  |       |  |                              | -               |  |
|  |  |                                |                       |   |                                |  |       |  |                              |                 |  |
|  |  | 1                              |                       |   |                                | <del>                                     </del> |       |  |                              | -               |  |
|  |  | 1                              |                       |   |                                |  |       |  |                              |                 |  |
|  |  |                                | T                     |   | -                              |  |       |  |                              |                 |  |
|  | İ  | 1                              |                       |   |                                |  | 1     |  |                              |                 |  |
|  | i  | 1                              |                       | <u> </u>                                      |                                |  |       |  | -                            |                 |  |
|  | i  | 1                              |                       |   |                                | L  |       |  |                              |                 |  |
|  |  |                                |                       |   |                                |  |       |  |                              |                 |  |
|  |  |                                |                       | L   | L                              | L  |       |  |                              |                 |  |
|  |  |                                |                       |   |                                |  |       |  |                              |                 |  |
|  |  |                                |                       |   |                                |  |       |  |                              |                 |  |

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| Par | t VIII Section A. Officers, Directors, Trus                               | tees     | , Key Em             | ploy                           | ees                         | , an           | d Hi         | ighe                         | st C     | ompensated Employe                               | es (continued)                   | 1        |                     | _        |
|-----|---|----------|----------------------|--------------------------------|-----------------------------|----------------|--------------|------------------------------|----------|--|----------------------------------|----------|---------------------|----------|
|     | (A)   |          | (B)                  | 1                              | (C)                         |                |              |                              |          | (D)  | (E)                              |          | (F)                 |          |
|     | Name and title  | 1        | verage               | 100                            | Position (do not check more |                |              |                              | ODe      | Reportable                                       | Reportable                       | Es       | timated             |          |
|     |   | h h      | ours per             | box                            | , unle                      | ess pe         | erson        | is both an                   |          | compensation                                     | compensation                     | am       | ount of             |          |
|     |   | 1        | week                 | <b>—</b>                       | cer ar                      | no a c         | irecto       | or/trus                      | (tee)    | from   | from related                     |          | other               |          |
|     |   |          | list any<br>ours for | Individual trustee or director |                             |                |              | ъ                            |          | the organization                                 | organizations<br>(W-2/1099-MISC) |          | oensation<br>om the | ì        |
|     |   | 1        | related              | 8                              | gg                          |                |              | Highest compensated employee | ļ        | (W-2/1099-MISC)                                  | (VV-2/1099-WIGC)                 |          | anization           |          |
|     |   | org      | anızatıons           | trust                          | Institutional frustee       |                | 85           | aduc                         |          | (** 2. *********************************         |                                  | _        | related             |          |
|     |   |          | below                | vidua                          | l par                       | <br> ≅         | Key employee | lesto                        | Ē        |  |                                  | orga     | nızatıons           |          |
|     |   | _        | line)                | 直                              | 발                           | Officer        | ě            | ₹,                           | 퉏        |  | <u> </u>                         |          |                     | _        |
|     |   |          |                      |                                |                             |                |              |                              |          |  |                                  |          |                     |          |
|     |   |          |                      |                                |                             |                |              |                              |          |  |                                  | ļ        |                     | _        |
|     | <del>   </del>  |          |                      |                                |                             |                |              |                              |          |  |                                  |          |                     |          |
|     |   | ļ_       |                      | <del> </del>                   | ļ                           | _              | <u> </u>     |                              |          |  |                                  |          |                     |          |
|     |   |          | <u> </u>             |                                |                             |                |              |                              |          |  |                                  |          |                     |          |
|     |   | <u> </u> |                      |                                |                             |                | <u> </u>     | -                            |          |  |                                  | ļ        |                     | _        |
|     |   | <u> </u> | <u> </u>             | -                              |                             |                |              |                              |          |  |                                  |          |                     |          |
|     |   | -        |                      | -                              | ļ                           | <u> </u>       | -            |                              |          |  |                                  |          |                     | _        |
|     |   | -        | -                    | -                              |                             |                |              |                              |          |  |                                  |          |                     |          |
|     |   | -        | <u> </u>             | -                              | -                           |                | -            | ╁                            |          |  |                                  |          |                     | _        |
|     |   | -        |                      | ┨                              |                             |                |              |                              |          |  |                                  |          |                     |          |
|     |   |          | 1                    | -                              | ⊢                           | <del> </del> — | -            | -                            |          | <del></del>                                      |                                  | -        |                     |          |
|     |   | _        |                      | -                              |                             |                |              |                              |          |  |                                  | İ        |                     |          |
|     | · · · · · · · · · · · · · · · · · · ·                                     | -        | 1                    | ╄                              | ╄                           |                | -            | -                            | ļ        |  |                                  |          |                     | _        |
|     |   |          | 1                    | -                              |                             |                |              |                              |          |  |                                  |          |                     |          |
|     | · · · · · · · · · · · · · · · · · · ·                                     | -        | <u> </u>             | -                              | -                           | 1              | -            | -                            | <u> </u> | <del>                                     </del> |                                  |          |                     | _        |
|     |   | -        | <del> </del>         | 1                              |                             |                |              |                              |          |  |                                  |          |                     |          |
|     | 01.441  |          | 1                    | İ                              |                             |                |              | <del>_</del>                 |          | 147,895.   | 0.                               | 2        | 4,870               | _        |
|     | Sub-total   |          |                      |                                |                             |                |              |                              |          | 0.   | 0.                               |          | 0                   |          |
|     | Total from continuation sheets to Part V                                  | II, S    | ection A             |                                |                             |                |              |                              |          | 147,895.   | 0.                               |          | 4,870               |          |
|     | Total (add lines 1b and 1c)  Total number of individuals (including but r |          |                      |                                |                             |                | ما           | ایدر (م                      |          | <del></del>                                      | ·                                |          | 1,010               | -        |
| 2   |   | 101 11   | Hilled to th         | 1056                           | : IISU                      | eu a           | DOV          | e) wi                        | IO I     | eceived more man proc                            | 7,000 of reportable              |          |                     | С        |
|     | compensation from the organization  |          | 1                    |                                |                             |                |              |                              |          |  |                                  |          | Yes No              | _        |
| 3   | Did the organization list any former officer                              | dire     | etor or tr           | ueta                           | ما م                        | av a           | mole         | 21/22                        | or       | highest compensated a                            | molovee on                       |          |                     | _        |
| 3   | line 1a? If "Yes," complete Schedule J for                                |          |                      |                                | C, K                        | cy C           | прк          | Јусс                         | , Oi     | riigilest compensated e                          | inployee on                      | 3        | X                   |          |
| 4   | For any individual listed on line 1a, is the s                            |          | l l                  |                                | omr                         | ene            | atioi        | n anı                        | d of     | her compensation from                            | the organization                 |          | -                   | <u>-</u> |
| 7   | and related organizations greater than \$15                               |          |                      |                                |                             |                |              |                              |          |  | the organization                 | 4        | X                   |          |
| 5   | Did any person listed on line 1a receive or                               |          | 1                    |                                |                             |                |              |                              |          |  | idual for services               |          |                     | _        |
| Ū   | rendered to the organization? If "Yes," con                               |          | 1                    |                                |                             |                |              |                              | 0,00     | ou organization or man                           |                                  | 5        | x                   | 2        |
| Sec | tion B. Independent Contractors   | ipiot    |                      | 00                             | 0, 0                        |                | por.         | 00//                         |          |  |                                  | 1        | <u> </u>            |          |
| 1   | Complete this table for your five highest co                              | amo      | ensated in           | dep                            | ende                        | ent d          | cont         | racto                        | ors t    | that received more than                          | \$100,000 of compen              | sation f | rom                 |          |
|     | the organization Report compensation for                                  |          | <b>I</b>             |                                |                             |                |              |                              |          |  |                                  |          |                     |          |
|     | (A)   |          |                      |                                |                             |                |              | •                            | Ī        | (B)  |                                  | (0       | ;)                  |          |
|     | Name and business   | ado      | fress                | N                              | NC                          | E              |              |                              |          | Description of s                                 | services                         | Compe    | nsation             |          |
|     |   |          |                      |                                |                             |                |              |                              |          |  |                                  |          |                     |          |
|     |   |          | 1                    |                                |                             |                |              |                              |          |  |                                  |          |                     |          |
|     |   |          |                      |                                |                             |                |              |                              |          |  |                                  |          |                     |          |
|     |   |          | <u> </u>             |                                |                             |                |              |                              |          |  |                                  |          |                     |          |
|     |   |          |                      |                                |                             |                |              |                              |          |  |                                  |          |                     |          |
|     |   |          |                      |                                |                             |                |              |                              |          |  |                                  | -        |                     |          |
|     | _   |          |                      |                                |                             |                |              |                              |          |  |                                  |          |                     |          |
|     |   | _        | <u> </u>             |                                |                             |                |              |                              |          |  |                                  |          |                     | _        |
|     |   |          |                      |                                |                             |                |              |                              |          |  |                                  |          |                     |          |
|     |   |          | 1                    |                                |                             |                |              |                              |          |  |                                  |          |                     |          |
| 2   | Total number of independent contractors                                   |          | I                    | not I                          | ımıte                       | ed to          |              | ^                            | stec     | d above) who received n                          | nore than                        |          |                     |          |
|     | \$100,000 of compensation from the organ                                  | ızatı    | on  ►                |                                |                             |                |              | 0                            |          |  |                                  |          | 200                 | _        |
|     |   |          | 1                    |                                |                             |                |              |                              |          |  |                                  | I        | POCY ODE            | n        |

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Form 990 (2012) UNITED ANIMAL NATIONS DBA REDROVER

