### Form 990

**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)

2012

2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For t	he 2012 calen	dar year, or tax	year begini	ning		, 201	12, an	d ending	)			<b>;</b>	
В	Check	if applicable:	C								D Employ	er Idoni	lfication Number	
	$\square_{\mathbb{A}}$	ddress change	Last Chanc	e for 1	Animal	e					95	4013	155	
	$\vdash$	ame change	8033 Sunse								E Telepha			
	$\vdash$	-	Los Angele											
	H	itial return		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						310	-271	-6096	
	⊔⁺	erminated												
	X	mended return									<b>G</b> Gross r	eceipts	\$ 1,746,	,793.
	ПА	pplication pending	F Name and addre	ess of principal	officer:				١	l(a) Is this	a group relui	n for aff	liates? Yos	X No
	_		Same As C	Above					⊁	H(b) Are all	affiliates inc attach a list.	luded?	Yes	No
1	Tax-	exempt status	X 501(c)(3)	501(c) (	)-	(insert no.)	4947(a)(1)	or	527	IT TNO,	attach a list.	(see ins	tructions)	_
亍			w.lcanimal			(moort mory	1077(0)(1)	, 0,	_	Max Canana	exemption n		•	
ĸ						1100 5		1						
		n of organization:	X Corporation	Trust	Association	Other >		L Year	of Formatio	on: 198	5   INI :	State of	egat domicile: CA	<u> </u>
Pa	rt I	Summar	<u>y</u>											
	1	Briefly descri	be the organizat	ion's mission	on or mos	st significant	activities:	<u>Dedi</u>	<u>icated</u>	<u>l_to_e</u>	<u>nding</u>	<u>ani</u> n	<u>al_abuse</u>	<u>and</u> _
gy.	l	<u>exploita</u>	<u>tion_throu</u>	<u>igh_educ</u>	<u>ation,</u>	<u>, public</u>	<u>outreac</u>	<u>ch a</u>	<u>nd in</u> v	<u>vestic</u>	<u>rations</u>	<u> </u>		
Activities & Governance	l													
Ĕ	l													
š	2		ox ► if the o										sels.	
Ğ	3		oting members o											<u>3</u>
ος S	4		dependent votin											2
:≗	5		r of individuals e											12
₹	6		r of volunteers (e		_									150
Æ			ed business reve									7 a		<u>0.</u>
	Ь	Net unrelated	d business taxab	le income f	rom Forn	1 990-T, line	34					7 b		0.
											rior Year		Current Ye	
	8	Contributions	and grants (Par	rt VIII, line	1h)					1	,095,7	700.	1,735	,448.
Revenue	9	Program serv	vice revenue (Pa	ırt VIII, line	2g)				<i>.</i>					
Š	10	Investment in	ncome (Part VIII,	, column (A	), lines 3	, 4, and 7d)	<i></i> .	<i></i>						309.
æ	11	Other revenu	ie (Part VIII, colu	ımn (A), lin	es 5, 6d,	8c, 9c, 10c,	and 11e)				10,3	312.	11	,036.
	12	Total revenue	e – add lines 8 t	through 11	(must equ	ual Part VIII,	column (A)	, line	12)	1	,106,0	12.	1,746	,793.
	13	Grants and s	imilar amounts p	paid (Part I)	X, column	(A), lines 1	-3)							
	14			-			•							
	15	•	enefits paid to or for members (Part IX, column (A), line 4)											
8			ofessional fundraising fees (Part IX, column (A), line 11e)										403	<u>,850.</u>
2	1		_	·						. *** 5 (5)	The second second		april 1 miles (1 mile	
Expenses	b		sing expenses (F			_			<u>650.</u>			- 1		
ш	17	Other expens	ses (Part IX, colu	umn (A), lin	nes 11a-1	1d, 11f-24e)	<i></i>				697,5	550.	1,103	,981.
	18	Total expens	es. Add lines 13	-17 (must e	equal Part	l IX, column	(A), line 25)	)		1	,077,6	592.	1,509	,831.
	19	Revenue less	s expenses. Sub	tract line 18	3 from line	e 12		<i>.</i>			28,3	320.	236	,962.
9	$\overline{}$		i							Beginnin	g of Currer	_		
충	20	Total assets	(Part X, line 16).		. <b>. </b>			. <b></b>	. <b> .</b>		301,2			,332.
80	21		es (Part X, line 2								22,2		68	,359.
Not Assots Fund Balan	22		r fund balances.	•	no 21 from	m line 20								
				Subtract III	16 21 1101	11 11116 20	• • • • • • • • • •				279,0	/11.	313	<u>,973.</u>
	ırt II	Signatu												
Unde	er pena piete. D	lties of perjury. I de tectaration of prepa	eclare that I have exar arer (other than officer	mined this retur ) is based on a	rn, including Ill informatio	accompanying s n of which prepa	ichedules and st irer has any kno	lalemeni wiedge.	s, and to th	ne best of m	y knowledge	and bel	ief, it is true, correct	, and
_											17-1	7 /	<del>/ &gt;</del>	
۵.		Signah	re of officer	700						l Da	/ / — /	, - ,		
Sig	jn	l								_				
He	re	Chr	is DeRose print name and title.							Presi	ident			
_			·		- L	<del></del>		15			1		DTIN	
		Print/Type (	preparer's name		Preparens			- 1	ite		Check	_ "	PTIN	
Pa			M. Pagano			M. Pagan	ره		1-11-	13	self-employ	ed	P00370783	
Pre	epar	er Firm's nam	e COHEN	PAGANO	ACCOU	NTANCY -						_		_
Us	e Or	ly Firm's addr	ess • 12100			D STE 66	0				Firm's EIN	<b>9</b> 5	-4016303	
						025-7121					Phone no.		-826-3400	
May	v the	IRS discuss th	nis return with th				nstructions).						. X Yes	No
	,					,=== "						. , . •	1-9	

Check if Schedule O contains a	response to any question in this Part III		X
Briefly describe the organization's mis-			
-	nal abuse and exploitation thro	ugh education, public outreac	h
-	icant program services during the year which were n	· — —	
		Yes X N	No
If 'Yes,' describe these new services o			
	, or make significant changes in how it conducts,	, any program services? Yes X N	No
If 'Yes,' describe these changes on Sc			
4 Describe the organization's program se	ervice accomplishments for each of its three largitions and section 4947(a)(1) trusts are required to re	est program services, as measured by expense	:S.
others, the total expenses, and revenu	ie, if any, for each program service reported.	port the amount of grants and anocations to	
<b>4a</b> (Code:) (Expenses \$	993,705. including grants of \$	) (Revenue \$	)
See Schedule 0			
	275,349. including grants of \$		
<u>See_Schedule_O</u>			
		. – – – – – – – – – – – – – – – – – – –	
A c (Codo: ) (Evpopeos \$	including grants of \$	) (Payanua Š	
<b>4 c</b> (Code:) (Expenses \$	including grants of \$	) (Revenue \$)	)
		. – – – – – – – – – – – – – – – – – – –	
		. – – – – – – – – – – – – – – – – – – –	
		. — — — — — — — — — — — — — — — — — — —	- – –
		· <b></b>	
		· <b></b>	
4 d Other program services. (Describe in S	Schedule O.)		
(Expenses \$	including grants of \$	) (Revenue \$	
4 e Total program service expenses ▶	1,269,054.	<u> </u>	

# Form 990 (2012) Last Chance for Animals Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	<b>a</b> Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Χ	
	<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	<ul> <li>a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,</li> </ul>	14a		Λ
	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
	<b>a</b> Did the organization operate one or more nospital facilities? <i>If 'Yes,' complete Schedule H</i>	20 20 b		Λ
	🖢 ir 103 to iino 20a, ulu tiie organization attacir a copy or its addited iinancial statements to tiils return?	U D		

No

Yes

# Form 990 (2012) Last Chance for Animals Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
k	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	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	Х	
BAA		Form	990 (	2012)