Part VIII Statement of Revenue

| Check if Schedule O contains a response to any question in this Part VIII  |                              |          | Check if Schedule O cont   | tains a respon                | se to a      | nv allestion | in this Part VIII        |                               |                    |  |
|--|------------------------------|----------|--|-------------------------------|--------------|--------------|--------------------------|-------------------------------|--------------------|--|
| 2 a WORKSHOP FEES   541900   26,372.   26,372.     b EDUCATIONAL MATERIALS   541900   13,656.     c  |                              | •        | GREEK II GORICAGIE G COIT  | tains a respon                | <u></u>      |              | (A)                      | Related or<br>exempt function | Unrelated business | Revenue excluded from tax under                  |
| 2 a WORKSHOP FEES   541900   26,372.   26,372.     b EDUCATIONAL MATERIALS   541900   13,656.     c  | ifts, Grants<br>ir Amounts   | b<br>c   | Membership dues Fundraising events   | 1b<br>1c                      | 10           | 9,140.       | •                        |                               |                    |  |
| 2 a   WORKSHOP FEES   541900   26,372.   26,372.     b   EDUCATIONAL MATERIALS   541900   13,656.     c   d   d   d   d   d   d   d   d   d  | tributions, G<br>Other Simil | е        | Government grants (contributed) All other contributions, gifts, grand similar amounts not included about | tions) 1e lits, and lite 1f 1 | L,99         | 4,815.       |                          |                               |                    |  |
| 2 a   WORKSHOP FEES   541900   26,372.   26,372.     b   EDUCATIONAL MATERIALS   541900   13,656.     c   d   d   d   d   d   d   d   d   d  | 50                           | -        |  | s 1a-1f \$                    |              |              |                          |                               |                    |  |
| 2 a WORKSHOP FEES   541900   26,372.   26,372.    b EDUCATIONAL MATERIALS   541900   13,656.   13,656.    c   d  | 9.0                          | <u>n</u> | Iotal. Add lines 1a-1f   | <u> </u>                      |              |              |                          |                               |                    | -  |
| b EDUCATIONAL MATERIALS  d   13,656.   13,656.   13,656.     d   13,656.   13,656.     d   14,643.     d   14,443.     d   14, |                              |          | HODIGHOD DDG   |                               |              |              |                          | 26 272                        |                    |  |
| Total. Add lines 2a:27   | <u>:</u>                     | 2 a      |  |                               |              |              |                          | 26,3/2.                       |                    |  |
| Total. Add lines 2a:27   | le e                         | b        | EDUCATIONAL MAI  | PERTALS                       | _  _5        | 41900        | 13,656.                  | 13,656.                       |                    |  |
| Total. Add lines 2a:27   | gram S<br>Revent             | _        |  |                               | -            |              |                          |                               |                    |  |
| Total. Add lines 2a:27   | ě                            | е        |  |                               | -            |              |                          |                               |                    | <del>                                     </del> |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalites  (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) t Less cost or other basis and sales expenses and sales expenses d Regain or (loss) d Net gain or (loss) b Less direct expenses c Rent Iv. line 18 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code 11 a OTHER INCOME b Less institutions reported on line 10: See All other revenue c Retinations of the sales of inventory Miscellaneous Revenue  Business Code All other revenue c Total. Add lines 11a-11d C Tattel revenue See instructions  1 31, 545.  31, 4443.  31, 443.  31, 443.  31, 443.  31, 443.  31, 443.  31, 545.  31, 545.  31,  | -                            | f        | All other program service reve   | enue                          |              |              | 40.000                   |                               |                    |  |
| other similar amounts)  A Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents  b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses and sales expenses 5 13,306. c Gain or (loss) 4 Net gain or (loss) 5 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less cost of goods sold c Net mcome or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net mcome or (loss) from sales of inventory Miscellaneous Revenue  11 a OTHER INCOME 900099 3,337. 43,365. 0.45,988.  |                              | g        | Total. Add lines 2a-2f   | <u>_</u>                      |              | <u> </u>     | 40,028.                  |                               |                    |  |
| Societies   Soci   |                              | 3        | other similar amounts)   |                               |              | <b>&gt;</b>  | 31,545.                  |                               |                    | 31,545.  |
| (i)   Real   (ii)   Personal     (iii)   Personal    |                              | 4        | Income from investment of ta   | x-exempt bon                  | d proc       | eeds         |                          |                               |                    |  |
| 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)  6 Net gain or (loss) 5 13, 30 6. c Gain or (loss)  7 a Gross ancome from fundraising events (not including \$  |                              | 5        | Royalties  |                               |              |              |                          |                               |                    |  |
| b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 14,443.  14,443 | į                            |          |  | (ı) Real                      | (I           | ) Personal   |                          |                               |                    |  |
| c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 527,749 .  b Less cost or other basis and sales expenses 513,306 . c Gain or (loss) d Net gain or (loss) 4 Net gain or (loss) 527,749 .  b Less cost or other basis and sales expenses 513,306 . c Gain or (loss) 4 Net gain or (loss) 5 14,443 .  14 |                              | 6 a      | Gross rents  |                               |              |              |                          |                               |                    |  |
| c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 527,749 .  b Less cost or other basis and sales expenses 513,306 . c Gain or (loss) d Net gain or (loss) 4 Net gain or (loss) 527,749 .  b Less cost or other basis and sales expenses 513,306 . c Gain or (loss) 4 Net gain or (loss) 5 14,443 .  14 |                              | b        | Less rental expenses   |                               |              |              |                          |                               |                    |  |
| d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 513,306. c Gain or (loss)  8 a Gross income from fundraising events (not including \$  |                              | С        | Rental income or (loss)  |                               |              |              |                          |                               |                    |  |
| 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$  |                              | ď        | , ,  | İ                             |              | <b>•</b>     | _[                       |                               |                    |  |
| assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$  |                              | 7 9      | , ,  | (1) Securitie                 | .            | (II) Other   |                          |                               | ····               |  |
| b Less cost or other basis and sales expenses  |                              | , ,      |  |                               |              | (ii) Other   | -                        |                               |                    |  |
| and sales expenses  Gain or (loss)  Net gain or (loss)  Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME  Total of the revenue e Total. Add lines 11a-11d Total revenue See instructions  12 , 193,308.  14,443.  144,443       |                              |          | •  | 521,145                       | <b>'-</b>  - |              | -{                       |                               |                    |  |
| C Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less direct expenses c Net income or (loss) from gaming activities  9 a Gross income from gaming activities  9 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME  9 00099  3,337.  43,365.  0 45,988.  |                              | D        |  | 512 204                       | <u>.</u>     |              |                          |                               |                    |  |
| d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross income from garning activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from garning activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME 900099 3,337.  4 3,337.  5 4 3,337.  Total revenue See instructions  12 Total revenue See instructions  1 4 443.  14 443.  14 443.  14 443.  14 443.  14 443.  14 3 443.  14 3 443.  14 3 43.  14 4 43.  14 4 43.  14 4 43.  14 4 43.  14 4 43.  14 4 43.  14 4 43.  14 4 443.  14 4       | 1                            |          | ·  |                               |              |              | -{                       |                               |                    |  |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less cost of goods sold c Net income or (loss) from sales of inventory    Miscellaneous Revenue   Business Code  |                              | С        |  | 14,44                         | 3 •          |              | 1, ,,                    |                               |                    | 14 442   |
| including \$ of contributions reported on line 1c). See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19  b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME  b C   |                              | d        | Net gain or (loss)   | ļ                             | <u></u>      | <u> </u>     | 14,443.                  |                               |                    | 14,443.  |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME  b C d All other revenue e Total. Add lines 11a-11d  Total revenue See instructions  P d d d d d d d d d d d d d d d d d d  | enne                         | 8 a      |  |                               |              |              |                          |                               |                    |  |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME  b C d All other revenue e Total. Add lines 11a-11d  Total revenue See instructions  P d d d d d d d d d d d d d d d d d d  | ě                            |          | contributions reported on line   | e 1c). See                    |              |              |                          |                               |                    |  |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME  b C d All other revenue e Total. Add lines 11a-11d  Total revenue See instructions  P d d d d d d d d d d d d d d d d d d  | F                            |          | Part IV, line 18   |                               | a            |              |                          |                               |                    |  |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME  b C d All other revenue e Total. Add lines 11a-11d  Total revenue See instructions  P d d d d d d d d d d d d d d d d d d  | Ě                            | b        | Less: direct expenses  |                               | ь            |              |                          |                               |                    |  |
| 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME  900099  3,337.  4 All other revenue e Total. Add lines 11a·11d  Total revenue See instructions  9 3,337.  2,193,308.  43,365.  0.45,988.   | 0                            | С        | Net income or (loss) from fun-   | draising event                | s —          | <b>•</b>     |                          |                               |                    | ľ  |
| Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME  D OTHER INCOME  4 All other revenue e Total. Add lines 11a-11d  Total revenue See instructions  a b  2, 193, 308.  43, 365.  D OTHER INCOME  2, 193, 308.  43, 365.  D OTHER INCOME  Business Code  3, 337.  2, 193, 308.  43, 365.  D OTHER INCOME  D O |                              |          |  |                               |              |              |                          |                               |                    |  |
| b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME 900099 3,337.  b c d All other revenue e Total. Add lines 11a-11d  Total revenue See instructions  b  2,193,308.  43,365.  0. 45,988.  |                              | _        |  |                               | a            |              |                          |                               |                    |  |
| c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER INCOME 900099 3,337.  b c d All other revenue e Total. Add lines 11a·11d  Total revenue See instructions   3,337.  2,193,308.  43,365.  0.45,988.   |                              | b        |  |                               |              |              | 1                        |                               |                    |  |
| 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER INCOME 900099 3,337.  4 All other revenue  Total. Add lines 11a-11d  Total revenue See instructions  3,337.  2,193,308.  43,365.  0.45,988.  |                              |          |  | ning activities               | ~ L          | •            | <b>i</b>                 |                               |                    | 1  |
| and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME  900099  3,337.  43,337.  45,988.  |                              |          |  | _                             |              | <u></u>      |                          |                               |                    |  |
| b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER INCOME 900099 3,337.  d All other revenue e Total. Add lines 11a-11d  Total revenue See instructions  b 3,337.  2,193,308.  43,365.  0.45,988.  |                              | 10 a     |  | returns                       |              |              |                          |                               |                    |  |
| c Net income or (loss) from sales of inventory         Miscellaneous Revenue       Business Code         11 a OTHER INCOME       900099         b       3,337.         c       4 All other revenue         e Total. Add lines 11a·11d       3,337.         12 Total revenue See instructions       2,193,308.         43,365.       0.45,988.  |                              |          |  |                               |              |              | -                        |                               |                    |  |
| Miscellaneous Revenue         Business Code           11 a OTHER INCOME         900099         3,337.           b         3,337.           c         3,337.           d All other revenue         3,337.           e Total. Add lines 11a·11d         3,337.           12 Total revenue See instructions         2,193,308.         43,365.         0.45,988.  |                              |          |  |                               |              |              | -                        |                               |                    |  |
| 11 a OTHER INCOME 900099 3,337. 3,337.  b  |                              | С        |  |                               | I            |              |                          |                               |                    |  |
| b  |                              |          |  | Je                            |              |              |                          | 2 22-                         |                    |  |
| c       d All other revenue         e Total. Add lines 11a·11d       ► 3,337.         12 Total revenue See instructions       ► 2,193,308. 43,365. 0. 45,988.  |                              | 11 a     | OTHER INCOME   |                               | _   9        | 00099        | 3,337.                   | 3,337.                        |                    | <u> </u>   |
| d All other revenue  e Total. Add lines 11a-11d  ▶ 3,337.  12 Total revenue See instructions  ▶ 2,193,308. 43,365. 0. 45,988.  |                              | b        | <u> </u>   |                               | _            |              |                          |                               |                    |  |
| e Total. Add lines 11a·11d  ▶ 3,337.  12 Total revenue See instructions  ▶ 2,193,308. 43,365. 0. 45,988.   |                              | С        |  |                               | _            |              |                          |                               |                    |  |
| 12 Total revenue See instructions ▶ 2,193,308. 43,365. 0. 45,988.  |                              | d        | All other revenue  |                               |              |              |                          |                               |                    | <u> </u>   |
| 12 Total revenue See instructions ▶ 2,193,308. 43,365. 0. 45,988.  |                              | е        | Total. Add lines 11a-11d   |                               |              | <b>•</b>     | 3,337.                   |                               |                    |  |
|  |                              |          | Total revenue See instructions   |                               |              | <b>•</b>     | $2,193,\overline{308}$ . | 43,365.                       | 0 .                | 45,988.  |