# 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
1 a Enter the	e number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a  13		103	-110
	e number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	rganization comply with backup withholding rules for reportable payments to vendors and	<u> </u>			
(gamblin	g) winnings to prize winners?	·····	1 c	Х	
2a Enter the ments, fi	e number of employees reported on Form W-3, Transmittal of Wage and Tax Stateled for the calendar year ending with or within the year covered by this return	<b>2a</b> 12			
<b>b</b> If at leas	t one is reported on line 2a, did the organization file all required federal employmer	nt tax returns?	2 b	Х	
Note. If t	he sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in	nstructions)			
3 a Did the o	organization have unrelated business gross income of \$1,000 or more during the year	ar?	3 a		Χ
<b>b</b> If 'Yes' h	as it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		3 b		
<b>4a</b> At any tir financial	ne during the calendar year, did the organization have an interest in, or a signature or oth account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4 a		Χ
	nter the name of the foreign country: >				
	ructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F				
	organization a party to a prohibited tax shelter transaction at any time during the ta	•	5 a		Х
-	axable party notify the organization that it was or is a party to a prohibited tax shelf		5 b		X
c If 'Yes,' t	o line 5a or 5b, did the organization file Form 8886-T?		5 c		
<b>6 a</b> Does the solicit an	organization have annual gross receipts that are normally greater than \$100,000, a y contributions that were not tax deductible as charitable contributions?	and did the organization	6a		Х
<b>b</b> If 'Yes,' d	id the organization include with every solicitation an express statement that such contribued.	tions or gifts were	6 b		
7 Organiza	ations that may receive deductible contributions under section 170(c).				
<b>a</b> Did the o	rganization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	partly for goods and	7 a		Χ
<b>b</b> If 'Yes,'	did the organization notify the donor of the value of the goods or services provided?		7 b		
	rganization sell, exchange, or otherwise dispose of tangible personal property for which it 32?		7 c		Х
<b>d</b> If 'Yes,' i	ndicate the number of Forms 8282 filed during the year	7 d			
<b>e</b> Did the c	rganization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X
	organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f		X
	anization received a contribution of qualified intellectual property, did the organization file ed?		7 g		
	panization received a contribution of cars, boats, airplanes, or other vehicles, did the 38-C?	e organization file a	7 h		
8 Sponsor supportir	ing organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, hat any time during the year?	ng organizations. Did the nave excess business	8		Х
9	ing organizations maintaining donor advised funds.		0		
•	organization make any taxable distributions under section 4966?		9 a		Χ
	organization make a distribution to a donor, donor advisor, or related person?		9 b		X
	501(c)(7) organizations. Enter:				
	fees and capital contributions included on Part VIII, line 12	10a			
	ceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11 Section	501(c)(12) organizations. Enter:	<u>l</u>			
a Gross in	come from members or shareholders	11 a			
<b>b</b> Gross in	come from other sources (Do not net amounts due or paid to other sources	111			
	amounts due or received from them.)	of Form 1041?	12 a		
	enter the amount of tax-exempt interest received or accrued during the year	12b	124		
	501(c)(29) qualified nonprofit health insurance issuers.				
	ganization licensed to issue qualified health plans in more than one state?		13a		
	e the instructions for additional information the organization must report on Schedu				
	amount of reserves the organization is required to maintain by the states in				
which the	e organization is licensed to issue qualified health plans	13b			
	amount of reserves on hand	13c			
	organization receive any payments for indoor tanning services during the tax year?		14a		X
<b>b</b> If 'Yes,' I	has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b		

Form 990 (2012) Last Chance for Animals 95-4013155 Page 6 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...... Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 2 Χ 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a 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? . . . . . 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?.... 8а X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.......... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13....... 12a Χ b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?.. Χ 120 13 Did the organization have a written whistleblower policy?...... 13 Χ Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule. . 0. . . . . . Χ 15 a **b** Other officers of key employees of the organization...See.Schedule.0..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) **16 a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed See Schedule O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) (E) (F) Name and Title Estimated Reportable Reportable Average hours per week (list any hours for related compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) Individual to or director Officer Former employee Highest compensated nstitutional trustee ey employee organiza-tions and related organizations below l trustee dotted (1) Ariel Gale 3 0 Χ Chairman 0. 0. 0. (2) Mary Jo Greenberg 3 Vice Chairman 0 Х 0. 0. 0. 3 (3) June Averseng Secretary 0 Χ 0. 0. 0. (4) Rikki Rockett 3 Director 0 Χ 0. 0. 0. (5) James Balesh 3 Director 0 Х 0. 0. 0. (6) Chris DeRose 40 President & CEO 0 68,500. 0. Х X 0. (7) Cindy Beal 40 **CFO** 0 0. 0. 59,269. (8) (10)(11) (12)(13) (14)

Part VII   Section A. Officers, Directors, Trus		Key	En			es,	and	d Highest Com	pensated Emp	loyees	(cor	nt)
	(B)			((	•							
(A) Name and title	Average hours per week	box	, unle	ess pe	erson	than is both or/trus	h an	<b>(D)</b> Reportable compensation from	(E)  Reportable compensation from	amou	(F) stimated int of oth	
	(list any hours	or di	Instit	Officer	Кеу	High empl	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr	pensatio om the anizatior	
	for related organiza	Individual trustee or director	nstitutional trustee	cer	Key employee	est co	ner			and	d related nization	
	<ul> <li>tions below</li> </ul>	trus	al tru		oyee	mper						
	dotted line)	èe	stee			Highest compensated employee						
<u>(15)</u>												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)		•										
(23)		•										
		•										
(24)												
(25)		-										
1 b Sub-total							<b>&gt;</b>	127,769.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).							<b>►</b>	0. 127,769.	0.			0.
2 Total number of individuals (including but not limited to	those I	isted	abo	ve)	who	recei	ved			pensatio	n	<u> </u>
from the organization • 0											Yes	No
3 Did the organization list any <b>former</b> officer, directo on line 1a? <i>If 'Yes,' complete Schedule J for such</i>	r or trus <i>individu</i>	stee, ıal	key	em	ploy	ee, c	or hi	ghest compensate	ed employee	. 3		X
<b>4</b> For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual	eportab than \$1	le co 50,0	mpe 00?	ensa If '\	ition ⁄es′	and com <sub>l</sub>	oth plet	er compensation e Schedule J for	from	4		Х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen	satio	n fr	om	any	unre	late	d organization or	individual			X
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization. Report compensation.	ited inde ation for	epen the c	den alen	t coi dar	ntrad year	ctors endi	tha ng v	t received more the vith or within the or	nan \$100,000 of ganization's tax yea	r.		
(A) Name and business address	SS							(B) Description (	of services	Compe	<b>)</b> nsatio	n
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization ▶		ited t	o the	ose	liste	d abo	ve)	who received more	than			

### Form **990** (2012) Last Chance for Animals 95-4013155 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII..... (B) (D) (A) Total revenue Related or Unrelated Revenue excluded from tax exempt business under sections 512, 513, or 514 function revenue revenue CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 a Federated campaigns . . . . . . . . **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations . . . . . . . . 1 d e Government grants (contributions) . . . . f All other contributions, gifts, grants, and similar amounts not included above . . . 1,735,448 g Noncash contributions included in Ins 1a-1f: \$ h Total. Add lines 1a-1f ...... 1,735,448 PROGRAM SERVICE REVENUE **Business Code** f All other program service revenue. . . . g Total. Add lines 2a-2f ...... Investment income (including dividends, interest and other similar amounts) ..... 309 309 Income from investment of tax-exempt bond proceeds . > Royalties..... 2,045 2,045 (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities 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)..... 8a Gross income from fundraising events OTHER REVENUE (not including. \$ of contributions reported on line 1c). See Part IV, line 18..... **b** Less: direct expenses..... **b** c Net income or (loss) from fundraising events...... 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses..... **b** c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns 1,215. **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... 1,215 1,215 Miscellaneous Revenue Business Code 11a <u>List Rentals/Exchanges</u> 7,776 7,776 d All other revenue ..... e Total. Add lines 11a-11d ..... 7,776

1,746,793

10,130

0.

1,215

**12 Total revenue.** See instructions.....

107,328.

### Part IX | Statement of Functional Expenses

SOP 98-2 (ASC 958-720).....