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### Part IX Statement of Functional Expenses

|           | Check if Schedule O contains a respon  | <u>se to any question in thi</u> |                              |                                     |  |
|-----------|--|----------------------------------|------------------------------|-------------------------------------|--|
|           | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses            | (B) Program service expenses | (C) Management and general expenses | ( <b>D)</b><br>Fundraising<br>expenses |
| 1         | Grants and other assistance to governments and   |                                  |                              |                                     |  |
|           | organizations in the United States See Part IV, line 21  | 10,000.                          | 10,000.                      |                                     |  |
| 2         | Grants and other assistance to individuals in  | 00 740                           | 00 740                       |                                     |  |
|           | the United States See Part IV, line 22   | 98,742.                          | 98,742.                      |                                     |  |
| 3         | Grants and other assistance to governments,  |                                  |                              | -                                   |  |
|           | organizations, and individuals outside the United States. See Part IV, lines 15 and 16   |                                  |                              |                                     |  |
| 4         | Benefits paid to or for members  |                                  |                              |                                     |  |
| 5         | Compensation of current officers, directors,   |                                  |                              |                                     | ······                                 |
| Ŭ         | trustees, and key employees  | 172,765.                         | 98,476.                      | 65,651.                             | 8,638                                  |
| 6         | Compensation not included above, to disqualified   |                                  |                              |                                     |  |
| •         | persons (as defined under section 4958(f)(1)) and  | 1                                |                              | ļ                                   |  |
|           | persons described in section 4958(c)(3)(B)   |                                  |                              |                                     |  |
| 7         | Other salaries and wages   | 435,568.                         | 375,242.                     | 30,929.                             | 29,397                                 |
| 8         | Pension plan accruals and contributions (include   |                                  |                              |                                     |  |
|           | section 401(k) and 403(b) employer contributions)  | 26,809.                          | 22,890.                      | 2,066.                              | 1,853<br>3,950                         |
| 9         | Other employee benefits  | 60,104.                          | 51,020.                      | 5,134.                              | 3,950                                  |
| 10        | Payroll taxes  | 48,844.                          | 38,473.                      | 7,254.                              | 3,117                                  |
| 11        | Fees for services (non-employees)  |                                  |                              |                                     |  |
| а         | Management   |                                  |                              |                                     |  |
| þ         | Legal  | 478.                             | 478.                         | 17 110                              | 100                                    |
| С         | Accounting   | 19,638.                          | 2,338.                       | 17,110.                             | 190                                    |
| d         | , ,  | 7 075                            |                              |                                     | 7 075                                  |
|           | Professional fundraising services See Part IV, line 17   | 7,875.<br>6,963.                 | 3,589.                       | 3,066.                              | 7,875<br>308                           |
| f         | Investment management fees   | 0,903.                           | 3,309.                       | 3,000.                              |  |
| g         | Other. (If line 11g amount exceeds 10% of line 25,   | 14,800.                          | 13,508.                      | 528.                                | 764                                    |
| 12        | column (A) amount, list line 11g expenses on Sch 0 )  Advertising and promotion  | 14,000.                          | 13,300.                      | 320.                                | 701                                    |
| 13        | Office expenses  | 358,240.                         | 222,697.                     | 16,676.                             | 118,867                                |
| 14        | Information technology   | 57,739.                          | 49,882.                      | 3,145.                              | 4,712                                  |
| 15        | Royalties  |                                  |                              |                                     |  |
| 16        | Occupancy  | 32,065.                          | 25,524.                      | 4,607.                              | 1,934                                  |
| 17        | Travel   | 76,731.                          | 76,452.                      | 33.                                 | 246                                    |
| 18        | Payments of travel or entertainment expenses   |                                  |                              |                                     |  |
|           | for any federal, state, or local public officials  |                                  |                              |                                     |  |
| 19        | Conferences, conventions, and meetings   | 16,011.                          | 14,176.                      | 1,066.                              | 769                                    |
| 20        | Interest   |                                  |                              |                                     |  |
| 21        | Payments to affiliates   |                                  |                              |                                     |  |
| 22        | Depreciation, depletion, and amortization  | 5,282.                           | 4,200.                       | 792.                                | 290                                    |
| 23        | Insurance  | 9,762.                           | 7,944.                       | 1,264.                              | 554                                    |
| 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 0) | Constitution                     | Licenterior                  |                                     |  |
| а         | MEDIA C COMMINICATIONS   | 22,529.                          | 22,529.                      |                                     |  |
| ь         | DISASTER RELIEF  | 10,292.                          | 10,173.                      | 112.                                | 7                                      |
| С         | TAXES & FEES   | 6,486.                           |                              | 6,466.                              | 20                                     |
| d         |  |                                  |                              |                                     |  |
| е         | All other expenses   |                                  | 1 1 1 0 0 0 0                | 165 000                             | 100 401                                |
| <u>25</u> | Total functional expenses Add lines 1 through 24e  | 1,497,723.                       | 1,148,333.                   | 165,899.                            | 183,491                                |
| 26        | Joint costs Complete this line only if the organization  |                                  |                              |                                     |  |
|           | reported in column (B) joint costs from a combined   |                                  |                              |                                     |  |
|           | educational campaign and fundraising solicitation  | 185,220.                         | 110,139.                     | 0.                                  | 75,081                                 |
|           | Check here X If following SOP 98-2 (ASC 958-720)   | 103,220.                         | 110,139.                     |                                     | Form <b>990</b> (2012                  |

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 1,179,828. 245,675. Cash - non-interest-bearing 1,461,876. 961,497. 2 2 Savings and temporary cash investments 136,656. 34,656. 3 Pledges and grants receivable, net 13,148. 4,853. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 10,425. 39,714. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 49,206. basis Complete Part VI of Schedule D 10a 40,034. 11,113. 9,172. **b** Less accumulated depreciation 10b 10c 467,789.  $\overline{967,736}$ . 11 11 Investments · publicly traded securities 102,214. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 2,448,896. 3,197,456. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 16,678. 38,219. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 16,678. 38,219. <u> 26</u> 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,397,562. 3,124,581. 27 27 Unrestricted net assets 34,656. 34,656. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 1₁17 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 3,159,237. 2,432,218. 33 33 Total net assets or fund balances 3,197,456. 2,448,896. 34 Total liabilities and net assets/fund balances

Form 990 (2012)

| Form | 990 (2012) UNITED ANIMAL NATIONS DBA REDROVER  | 08-01      | 24097   | P <u>a</u> g | ge 12      |
|------|--|------------|---------|--------------|------------|
| Pa   | rt XI Reconciliation of Net Assets   |            |         |              |            |
|      | Check if Schedule O contains a response to any question in this Part XI  |            |         |              |            |
|      |  |            |         |              |            |
| 1    | Total revenue (must equal Part VIII, column (A), Ine 12)   | 1          | 2,19    |              |            |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2          | 1,49    |              |            |
| 3    | Revenue less expenses Subtract line 2 from line 1  | 3          |         |              | 85.        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4          | 2,43    |              |            |
| 5    | Net unrealized gains (losses) on investments   | 5          | 3.      | 1,4          | 34.        |
| 6    | Donated services and use of facilities   | 6          |         |              |            |
| 7    | Investment expenses  | 7          |         |              |            |
| 8    | Prior period adjustments   | 8          |         |              |            |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)   | 9          |         |              | 0.         |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,                  |            |         |              |            |
|      | column (B))  | 10         | 3,15    | 9,2          | <u>37.</u> |
| Pa   | rt XIII Financial Statements and Reporting   |            |         |              |            |
|      | Check if Schedule O contains a response to any question in this Part XII   |            | γ       |              | X          |
|      |  |            | <u></u> | 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     | 0          |         |              | · ·        |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |            | 2a      |              | X          |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | d on a     |         |              |            |
|      | separate basis, consolidated basis, or both:   |            |         |              |            |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |            |         | v            |            |
| þ    | Were the organization's financial statements audited by an independent accountant?                                 |            | 2b      | Х            | -          |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   | e basis,   |         |              |            |
|      | consolidated basis, or both:   |            |         |              |            |
|      | X Separate basis   |            |         |              |            |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit,   |         | X            |            |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |            | 2c      | Λ.           |            |
| ٥.   | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  |            |         |              |            |
| Ja   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngie Audit | 3.      |              | Х          |
|      | Act and OMB Circular A-133?  | urad audit | 3a      |              |            |
| þ    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | irea audit | 36      |              |            |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |            | 3b      |              |            |

Form **990** (2012)

#### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

**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

Name of the organization

UNITED ANIMAL NATIONS DBA REDROVER

**Employer identification number** 

|          |                   | ONITED                        | AN TITA.                    | L MAITO                  | מע מא         | A KED              | KO A P K          |                   |                        | U          | 0-0124        | 021     |        |
|----------|-------------------|-------------------------------|-----------------------------|--------------------------|---------------|--------------------|-------------------|-------------------|------------------------|------------|---------------|---------|--------|
| Part I   | Reason            | for Public Char               | ity Statu                   | IS (All organiz          | ations mus    | st complet         | e this part       | :) See inst       | ructions               |            |               |         |        |
| The orga | nization is not a | a private foundation l        | oecause i                   | is. (For lines 1         | through 1     | 11, check d        | only one b        | ox)               |                        |            |               |         |        |
| 1 🔲      | A church, co      | nvention of churches          | s, or assoc                 | ation of churc           | ches desci    | ribed in <b>se</b> | ction 170         | (b)(1)(A)(i)      |                        |            |               |         |        |
| 2        | A school des      | cribed in section 17          | 0(b)(1)(A) <mark>(</mark> i | ii <b>).</b> (Attach Sc  | hedule E.)    |                    |                   |                   |                        |            |               |         |        |
| 3        |                   | a cooperative hospit          | II                          |                          |               | ın <b>section</b>  | 170(b)(1)         | (A)(iii).         |                        |            |               |         |        |
| 4 🔲      | A medical res     | search organization o         | perated in                  | conjunction              | with a hos    | pıtal descr        | ibed in <b>se</b> | ction 170         | (b)(1)(A)(ii           | i). Enter  | the hospital  | 's nam  | ıe,    |
|          | city, and stat    | e                             |                             |                          |               |                    |                   |                   |                        |            |               |         |        |
| 5 🗔      | An organizati     | on operated for the           | benefit of                  | a college or ur          | niversity ov  | wned or op         | erated by         | a governi         | mental uni             | t describ  | ed in         |         |        |
|          | section 170       | (b)(1)(A)(iv). (Comple        | te Part II )                |                          |               |                    |                   |                   |                        |            |               |         |        |
| 6 🔲      | A federal, sta    | te, or local governm          | ent or gove                 | ernmental unit           | described     | d in <b>sectio</b> | n 170(b)(1        | I)(A)(v).         |                        |            |               |         |        |
| 7 X      | An organizati     | on that normally rec          | eives a su                  | ostantial part           | of its supp   | ort from a         | governme          | ental unit o      | r from the             | general    | public desc   | rıbed ı | n      |
|          | section 170(      | <b>b)(1)(A)(vi)</b> . (Comple | te Part II)                 |                          |               |                    |                   |                   |                        |            |               |         |        |
| 8 🗔      | A community       | trust described in <b>s</b>   | ection 17                   | D(b)(1)(A)(vi).          | (Complete     | Part II.)          |                   |                   |                        |            |               |         |        |
| 9 🔲      | An organizati     | on that normally rec          | eıves: (1) m                | nore than 33 1           | 1/3% of its   | support fr         | om contri         | butions, m        | nembershij             | p fees, a  | and gross red | ceipts  | from   |
|          | activities rela   | ted to its exempt fur         | ctions · si                 | bject to certa           | ın exceptio   | ons, and (2        | 2) no more        | than 33 1         | /3% of its             | support    | t from gross  | ınvest  | ment   |
|          |                   | unrelated business to         |                             |                          |               |                    |                   |                   |                        |            |               |         |        |
|          | See section       | <b>509(a)(2)</b> . (Complete  | Part III)                   |                          |               |                    |                   |                   |                        |            |               |         |        |
| 10 🔲     | An organizati     | on organized and or           | erated exc                  | clusively to te          | st for publi  | c safety S         | See <b>sectio</b> | n 509(a)(4        | <b>1</b> ).            |            |               |         |        |
| 11 🔲     | An organizati     | on organized and op           | erated ex                   | clusively for th         | ne benefit d  | of, to perfo       | rm the fur        | nctions of,       | or to carr             | y out the  | purposes o    | f one   | or     |
|          | more publicly     | supported organiza            | itions desc                 | ribed in section         | on 509(a)(1   | 1) or sectio       | n 509(a)(2        | 2) See <b>sec</b> | ction 509(a            | a)(3). Ch  | eck the box   | that    |        |
|          | describes the     | e type of supporting          | organizatiç                 | on and compl             | ete lines 1°  | 1e through         | 11h               |                   |                        |            |               |         |        |
|          | a Type            | l <b>b</b> 🗔 Ty               | pe II                       | c T                      | pe III - Fui  | nctionally i       | ntegrated         | c                 | ј 🗀 Тур                | e III - No | n-functional  | y integ | grated |
| е        | By checking       | this box, I certify tha       | t the orga                  | nization is not          | controlled    | directly o         | r indirectly      | by one o          | r more disc            | qualified  | persons oth   | er tha  | ın     |
|          | foundation m      | nanagers and other t          | han one o                   | more publicly            | / supporte    | d organiza         | tions des         | cribed in s       | ection 509             | 9(a)(1) or | section 509   | (a)(2). |        |
| f        | If the organiz    | ation received a writ         | ten detern                  | nination from t          | he IRS tha    | at it is a Ty      | pe I, Type        | II, or Type       | e III                  |            |               |         |        |
|          | supporting o      | rganization, check th         | ııs box                     |                          |               |                    |                   |                   |                        |            |               |         |        |
| 9        | Since August      | t 17, 2006, has the c         | rganızatıo                  | n accepted ar            | ny gift or co | ontribution        | from any          | of the follo      | owing pers             | sons?      |               |         |        |
|          | (i) A perso       | n who directly or ind         | rectly con                  | trols, either al         | one or tog    | ether with         | persons c         | described i       | ın (II) and (I         | III) below | /,            | Yes     | No     |
|          | the gove          | erning body of the si         | pported o                   | rganization?             |               |                    |                   |                   |                        |            | 11g(i)        |         |        |
|          | (ii) A famıly     | member of a persor            | describe                    | ın (ı) above?            |               |                    |                   |                   |                        |            | 11g(ii)       |         | L      |
|          | (iii) A 35% (     | controlled entity of a        | person de                   | scribed in (i) o         | or (II) above | e <sup>?</sup>     |                   |                   |                        |            | 11g(iii)      |         |        |
| h        | Provide the f     | ollowing information          | about the                   | supported or             | ganızatıon    | (s).               |                   |                   |                        |            |               |         |        |
|          |                   |                               |                             |                          |               |                    |                   |                   |                        |            | ,             |         |        |
| (ı) Nam  | e of supported    | (II) EIN                      | (III) Type d                | f<br>of organization     |               | organization       |                   |                   | (vi) Is<br>organizatio | the        | (vii) Amount  | of mo   | netary |
| orę      | ganization        | . ,                           |                             |                          |               | sted in your       |                   |                   | (I) organiz            | ed in the  | sup           | port    |        |
|          |                   |                               |                             | IRC section structions)) | ļ             | document?          |                   | r support?        | US                     | ,          |               |         |        |
|          |                   |                               | (000                        | 1                        | Yes           | No                 | Yes               | No                | Yes                    | No         |               |         |        |
|          |                   |                               |                             |                          |               |                    |                   | 1                 |                        |            |               |         |        |
|          |                   |                               |                             | 1                        |               | -                  |                   |                   |                        |            |               |         |        |
|          |                   |                               |                             |                          |               |                    |                   |                   |                        |            |               |         |        |
|          |                   |                               |                             | l                        |               |                    |                   |                   |                        |            |               |         |        |
|          |                   |                               |                             |                          | 1             |                    | ı                 |                   |                        |            |               |         |        |
|          |                   |                               |                             |                          |               |                    |                   |                   |                        |            |               |         |        |
|          |                   |                               |                             |                          |               |                    |                   |                   |                        |            |               |         |        |
|          |                   |                               |                             |                          |               |                    |                   |                   |                        |            |               |         |        |
|          |                   |                               |                             | !                        |               |                    |                   | <u> </u>          |                        |            |               |         |        |
|          |                   | 1                             |                             |                          | 1             | <b>[</b>           |                   | 1                 | 1                      | Į.         | 1             |         |        |

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

Schedule A (Form 990 or 990-EZ) 2012

1.

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)

| 1 Gifts, grants, contributions, and membership fees received. (Do not  | Total 59327.       |
|--|--------------------|
| membership fees received. (Do not include any "unusual grants.")  1214353. 912,541. 1391302. 2337176. 2103955. 795   | 59327.             |
| Include any "unusual grants.") 1214353. 912,541. 1391302. 2337176. 2103955. 795  | 59327.             |
|  | 59327.             |
| 2 Tax revenues levied for the organ-   |                    |
|  |                    |
| ization's benefit and either paid to   |                    |
| or expended on its behalf  |                    |
| 3 The value of services or facilities  |                    |
| furnished by a governmental unit to  |                    |
| the organization without charge  |                    |
| 4 Total. Add lines 1 through 3 1214353. 912,541. 1391302. 2337176. 2103955. 795  | 9327.              |
| 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,   |                    |
|  | 73906.             |
|  | 35421.             |
| Section B. Total Support   |                    |
|  | ) Total            |
| 7 Amounts from line 4 1214353. 912,541. 1391302. 2337176. 2103955. 795   | 9327.              |
| 8 Gross income from interest,  |                    |
| dividends, payments received on  |                    |
| securities loans, rents, royalties   |                    |
|  | 9,139.             |
| 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 81.   | 58466.             |
| 1.51   | 5,848.             |
| · · · · · · · · · · · · · · · · · · ·  | 010.               |
| 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)  | ightharpoonup      |
| organization, check this box and stop here Section C. Computation of Public Support Percentage   |                    |
|  | .04 %              |
|  | 05 %               |
| 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  | - 70               |
|  | $\triangleright X$ |
| stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2011. 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   | ,                  |
| 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or mol   |                    |
| and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization  | <b>.</b>           |
| meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  | , <b>-</b>         |
| b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or  | r                  |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the  |                    |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization   |                    |
| 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  Schedule A (Form 990 or 99)   | ) E7\ 2010         |

# Schedule A (Form 990 or 990-EZ) 2012 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, pleas | e complete Part II )  |

| Se        | ction A. Public Support   | Jiew, piedae com         | piete r drt ii.j       |                        |                     |                      |           |
|-----------|---|--------------------------|------------------------|------------------------|---------------------|----------------------|-----------|
| Cale      | endar year (or fiscal year beginning in)                                  | (a) 2008                 | <b>(b)</b> 2009        | (c) 2010               | (d) 2011            | (e) 2012             | (f) Total |
| 1         | Gifts, grants, contributions, and   |                          |                        |                        |                     |                      |           |
|           | membership fees received (Do not  |                          |                        |                        |                     |                      |           |
|           | ınclude any "unusual grants ")  |                          |                        |                        |                     |                      |           |
| 2         | Gross receipts from admissions,   |                          |                        | ,                      |                     |                      |           |
|           | merchandise sold or services per-   | 1                        |                        |                        |                     |                      |           |
|           | formed, 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 bus-  |                          |                        |                        |                     |                      |           |
|           | iness under section 513   |                          |                        |                        |                     |                      |           |
| 4         | Tax revenues levied for the organ-  |                          |                        |                        |                     |                      |           |
|           | ization's benefit and either paid to                                      |                          |                        |                        |                     |                      |           |
|           | or expended on its behalf   |                          |                        |                        |                     |                      |           |
| 5         | The value of services or facilities                                       |                          |                        |                        |                     |                      |           |
|           | furnished by a governmental unit to                                       |                          |                        |                        |                     |                      |           |
|           | the organization without charge   |                          |                        |                        |                     |                      |           |
| 6         | Total. Add lines 1 through 5  |                          |                        |                        |                     |                      |           |
| 7;        | Amounts included on lines 1, 2, and                                       |                          |                        |                        |                     |                      |           |
|           | 3 received from disqualified persons                                      |                          |                        | }                      |                     | _                    |           |
| ı         | 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   |                          |                        | -                      |                     |                      |           |
| 8         | Public support (Subtract line 7c from line 6)                             |                          |                        |                        |                     |                      |           |
|           | ction B. Total Support  |                          |                        |                        |                     | <del></del> =        |           |
| Cale      | endar year (or fiscal year beginning in) 🕨                                | (a) 2008                 | <b>(b)</b> 2009        | (c) 2010               | (d) 2011            | (e) 2012             | (f) Total |
| 9         | Amounts from line 6   |                          |                        |                        |                     |                      |           |
| 10        | a Gross income from interest,   |                          |                        |                        |                     |                      |           |
|           | dividends, payments received on securities loans, rents, royalties        |                          |                        |                        |                     |                      |           |
|           | and income from similar sources   |                          |                        |                        |                     |                      |           |
| ı         | Unrelated business taxable income   |                          |                        |                        |                     |                      |           |
|           | (less section 511 taxes) from businesses                                  |                          |                        |                        |                     |                      |           |
|           | acquired after June 30, 1975  |                          |                        |                        |                     |                      |           |
|           | Add lines 10a and 10b   |                          |                        |                        |                     |                      |           |
| 11        |   |                          |                        |                        |                     |                      |           |
|           | 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)                              |                          |                        |                        |                     |                      |           |
|           | First five years. If the Form 990 is for                                  | the organization         | 's first, second, thir | d, fourth, or fifth to | ax year as a secti  | on 501(c)(3) organiz | zation,   |
|           | check this box and stop here  |                          |                        |                        |                     |                      | ▶□        |
| Se        | ction C. Computation of Publi   | c Support Pe             | ercentage              | ·                      |                     |                      |           |
| 15        | Public support percentage for 2012 (I                                     | ine 8, column (f) (      | divided by line 13, o  | column (f))            |                     | 15                   | %         |
| 16        | Public support percentage from 2011                                       | Schedule A, Par          | t III, line 15         |                        |                     | 16                   | %         |
| <u>Se</u> | ction D. Computation of Inves   | stment Incom             | ne Percentage          |                        |                     |                      |           |
| 17        | Investment income percentage for 20                                       | 12 (line 10c, colu       | mn (f) divided by li   | ne 13, column (f))     |                     | 17                   | %         |
| 18        | Investment income percentage from 2                                       | <b>2011</b> Schedule A   | , Part III, line 17    |                        |                     | 18                   |           |
| 19        | a 33 1/3% support tests - 2012. If the                                    | _                        |                        |                        |                     |                      | 17 is not |
|           | more than 33 1/3%, check this box ar                                      | nd <b>stop here.</b> Th  | e organization qua     | lifies as a publicly   | supported organi    | zation               |           |
| 1         | o 33 1/3% support tests - 2011. If the                                    | organization did         | not check a box or     | line 14 or line 19a    | a, and line 16 is m | ore than 33 1/3%,    | and       |
|           | line 18 is not more than 33 1/3%, che                                     | ck this box and s        | stop here. The orga    | anızatıon qualifies    | as a publicly sup   | ported organization  | ▶∐        |
| 20        | Private foundation. If the organization                                   | <u>n did not check a</u> | a box on line 14, 19   | a, or 19b, check tl    | his box and see ir  | nstructions          | <u> </u>  |