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX. (C) (D) (B) Do not include amounts reported on lines 6b, Total expenses Fundráising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21..... Grants and other assistance to individuals in the United States. See Part IV, line 22..... Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Benefits paid to or for members . . . . . . . . . . Compensation of current officers, directors, trustees, and key employees ...... 68,500 0 0. 68,500 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 302,640. 236,991. 50,921 14,728. Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)..... 1,323. 34,710 28,774 4,613 11 Fees for services (non-employees): 5,124 5,124. 13,500 c Accounting..... 15,000. 600 900. **d** Lobbying..... e Professional fundraising services. See Part IV, line 17. . . Other. (If line 11g amt exceeds 10% of line 25, col-7,200. 64,800 72,000 umn (A) amt, list line 11g expenses on Sch O)..... Advertising and promotion..... 12 26,391 25,431 960. 35,559 34,193 508 858. Information technology..... 79 12,586 12,067 440. 15 Royalties..... Occupancy..... 16 34,829 958. 35,787 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 20 Payments to affiliates..... 22 Depreciation, depletion, and amortization . . . 4,270 4,745 190 285 37,868 31,482 <u>6,11</u>8 268. Other expenses. Itemize expenses not 24 covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ..... a Direct <u>Mailings</u> 536,638 429,310 107,328. 58,200 52,380 2,328 3,492. **b** Rent 2,320. c Campaign & Events 56,622 54,302 d Postage and Shipping 36,254 30,163. 95 5,996. e All other expenses...See...Sch...O...... 171,207. 148,062. 1,675 21,470. 67,127 25 Total functional expenses. Add lines 1 through 24e. . . . 1,509,831. 1,269,054. 173,650. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following

536,638

429,310

		Check if Schedule O contains a response to any question i	n this Part X										
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year							
	1	Cash — non-interest-bearing		177,218.	1	133,171.							
	2	Savings and temporary cash investments		,	2	·							
	3	Pledges and grants receivable, net		52,407.	3	246,910.							
	4	Accounts receivable, net	-	,	4	.,							
	5	Loans and other receivables from current and former officers trustees, key employees, and highest compensated employee Part II of Schedule L	es. Complete		5								
As	6	Loans and other receivables from other disqualified persons esection 4958(f)(1)), persons described in section 4958(c)(3)(B), a employers and sponsoring organizations of section 501(c)(9) volu beneficiary organizations (see instructions). Complete Part II		6									
	7	Notes and loans receivable, net			7								
ASSETS	8	Inventories for sale or use	<u> </u>		8								
Ţ	9	Prepaid expenses and deferred charges		31,187.	9	16,633.							
J	-			31,107.	_	10,055.							
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	157,279.										
		Less: accumulated depreciation. 10b	132,514.	25,586.	10 c	24,765.							
	11	Investments — publicly traded securities		25,500.	11	24,705.							
	12	Investments – other securities. See Part IV, line 11	<u> </u>		12								
	13	Investments – program-related. See Part IV, line 11			13								
	14	Intangible assets.		8,500.	14	6,500.							
	15	Other assets. See Part IV, line 11		6,350.	15	156,353.							
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		301,248.	16	584,332.							
	17	Accounts payable and accrued expenses		22,237.	17	68,359.							
	18	Grants payable		22/2071	18	00,003.							
	19	Deferred revenue		19									
L	20	Tax-exempt bond liabilities			20								
I A	21	Escrow or custodial account liability. Complete Part IV of Sc	hedule D		21								
LIABILITI	22	Loans and other payables to current and former officers, dire key employees, highest compensated employees, and disqua Complete Part II of Schedule L	alified persons.		22								
Ţ	22	·	L L		22								
E S	23	Secured mortgages and notes payable to unrelated third part	<u> </u>										
	24	Unsecured notes and loans payable to unrelated third parties			24								
	25 26	Other liabilities (including federal income tax, payables to reland other liabilities not included on lines 17-24). Complete Pa <b>Total liabilities.</b> Add lines 17 through 25		22 227	25 26	60.250							
	20		_	22,237.	20	68,359.							
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.											
S	27	Unrestricted net assets	<u> </u>	279,011.	27	515,973.							
ASSETS	28	Temporarily restricted net assets.	<u> </u>		28								
	29	Permanently restricted net assets	<del></del>		29								
OR F		Organizations that do not follow SFAS 117 (ASC 958), check her and complete lines 30 through 34.	re► ∐										
FUZD	30	Capital stock or trust principal, or current funds			30								
	31	Paid-in or capital surplus, or land, building, or equipment fun	d		31								
Ľ	32	Retained earnings, endowment, accumulated income, or other	er funds		32								
<b>B女し女ZCEの</b>	33	Total net assets or fund balances		279,011.	33	515,973.							
E S	34	Total liabilities and net assets/fund balances	Total liabilities and net assets/fund balances.										