## **SCHEDULE C**

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

| <u> </u> | Section 501(c)(4), (5), or (6) organiza  | tions Complete Part III  |  |  |   |
|----------|--|--|--|--|---|
| Nam      | ne of organization   |  |  | Empl   | oyer identification number  |
|          |  | ANIMAL NATIONS D   |  |  | 68-0124097  |
| Pa       | art I-A Complete if the org  | ganization is exempt und   | er section 501(c                                   | ) or is a section 527 or   | rganization.  |
| 2        | Provide a description of the organize Political expenditures Volunteer hours   | zation's direct and indirect politic                                   | al campaign activities                             | _  |   |
| Pa       | art I-B Complete if the org  | ganization is exempt und   | er section 501(c                                   | 1(3)   |   |
|          | Enter the amount of any excise tax   | <u> </u>   |  | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>                                |   |
|          | Enter the amount of any excise tax   | , ,  |  | _  |   |
|          | If the organization incurred a section   | ·  -   |  | . •  | Yes No  |
|          | a Was a correction made?   |  | ,  |  | Yes No  |
| b        | b If "Yes," describe in Part IV.   |  |  |  |   |
| Pa       | art I-C Complete if the org  | janization is exempt und   | er section 501(c                                   | ), except section 501(   | c)(3).  |
| 1        | Enter the amount directly expended   | d by the filing organization for se                                    | ction 527 exempt fun                               | ction activities >\$   |   |
| 2        | Enter the amount of the filing organ   | ization's funds contributed to ot                                      | her organizations for                              | section 527  |   |
|          | exempt function activities   |  |  | ▶\$  |   |
| 3        | Total exempt function expenditures   | s Add lines 1 and 2. Enter here a                                      | and on Form 1120-PO                                | L,   |   |
|          | line 17b   | !  |  | ▶\$  |   |
| 4        | Did the filing organization file Form  | 1120-POL for this year?  |  |  | Yes No  |
| 5        | Enter the names, addresses and er<br>made payments For each organiza<br>contributions received that were pr<br>political action committee (PAC) If | ition listed, enter the amount pai<br>omptly and directly delivered to | d from the filing organ<br>a separate political or | nization's funds. Also enter th<br>rganization, such as a separa           | e amount of political   |
|          | (a) Name   | (b) Address  | (c) EIN  | (d) Amount paid from<br>filing organization's<br>funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0 |
|          |  |  |  |  |   |
| _        |  |  |  |  |   |
|          |  |  | -  |  |   |
|          |  |  |  |  |   |
|          |  |  |  |  |   |

| Schedule C (Form 990 or 990-Ez                          |                       |               |   |                         |                          | 124097 Page 2        |
|---|-----------------------|---------------|---|-------------------------|--------------------------|----------------------|
|   |                       |               | npt under section   | n 501(c)(3) and fil     | ed Form 5768             |                      |
| (election und   | ler section 501       | <u>(h)).</u>  | ············  |                         |                          | <del></del>          |
| A Check L If the filing                                 | organization belong   | s to an affil | liated group (and list in   | Part IV each affiliated | group member's nam       | e, address, EIN,     |
|   | and share of excess   | s lobbying (  | expenditures)   |                         |                          |                      |
| B Check Lifthe filing                                   | organization checke   | ed box A ar   | nd "limited control" pro  | visions apply           |                          |                      |
|   | Limits on Lobb        | ying Exper    | nditures  |                         | (a) Filing               | (b) Affiliated group |
| (The term   |                       | -   -         | ints paid or incurred.)   |                         | organization's<br>totals | totals               |
| 1a Total lobbying expenditure                           | es to influence publ  | c opinion (   | grass roots lobbying)   |                         | 0.                       |                      |
| <b>b</b> Total lobbying expenditure                     | es to influence a leg | ıslatıve bod  | dy (direct lobbying)  |                         | 243.                     |                      |
| c Total lobbying expenditure                            | es (add lines 1a and  | 11þ)          |   |                         | 243.                     |                      |
| d Other exempt purpose exp                              | oenditures,           | ļ             |   |                         | 1,497,480.               |                      |
| e Total exempt purpose exp                              | enditures (add lines  | s 1c and 1c   | i)  |                         | 1,497,723.               |                      |
| f Lobbying nontaxable amo                               | unt Enter the amou    | int from the  | e following table in both   | n columns.              | 224,772.                 |                      |
| If the amount on line 1e, col                           | umn (a) or (b) is     | The lob       | bying nontaxable amo  | ount is:                |                          |                      |
| Not over \$500,000                                      |                       | 20% of        | the amount on line 1e.  |                         |                          |                      |
| Over \$500,000 but not over                             | er \$1,000,000        | \$100,00      | 00 plus 15% of the exce   | ess over \$500,000      |                          |                      |
| Over \$1,000,000 but not o                              | over \$1,500,000      | \$175,00      | 0 plus 10% of the exce  | ess over \$1,000,000.   |                          |                      |
| Over \$1,500,000 but not o                              | over \$17,000,000     | \$225,00      | 0 plus 5% of the exces  | ss over \$1,500,000     |                          |                      |
| Over \$17,000,000                                       |                       | \$1,000,0     | 000   |                         |                          |                      |
|   | <del></del>           |               |   | <del></del>             | F C 102                  |                      |
| g Grassroots nontaxable am                              | ·                     |               |   |                         | 56,193.                  | <del></del>          |
| h Subtract line 1g from line                            | •                     |               |   |                         | 0.                       |                      |
| i Subtract line 1f from line 1                          | •                     |               |   |                         | 0.                       |                      |
| j if there is an amount other                           |                       | r line 1h or  | line 11, did the organiza   | ation file Form 4720    | Г                        | ¬., ¬.,              |
| reporting section 4911 tax                              |                       |               |   | 0 1: 50441              |                          | Yes No               |
| (Some   | organizations tha     | t made a s    | eraging Period Under<br>ection 501(h) election<br>e instructions for line | do not have to comp     |                          |                      |
|   | Lobb                  | ying Exper    | nditures During 4-Yea   | r Averaging Period      |                          |                      |
| Calendar year<br>(or fiscal year beginning it           | ( <b>a)</b> 2         | 009           | <b>(b)</b> 2010   | (c) 2011                | (d) 2012                 | (e) Total            |
| 2a Lobbying nontaxable amo                              | unt 180               | 178.          | 210,194.  | 216,476.                | 224,772.                 | 831,620.             |
| b Lobbying ceiling amount<br>(150% of line 2a, column)  | e))                   |               |   |                         |                          | 1,247,430.           |
| c Total lobbying expenditure                            | es                    | 434.          | 564.  | 87.                     | 243.                     | 1,328.               |
| d Grassroots nontaxable an                              |                       | 045.          | 52,549.   | 54,119.                 | 56,193.                  | 207,906.             |
| e Grassroots celling amount<br>(150% of line 2d, column | t t                   | ····          |   |                         |                          | 311,859.             |
| f Grassroots Johnving expe                              | nditures              | 152.          | 354.  |                         |                          | 506.                 |

Schedule C (Form 990 or 990-EZ) 2012 UNITED ANIMAL NATIONS DBA REDROVER 68-0124097 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e    | ach "Yes," response to lines 1a through 1ı below, provide in Part IV a detailed description  |                 | a)                                    | (b)             |  |  |
|----------|--|-----------------|---------------------------------------|-----------------|--|--|
| of the   | e lobbying activity  | Yes             | No                                    | Amo             | ount                                   |  |
| 1        | During the year, did the filing organization attempt to influence foreign, national, state or  |                 |                                       |                 |  |  |
|          | local legislation, including any attempt to influence public opinion on a legislative matter   | į               |                                       |                 |  |  |
|          | or referendum, through the use of  |                 |                                       |                 |  |  |
| а        | Volunteers?  |                 |                                       |                 |  |  |
| b        | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |                 |                                       |                 |  |  |
| С        | Media advertisements?  |                 |                                       |                 |  |  |
| d        | Mailings to members, legislators, or the public?   |                 |                                       |                 |  |  |
| е        | Publications, or published or broadcast statements?  |                 |                                       |                 |  |  |
| f        | Grants to other organizations for lobbying purposes?   | <u> </u>        |                                       |                 |  |  |
| g        | Direct contact with legislators, their staffs, government officials, or a legislative body?  |                 | <del> </del>                          |                 |  |  |
| h        | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                 | ļ                                     | _               |  |  |
|          | Other activities?  |                 |                                       |                 |  |  |
| J        | Total Add lines 1c through 1i  |                 |                                       |                 | ······································ |  |
|          | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  | -               |                                       |                 |  |  |
|          | If "Yes," enter the amount of any tax incurred under section 4912  |                 |                                       |                 |  |  |
|          | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |                 |                                       |                 | <del></del>                            |  |
|          | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4). | ion 501/c       | 1/5) or se                            | ction           |  |  |
| 1. 61    | 501(c)(6).   |                 | /(J), UI 36                           | CHOIL           |  |  |
|          | 301(0)(0).   |                 | · · · · · · · · · · · · · · · · · · · | Yes             | No                                     |  |
| 4        | Were substantially all (90% or more) dues received nondeductible by members?   |                 | 1                                     |                 |  |  |
| 1<br>2   | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                 | 2                                     |                 |  |  |
| 3        | Did the organization make only includes lobbying and political expenditures from the prior year?   |                 | 3                                     |                 |  |  |
|          | t III-B Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).  | on 501(c        |                                       | ction           | _                                      |  |
| <u> </u> | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered   |                 |                                       |                 | ne 3, is                               |  |
|          | answered "Yes."  | -               | , ,                                   |                 | -                                      |  |
| 1        | Dues, assessments and similar amounts from members   |                 | 1                                     |                 |  |  |
| 2        | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political  | ical            |                                       |                 |  |  |
|          | expenses for which the section 527(f) tax was paid).   |                 |                                       |                 |  |  |
| а        | Current year   |                 | 2a                                    |                 | _                                      |  |
| b        | Carryover from last year   |                 | 2b                                    |                 |  |  |
| С        | Total  |                 | 2c                                    |                 |  |  |
| 3        | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |                 | 3                                     |                 |  |  |
| 4        | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  | cess            |                                       | =               |  |  |
|          | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and  |                 |                                       |                 |  |  |
|          | expenditure next year?   |                 | 4                                     |                 |  |  |
| 5        | Taxable amount of lobbying and political expenditures (see instructions)   |                 | 5                                     |                 |  |  |
| Par      | t IV Supplemental Information  |                 |                                       |                 |  |  |
| Com      | plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; F   | art II-A (affil | ated group                            | list); Part II- | A, line 2,                             |  |
|          | Part II-B, line 1. Also, complete this part for any additional information   |                 |                                       |                 |  |  |
|          |  |                 |                                       |                 |  |  |
|          |  |                 |                                       |                 |  |  |
|          |  |                 |                                       |                 |  |  |
|          |  |                 |                                       |                 |  |  |
|          |  |                 |                                       |                 |  |  |
|          |  |                 |                                       |                 |  |  |
|          | <u> </u>   |                 |                                       |                 |  |  |
|          |  |                 |                                       |                 |  |  |
|          |  |                 |                                       |                 |  |  |
|          |  |                 |                                       |                 |  |  |
|          |  |                 |                                       |                 |  |  |
|          |  |                 |                                       |                 |  |  |

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNITED ANIMAL NATIONS DRA REDROVER

Employer identification number 68-0124097

| D-  |  | NATIONS DDA REDROVER                                | 00-0124097                                       |
|-----|--|---|--|
| Par |  | r Advised Funds or Other Similar F                  | unds or Accounts. Complete if the                |
|     | organization answered "Yes" to Form 990                      |   | 10.5   |
|     |  | (a) Donor advised funds                             | (b) Funds and other accounts                     |
| 1   | Total number at end of year                                  |   |  |
| 2   | Aggregate contributions to (during year)                     |   |  |
| 3   | Aggregate grants from (during year)                          |   |  |
| 4   | Aggregate value at end of year                               |   |  |
| 5   | Did the organization inform all donors and donor             | dvisors in writing that the assets held in donor    |  |
|     | are the organization's property, subject to the organization | anization's exclusive legal control?                | Yes No   |
| 6   | Did the organization inform all grantees, donors,            | nd donor advisors in writing that grant funds c     | an be used only                                  |
|     | for charitable purposes and not for the benefit of           | he donor or donor advisor, or for any other pur     | pose conferring                                  |
| ,   | impermissible private benefit?                               |   | Yes No   |
| Par | t II Conservation Easements. Comple                          | e if the organization answered "Yes" to Form 9      | 990, Part IV, line 7.                            |
| 1   | Purpose(s) of conservation easements held by the             | organization (check all that apply).                |  |
|     | Preservation of land for public use (e.g., red               | eation or education) Preservation of                | an historically important land area              |
|     | Protection of natural habitat                                | Preservation of                                     | a certified historic structure                   |
|     | Preservation of open space                                   |   |  |
| 2   | Complete lines 2a through 2d if the organization             | eld a qualified conservation contribution in the    | form of a conservation easement on the last      |
|     | day of the tax year.   |   |  |
|     |  |   | Held at the End of the Tax Year                  |
| а   | Total number of conservation easements                       |   | 2a   |
| b   | Total acreage restricted by conservation easeme              | ts  | 2b   |
| С   | Number of conservation easements on a certified              | nistoric structure included in (a)                  | 2c   |
| d   | Number of conservation easements included in (               | acquired after 8/17/06, and not on a historic s     | structure  |
|     | listed in the National Register                              | •   | 2d   |
| 3   | Number of conservation easements modified, tra               | sferred, released, extinguished, or terminated      | by the organization during the tax               |
|     | year ▶   |   |  |
| 4   | Number of states where property subject to cons              | rvation easement is located                         |  |
| 5   | Does the organization have a written policy regar            |   | ng of  |
|     | violations, and enforcement of the conservation              |   | Yes No   |
| 6   | Staff and volunteer hours devoted to monitoring,             |   | ents during the year                             |
| 7   | Amount of expenses incurred in monitoring, insp              |   |  |
| 8   | Does each conservation easement reported on li               |   |  |
| -   | and section 170(h)(4)(B)(ii)?                                | (- <i>)</i>   | Yes No   |
| 9   | In Part XIII, describe how the organization reports          | conservation easements in its revenue and ex        | pense statement, and balance sheet, and          |
| •   | include, if applicable, the text of the footnote to t        |   |  |
|     | conservation easements                                       |   |  |
| Pa  |  | ctions of Art, Historical Treasures,                | or Other Similar Assets.                         |
|     | Complete if the organization answered "Yi                    | - · · · · · · · · · · · · · · · · · · ·             |  |
| 1a  | If the organization elected, as permitted under SI           | AS 116 (ASC 958), not to report in its revenue      | statement and balance sheet works of art,        |
|     | historical treasures, or other similar assets held for       |   |  |
|     | the text of the footnote to its financial statements         |   |  |
| b   | If the organization elected, as permitted under SI           |   | ement and balance sheet works of art, historical |
| _   | treasures, or other similar assets held for public           |   |  |
|     | relating to these items                                      |   |  |
|     | (i) Revenues included in Form 990, Part VIII, line           | 1   | <b>&gt;</b> \$                                   |
|     | (ii) Assets included in Form 990, Part X                     |   | <b>&gt;</b> \$                                   |
| 2   | If the organization received or held works of art,           | storical treasures, or other similar assets for fir |  |
| _   | the following amounts required to be reported un             |   |  |
| а   | Revenues included in Form 990, Part VIII, line 1             |   | <b>▶</b> \$                                      |
|     | Assets included in Form 990, Part X                          |   | <b>S S</b>                                       |
| U   | Associa indiaded in Louin 220, Latt V                        |   | · · · · · · · · · · · · · · · · · · ·            |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

| 3a(i)  |  |
|--------|--|
| 3a(ii) |  |
| 3b     |  |

| Part VI Land, Buildings, and Equip             | pment. See Form 990, Part X          | , line 10.                      |                              |                |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| Description of property                        | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1a Land  |                                      |                                 |                              |                |
| <b>b</b> Buildings                             |                                      |                                 |                              | <u></u>        |
| c Leasehold improvements                       |                                      |                                 |                              |                |
| d Equipment                                    |                                      | 44,714.                         | 35,542.                      | 9,172          |
| e Other  |                                      | 4,492.                          | 4,492.                       | 0              |
| Total. Add lines 1a through 1e (Column (d) mus | st equal Form 990. Part X. colur     | nn (B), line 10(c) )            | <b>•</b>                     | 9,172          |

Schedule D (Form 990) 2012

| NITED  | ANIM                                      | AL I | ITAN | ONS | DBA | REI | DRO | VE: | R_ |  | _ |  | 68 | -( | )12 | 24( | 9 | 7 | Pag | је : |
|--------|---|------|------|-----|-----|-----|-----|-----|----|--|---|--|----|----|-----|-----|---|---|-----|------|
| Securi | Securities. See Form 990, Part X, line 12 |      |      |     |     |     |     |     |    |  |   |  |    |    |     |     |   |   |     |      |
|        |   |      |      |     | 1   |     |     |     |    |  | _ |  |    |    |     |     |   |   |     |      |

|   | intvi  | Form 990, Part X, line 12<br>(b) Book value | (c) Method of valuation: Cost or        | end-of-year market value   |
|---|--|---|---|--|
| (a) Description of security or category (including name of security or category)  The property of the pro     | 1  | (-) -0011 14100                             | (5)                                     | The state of the s |
| 2) Closely-held equity interests  | i H  |   |   |  |
| B) Other  | 1  -   |   |   |  |
| (A)   | <del>                                     </del> |   | <del> </del>                            | <del></del>  |
| (B)   | +  | <del></del>                                 |   |  |
| (C)   | +  |   |   | <del>-</del>   |
| (D) _   | ++   |   |   |  |
| (E)   | <del>  -</del>                                   | <u> </u>                                    |   |  |
| (F)   |  |   |   |  |
| (G)   | +++  |   |   |  |
| (H)   |  |   |   |  |
| (1)   | ╁╌┼  |   |   |  |
| otal (Col (b) must equal Form 990, Part X, col (B) line 12  |  | <del></del>                                 |   |  |
| Part VIII Investments - Program Relate  |  | Form 000 Part Y line 1                      | 12                                      |  |
| (a) Description of investment type  | u. 3ee   | (b) Book value                              | (c) Method of valuation Cost or         | end-of-vear market value   |
| <del></del>   | +-+-   | (0) 20011 1010                              | (0,000,000,000,000,000,000,000,000,000, |  |
| (1)   | +  |   |   |  |
| (2)   | +  | ·   |   |  |
| (3)   | ╁╌┼╴   |   |   |  |
| (4)   | ++   |   |   |  |
| (5)   | +  | ·   |   | <del></del>  |
| (6)   | ┼╌┼╌   |   |   |  |
| (7)   | ++   |   |   |  |
| (8)   | +-+  |   |   |  |
| (9)   | ++   | <del> </del>                                |   |  |
| (10)  |  |   |   | ·····  |
| Fotal (Col (b) must equal Form 990, Part X, col (B) line 13  Part IX Other Assets. See Form 990, Part X   |  |   |   |  |
| Part IX Other Assets. See Form 990, Part X  |  | escription                                  |   | (b) Book value   |
|   | (a) D  | escription                                  |   | (b) Book value   |
| (1)   | <del> </del>                                     |   |   |  |
| (2)   | <del> </del> -                                   |   |   |  |
| (3)   | <del> </del> -                                   |   |   |  |
| (4)   | <del>                                     </del> |   |   |  |
| (5)   | <del>-</del>                                     |   |   | <del></del>  |
|   | <del></del>                                      |   |   |  |
| (6)   |  |   | <del></del>                             |  |
| (7)   | <del> </del>                                     |   |   |  |
| (7)<br>(8)  |  |   |   |  |
| (7)<br>(8)<br>(9)   |  |   |   |  |
| (7)<br>(8)<br>(9)<br>(10)   |  |   |   |  |
| (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (  |  |   |   | <b>&gt;</b>  |
| (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (Part X)  Other Liabilities. See Form 990, Part X   |  |   | (h) Dook volvo                          | <b>&gt;</b>  |
| (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (Part X) Other Liabilities. See Form 990, Part 1. (a) Description of liability   |  |   | (b) Book value                          | <b>&gt;</b>  |
| (7) (8) (9) (10)  Fotal. (Column (b) must equal Form 990, Part X, col. (Part X Other Liabilities. See Form 990, Part X, col. (a) Description of liability (1) Federal income taxes  |  |   | (b) Book value                          | <b>&gt;</b>  |
| (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (Part X)  Other Liabilities. See Form 990, Part X, col (a) Description of liability (1) Federal income taxes (2)  |  |   | (b) Book value                          | <b>&gt;</b>  |
| (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (Part X)  Other Liabilities. See Form 990, Part X, col (a) Description of liability (1) Federal income taxes (2) (3)  |  |   | (b) Book value                          | <b>&gt;</b>  |
| (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (Part X Other Liabilities. See Form 990, Part X. (a) Description of liability (1) Federal income taxes (2) (3) (4)  |  |   | (b) Book value                          | <b>&gt;</b>  |
| (7) (8) (9) (10)  Fotal. (Column (b) must equal Form 990, Part X, col (Part X) Other Liabilities. See Form 990, Part X. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)   |  |   | (b) Book value                          | <b>&gt;</b>  |
| (7) (8) (9) (10)  Fotal. (Column (b) must equal Form 990, Part X, col. (Part X Other Liabilities. See Form 990, Part X, col. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)  |  |   | (b) Book value                          | <b>&gt;</b>  |
| (7) (8) (9) (10)  Fotal. (Column (b) must equal Form 990, Part X, col. (Part X Other Liabilities. See Form 990, Part X. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)   |  |   | (b) Book value                          | <b>&gt;</b>  |
| (7) (8) (9) (10)    Total. (Column (b) must equal Form 990, Part X, col (column (b) must equal Form 990, Part X, col (column (b) must equal Form 990, Part X, col (column (b) must equal Form 990, Part X, col (column (b) must equal Form 990, Part X, col (column (b) must equal Form 990, Part X, col (column (column (b) must equal Form 990, Part X, col (column |  |   | (b) Book value                          | <b>&gt;</b>  |
| (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (Part X) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  |  |   | (b) Book value                          | <b>&gt;</b>  |
| (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (Part X) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)  |  |   | (b) Book value                          |  |

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

|     |  | IIMAL NATION           |                  |                 |                           |             | 0124097          | Page 4            |
|-----|--|------------------------|------------------|-----------------|---------------------------|-------------|------------------|-------------------|
| ••• |  | · · — · — · — ·        |                  | ients wi        | ın kevenue per k          | eturr       |                  | 000               |
| 1   | Total revenue, gains, and other support per aud                                    |                        | ments            |                 |                           | _1          | 2,337,           | 990.              |
| 2   | Amounts included on line 1 but not on Form 990                                     | Ö, Part VIII, line 12  |                  | , ,             |                           |             |                  |                   |
| а   | Net unrealized gains on investments  | ļ                      |                  | 2a              | <u>31,434.</u>            |             |                  |                   |
| b   | Donated services and use of facilities   |                        |                  | 2b              | 113,248.                  |             |                  |                   |
| С   | Recoveries of prior year grants  | ļ                      |                  | 2c              |                           |             |                  |                   |
| ď   | Other (Describe in Part XIII)  |                        |                  | 2d              |                           |             |                  |                   |
| е   | Add lines 2a through 2d  |                        |                  |                 |                           | 2e          | 144,             | 682.              |
| 3   | Subtract line 2e from line 1   |                        |                  |                 |                           | 3           | 2,193,           | 308.              |
| 4   | Amounts included on Form 990, Part VIII, line 12                                   | 2, but not on line 1   |                  |                 |                           |             |                  |                   |
| а   | Investment expenses not included on Form 990                                       | Part VIII, line 7b     |                  | 4a              |                           |             |                  |                   |
| b   |  |                        |                  | 4b              |                           | 1           |                  |                   |
| С   | Add lines 4a and 4b  |                        |                  |                 |                           | 4c          |                  | 0.                |
|     | Total revenue Add lines 3 and 4c. (This must ed                                    | jual Form 990. Part    | L. line 12.)     |                 |                           | 5           | 2,193,           | 308.              |
|     | rt XII Reconciliation of Expenses pe   |                        |                  | nents W         | ith Expenses per          | <del></del> |                  |                   |
| 1   | Total expenses and losses per audited financial                                    |                        |                  |                 |                           | 1           | 1,610,           | 971.              |
| 2   | Amounts included on line 1 but not on Form 990                                     |                        |                  |                 |                           | <b>'</b>    |                  |                   |
|     |  | 1, Fart IX, IIIIe 25   |                  | 2a              | 113,248.                  |             |                  |                   |
| a   |  |                        |                  | 2b              | 113/240.                  | 1 1         |                  |                   |
|     | Prior year adjustments   |                        |                  |                 |                           | 1 1         |                  |                   |
| _   | Other losses   |                        |                  | 2c              |                           | +           |                  |                   |
| d   | ,  |                        |                  | 2d              | <del></del>               | 1 _ 1       | 112              | 240               |
|     | Add lines 2a through 2d  | 1                      |                  |                 |                           | 2e          | 1,497            | $\frac{248}{722}$ |
| 3   | Subtract line 2e from line 1   | 1                      |                  |                 |                           | 3           | 1,497,           | 123.              |
| 4   | Amounts included on Form 990, Part IX, line 25                                     |                        |                  | 1 1             |                           |             |                  |                   |
| а   | •  | Part VIII, line 7b     |                  | 4a              |                           |             |                  |                   |
| b   | Other (Describe in Part XIII.)   |                        |                  | 4b              | <del></del>               | . 1         |                  | _                 |
|     | Add lines 4a and 4b  |                        |                  |                 |                           | 4c          |                  | 0.                |
|     | Total expenses Add lines 3 and 4c. (This must                                      | equal Form 990, Pa     | rt I, line 18.)  |                 |                           | 5           | 1,497,           | 723.              |
| Pa  | rt XIII Supplemental Information   |                        |                  |                 |                           |             |                  |                   |
| Com | plete this part to provide the descriptions require                                | d for Part II, lines 3 | , 5, and 9; Parl | : III, lines 1a | a and 4, Part IV, lines 1 | b and       | 2b, Part V, line | 4; Part           |
|     | e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d<br>RT X, LINE 2: REDROVER HA |                        |                  |                 |                           |             |                  |                   |
| PR. | INCIPLES RELATED TO THE A  | ACCOUNTING             | FOR UN           | CERTAI          | INTY IN INCC              | ME          | TAXES A          | 1D                |
| AF  | S DETERMINED THERE IS NO   | MATERIAL               | IMPACT (         | ON THE          | FINANCIAL                 | STA         | TEMENTS.         | ·                 |
|     |  |                        |                  |                 |                           |             |                  |                   |
|     |  |                        |                  |                 |                           |             |                  |                   |
|     |  |                        | <u></u>          |                 |                           |             | <del></del>      |                   |
|     |  | <u> </u>               |                  | <del>.</del> .  |                           |             |                  |                   |
|     |  |                        | <del>-</del> -   |                 |                           |             |                  |                   |
|     |  |                        |                  |                 |                           |             |                  |                   |
|     |  | 1                      |                  |                 |                           | Scher       | dule D (Form 9   | 901 2012          |

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

9

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

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

▶ Attach to Form 990.

2012 2012 Open to Public

Inspection
Employer identification number

ž 0 Schedule I (Form 990) (2012) 68-0124097 (h) Purpose of grant or assistance X Yes 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table UNITED ANIMAL NATIONS DBA REDROVER (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part 1 Part #

Page 2

UNITED ANIMAL NATIONS DBA REDROVER

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. Schedule | (Form 990) (2012)

Part III

| (a) Type of grant or assistance  | (b) Number of recipients       | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------------|--------------------------|---------------------------------------|---|--|
| ASSISTANCE WITH VETERINARY CARE OR OTHER ANIMAL EMERGENCY COSTS, PAID DIRECTLY TO PROVIDER ON BEHALF OF GRANTEE. | 507                            | 98,742.                  | 0.                                    |   |  |
|  |                                |                          |                                       |   |  |
|  |                                |                          |                                       |   |  |
|  |                                |                          |                                       |   |  |
|  |                                |                          |                                       |   |  |
| plemental Information. Complete this p   | de the information             | required in Part I, I    | ine 2, Part III, colum                | n (b), and any other additional inf                   | ormation.                              |
| SCHEDULE I, PART I, LINE 2: IN MOST C.   | IN MOST CASES, ENSIIRING GRANT | FUNDS ARE PA             |                                       | DIRECTLY TO THE S INTENDED                            |  |
| E MANAGER  | l $\alpha$                     | THE                      |                                       | DING  |  |
| INFORMATION AND REFERRALS AS NEEDED.   | CASE                           | MANAGERS S               | STAY CLOSELY                          | Y CONNECTED   |  |
| TO EACH ANIMAL; IF SOME OR ALL OF  | THE GRANT                      |                          | IS NO LONGER NEEDED                   | D, ТНЕ  |  |
| VETERINARIAN RETURNS UNUSED PORTION  | QI                             | REDROVER. AS             | SOON AS RE                            | REASONABLE,   |  |
| GRANTEE IS EXPECTED TO PROVIDE UPD   | UPDATES AND                    | PHOTOS,                  | DOCUMENTING                           | ном тне   |  |
| GRANT HELPED SAVE THE ANIMAL'S LIFE.   | ਜੁ<br>•                        |                          |                                       |   |  |
|  |                                |                          |                                       |   |  |

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

| UNITED ANIMAL NATIO  | NS DBA REDROVER                       | 68-0124097                         |  |
|--|---------------------------------------|------------------------------------|--|
| FORM 990, PART III, LINE 1, DESCRIP  | TION OF ORGANIZATION M                | IISSION:                           |  |
| MAXIMIZING THE USE OF ONLINE TECHNO  | LOGY.                                 |                                    |  |
|  |                                       |                                    |  |
| FORM 990, PART III, LINE 4A, PROGRA  | M SERVICE ACCOMPLISHME                | NTS:                               |  |
| HURRICANES ISAAC AND SANDY. FINALLY  | , WE TRAINED 490 NEW R                | EDROVER                            |  |
| RESPONDERS VOLUNTEERS AT 22 WORKSHO  | PS IN 21 CITIES THROUG                | HOUT THE                           |  |
| UNITED STATES AND CANADA, AS PART C  | F AN AMBITIOUS 3-YEAR                 | STRATEGIC GOAL                     |  |
| OF EXPANDING OUR RESPONDERS VOLUNTE  | ER BASE 50 PERCENT BY                 | 2015.                              |  |
|  | · · · · · · · · · · · · · · · · · · · | ·                                  |  |
| FORM 990, PART III, LINE 4B, PROGRA  | M SERVICE ACCOMPLISHME                | NTS:                               |  |
| HOUSING GRANTS, WHICH ALLOW FAMILY   | VIOLENCE SHELTERS TO C                | REATE ON-SITE                      |  |
| SPACE TO HOUSE VICTIMS' PETS WITH T  | HEIR FAMILIES. IN 2012                | , REDROVER                         |  |
| RELIEF CASE MANAGERS AWARDED 473 RE  | DROVER RELIEF GRANTS F                | OR URGENT                          |  |
| VETERINARY CARE, TOTALING \$87,092;  | 34 DOMESTIC VIOLENCE S                | AFE ESCAPE                         |  |
| GRANTS, TOTALING \$11,649; AND 6 DOMESTIC VIOLENCE SAFE HOUSING GRANTS           |                                       |                                    |  |
| TO NONPROFIT ORGANIZATIONS, TOTALIN  | G \$10,000.                           |                                    |  |
|  |                                       | <u> </u>                           |  |
| FORM 990, PART III, LINE 4C, PROGRA  | M SERVICE ACCOMPLISHME                | NTS:                               |  |
| AND THE DANGERS OF LEAVING DOGS IN   | HOT CARS.                             |                                    |  |
|  |                                       |                                    |  |
| FORM 990, PART III, LINE 4D, OTHER   | PROGRAM SERVICES:                     |                                    |  |
| REDROVER READERS - THIS UNIQUE COMM  | UNITY-BASED LITERACY P                | ROGRAM ALIGNS                      |  |
| WITH ACADEMIC CONTENT STANDARDS AND  | HELPS CHILDREN EXPLOR                 | E THE BOND                         |  |
| BETWEEN PEOPLE AND ANIMALS THROUGH   | STORIES AND DISCUSSION                | I. IN 2012,                        |  |
| STAFF FACILITATED 9 PROFESSIONAL DE  | VELOPMENT SESSIONS, TR                | AINING 154                         |  |
| TEACHERS, PRE-SERVICE TEACHERS AND   | <del></del>                           |                                    |  |
| LHA For Paperwork Reduction Act Notice, see the Instructions for 232211 01-04-13 | r Form 990 or 990-EZ. Scheo           | dule O (Form 990 or 990-EZ) (2012) |  |

| Name of the organization UNITED ANIMAL                                     | NATIONS DBA REDRO  | VER          | Employer identification number 68-0124097 |  |  |
|--|--------------------|--------------|---|--|--|
| REDROVER READERS CURRICULUM. THROUGH 10 REDROVER READERS VOLUNTEER         |                    |              |   |  |  |
| WORKSHOPS HELD IN 2012, 51 N   | EW VOLUNTEERS JOI  | NED REDROVER | READERS.                                  |  |  |
| REDROVER READERS CONDUCTED 2   | 07 VISITS DURING   | THE YEAR, RE | ACHING 1,356                              |  |  |
| NEW CHILDREN. REDROVER CONTINUED TO LEAD THE HUMANE LITERACY               |                    |              |   |  |  |
| COALITION, WHICH IS WORKING TO UNITE HUMANE EDUCATION VISION AND GOALS,    |                    |              |   |  |  |
| CONDUCT RESEARCH AND INTEGRA   | TE HUMANE EDUCATI  | ON INTO PUBL | IC SCHOOLS.                               |  |  |
|  |                    |              |   |  |  |
| REDROVER REPORTERS (INCLUDIN   | G MY DOG IS COOL)  | - USING PUB  | LIC EDUCATION,                            |  |  |
| OUTREACH AND STRATEGICALLY-PLACED FINANCIAL INCENTIVES, REDROVER           |                    |              |   |  |  |
| REPORTERS ENCOURAGED PEOPLE  | TO WATCH FOR AND   | REPORT ANIMA | L ABUSE AND                               |  |  |
| NEGLECT. THIS PROGRAM ALSO E   | DUCATED PEOPLE AB  | OUT THE DANG | ERS OF LEAVING                            |  |  |
| DOGS IN HOT CARS THROUGH ITS MY DOG IS COOL CAMPAIGN. THE CAMPAIGN         |                    |              |   |  |  |
| DISTRIBUTED MORE THAN 45,000 FLIERS, OFFERED FREE DOWNLOADABLE FLIERS,     |                    |              |   |  |  |
| POSTERS AND OTHER RESOURCES,   | AND ATTRACTED 78   | ,521 USERS T | O THE                                     |  |  |
| MYDOGISCOOL.COM WEBSITE.   |                    |              |   |  |  |
|  |                    |              |   |  |  |
| ADVOCACY - REDROVER IMPROVED   | THE WELFARE OF A   | NIMALS BY ED | UCATING THE                               |  |  |
| PUBLIC ON IMPORTANT ANIMAL A   | DVOCACY ISSUES AN  | D COLLABORAT | ING WITH                                  |  |  |
| OTHERS TO ADVANCE THE INTEREST OF ANIMALS THROUGH THE LEGAL SYSTEM.        |                    |              |   |  |  |
| REDROVER'S PRESIDENT AND CEO CONTINUED TO SERVE AS A CHARTER MEMBER AND    |                    |              |   |  |  |
| BOARD OFFICER OF THE NATIONA   | L COALITION FOR A  | NIMAL PROTEC | TION, WHICH IS                            |  |  |
| CURRENTLY WORKING TOWARDS ESTABLISHING AN ANIMAL PROTECTION COMMISSION.    |                    |              |   |  |  |
| EXPENSES \$ 239,819. INCLUD  | ING GRANTS OF \$ 0 | • REVENUE    | \$ 5,359.                                 |  |  |
|  |                    |              |   |  |  |
| FORM 990, PART VI, SECTION A   | , LINE 6: THERE I  | S ONE CLASS  | OF MEMBERS. THE                           |  |  |
| MEMBERS ARE THOSE PERSONS WHO HAVE PAID THE APPLICABLE ANNUAL DUES FOR THE |                    |              |   |  |  |
| CURRENT CALENDAR YEAR.   |                    |              |   |  |  |
| I  |                    |              |   |  |  |

Name of the organization **Employer identification number** UNITED ANIMAL NATIONS DBA REDROVER 68-0124097 FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS HAVE THE RIGHT TO VOTE ON THE ELECTION OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS HAVE THE RIGHT TO VOTE ONLY REGARDING THE FOLLOWING ISSUES: (1) THE ELECTION OF DIRECTORS; (2) THE DISPOSITION OF SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS; (3) THE MERGER OF THE ORGANIZATION; AND (4) THE DISSOLUTION OF THE ORGANIZATION. IN ADDITION, ANY AMENDMENT OR REPEAL OF THE BYLAWS THAT WOULD MATERIALLY AND ADVERSELY AFFECT THE RIGHTS OF THE MEMBERS AS TO VOTING OR TRANSFER MUST BE APPROVED BY THE MEMBERS (INCLUDING A REQUIREMENT OF UNANIMOUS APPROVAL BY THE MEMBERS AS TO CERTAIN PROVISIONS OF THE BYLAWS). FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION HAD NO SUCH COMMITTEES. THEREFORE, THERE WERE NO MEETINGS TO DOCUMENT. FORM 990, PART VI, SECTION B, LINE 11: BEFORE FILING IT WITH THE IRS, REDROVER'S CFO WILL DISTRIBUTE THE 2012 FORM 990 TO ORGANIZATION'S OFFICERS AND BOARD DIRECTORS VIA EMAIL, INCLUDING A SUMMARY REPORT THAT HIGHLIGHTS KEY POINTS FOR THEIR CONSIDERATION. FORM 990, PART VI, SECTION B, LINE 12C: YES - THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ("POLICY") APPLIES TO ALL DIRECTORS, OFFICERS, AND MEMBERS OF COMMITTEES WITH GOVERNING-BOARD DELEGATED POWERS (EACH AN "INTERESTED PERSON"). EACH INTERESTED PERSON IS PROVIDED WITH A COPY OF THE POLICY ANNUALLY, AND IS REQUIRED TO SIGN A STATEMENT AFFIRMING THAT HE OR SHE HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTOOD THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT, TO MAINTAIN ITS FEDERAL TAX Schedule O (Form 990 or 990-EZ) (2012)

| Name of the organization UNITED ANIMAL N                                    | ATIONS DBA REDROVER           | Employer identification number 68-0124097 |  |  |
|---|-------------------------------|---|--|--|
| EXEMPTION, IT MUST ENGAGE PRI   | MARILY IN ACTIVITIES THAT ACC | COMPLISH ONE OR                           |  |  |
| MORE OF ITS TAX-EXEMPT PURPOS   | ES. EACH INTERESTED PERSON I  | S REQUIRED TO                             |  |  |
| DISCLOSE TO THE BOARD OF DIREC  | CTORS (THE "BOARD") ANY DIREC | CT OR INDIRECT                            |  |  |
| INTEREST IN A TRANSACTION OR ARRANGEMENT WHERE THE ORGANIZATION IS ALSO     |                               |   |  |  |
| INVOLVED, AND THE BOARD (EXCLUDING ANY INTERESTED PERSON) MUST THEN REVIEW  |                               |   |  |  |
| ALL MATERIAL FACTS AND REACH A DETERMINATION OF WHETHER A CONFLICT OF       |                               |   |  |  |
| INTEREST EXISTS BY VOTE OF A MAJORITY OF THE DISINTERESTED DIRECTORS.       |                               |   |  |  |
| PURSUANT TO THE POLICY, THE BO  | OARD ALSO ANNUALLY REVIEWS T  | HE COMPENSATION OF                        |  |  |
| THE CEO AND CFO TO DETERMINE  | WHETHER SUCH COMPENSATION IS  | JUST AND                                  |  |  |
| REASONABLE.   |                               |   |  |  |
|   |                               |   |  |  |
| FORM 990, PART VI, SECTION B,   | LINE 15: IN 2011, A COMPREH   | ENSIVE SALARY                             |  |  |
| SURVEY BASED ON GEOGRAPHIC LO   | CATION, ORGANIZATION BUDGET   | AND NONPROFIT                             |  |  |
| FOCUS WAS COMPLETED FOR ALL S   | TAFF POSITIONS. AT THIS TIM   | E, THE BOARD                              |  |  |
| REVIEWED THE CEO AND CFO SALARIES IN DETAIL AND FOUND THEM TO BE CONSISTENT |                               |   |  |  |
| WITH OTHER ORGANIZATIONS OF SIMILAR SIZE AND FOCUS. THE NEXT DETAILED       |                               |   |  |  |
| SALARY STUDY IS SCHEDULED FOR   | BOARD REVIEW IN AUGUST 2013   | •   |  |  |
|   |                               |   |  |  |
| FORM 990, PART VI, SECTION C,   | LINE 19: THE IRS FORM 990 A   | ND CURRENT                                |  |  |
| AUDITED FINANCIAL STATEMENTS  | ARE AVAILABLE TO THE PUBLIC   | ON THE                                    |  |  |
| ORGANIZATION'S WEB SITE. THE  | FORM 1023 AND 990-T ARE AVAI  | LABLE UPON                                |  |  |
| REQUEST.  |                               |   |  |  |
|   |                               |   |  |  |
| FORM 990, PART XII, LINE 2C   |                               |   |  |  |
| THE REDROVER AUDIT COMMITTEE  | IS NO LONGER COMPRISED OF TH  | E ENTIRE BOARD                            |  |  |
| OF DIRECTORS. IT NOW INCLUDES   | EXTERNAL COMMUNITY MEMBERS,   | LIMITS                                    |  |  |
| FINANCE COMMITTEE MEMBERS AND   | EXCLUDES THE BOARD TREASURE   | R. THESE                                  |  |  |
| CHANGES WERE NECESSARY DUE TO   |                               | UTLINED IN THE                            |  |  |

Schedule O (Form 990 or 990-EZ) (2012)