Form **990** (2012) BAA

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), line 12)	1	1,7	46,	793.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,5	09,8	331.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	36,9	962.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			)11.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5	15,9	973.
Pa	rt XII Financial Statements and Reporting	1			
	Check if Schedule O contains a response to any question in this Part XII				. X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	d on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
- 1	<b>b</b> Were the organization's financial statements audited by an independent accountant?		. 2b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te			
	X Separate basis Consolidated basis Both consolidated and separate basis				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  See Schedule O				
3	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a		Х
ļ	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	it 	. 3b		
BAA				990	(2012)

TEEA0112L 08/09/11

### SCHEDULE A (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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

Last Chance for Animals 95-4013155 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of 11 supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III — Non-functionally integrated Type II Type I С d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?..... A family member of a person described in (i) above?..... 11 q (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the (vii) Amount of monetary (i) Name of supported (vi) Is the organization in column (i) organized in the U.S.? organization organization in column (i) listed in your governing document? support Yes Nο Yes Nο Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support												
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	990,302.	937,676.	1,062,056.	1,095,699.	1,735,448.	5,821,181.					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.					
4	Total. Add lines 1 through 3	990,302.	937,676.	1,062,056.	1,095,699.	1,735,448.	5,821,181.					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.					
6	<b>Public support.</b> Subtract line 5 from line 4						5,821,181.					
Sec	tion B. Total Support	1		1								
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total					
7	Amounts from line 4	990,302.	937,676.	1,062,056.	1,095,699.	1,735,448.	5,821,181.					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8.		1.		10.	19.					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). See Part IV.	8,142.	4,133.	12,353.	10,312.	11,036.	45,976.					
11	Total support. Add lines 7 through 10						5,867,176.					
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.					
13	<b>First five years.</b> If the Form 990 is organization, check this box and						▶					
Sec	tion C. Computation of Pul	hlic Sunnart P	ercentage									
14	Public support percentage for 20						99.22%					
	Public support percentage from					<u> </u>	0.00%					
16 a	33-1/3% support test – 2012. If and stop here. The organization	the organization of qualifies as a pub	did not check the plicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more, o	check this box					
t	33-1/3% support test – 2011. If the and stop here. The organization	the organization d qualifies as a pul	id not check a bo olicly supported o	x on line 13 or 16	a, and line 15 is	33-1/3% or more,	check this box					
17 a	17 a 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 more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization											
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' t	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> a publicly support	<b>re.</b> Explain in Part ed organization	IV how the □					
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a ———	, or 17b, check th	is box and see ins	structions ►					
ΒΔΔ			<del></del>		Sal	andula A (Form OC	00 or 990-F7) 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, please complete Part II.)

Sec	tion A. Public Support						
Calen	idar year (or fiscal yr beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or						
	services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5  A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
(	Add lines 7a and 7b						
	<b>Public support</b> (Subtract line 7c from line 6.)						_
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in) 🟲	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total
	Amounts from line 6						
10 a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add Ins 9, 10c, 11, and 12.)						
14		is for the organization	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(	3) ▶ □
Sec	tion C. Computation of Pul						<u>L_</u>
	Public support percentage for 20			ne 13, column (f))		15	%
16	Public support percentage from 2	2011 Schedule A,	Part III, line 15			16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	9		1	
17	Investment income percentage for				mn (f))	17	%
18	Investment income percentage f	rom <b>2011</b> Schedu	le A, Part III, line	17		18	90
19 a	33-1/3% support tests – 2012. If	the organization	did not check the	box on line 14, a	nd line 15 is more	e than 33-1/3%, a	nd line 17
	is not more than 33-1/3%, check <b>33-1/3% support tests – 2011.</b> If	this box and <b>sto</b>	<b>p here.</b> The orgar	iization qualifies a	is a publicly supp	orted organization	I P
	line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> Th	e organization qu	alifies as a public	ly supported orga	nization <b>-</b>
20	Private foundation. If the organize	zation did not che	eck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	▶ 📋

012 S	chedı	ıle	A, Part	IV ·	- Supplen	ne	ntal Infor	mation	Page
ient 9012AMED			Las	t Ch	nance for Anir	mal	ls		95-40131
/15/13									11:32
Part II, Line 10 - Other	Income								
Nature and Source			2012		2011		2010	2009	2008
Other Income	Total	\$	11,036. 11,036.	\$	10,312. 10,312.	\$	12,353. 12,353.	4,133. \$ 4,133. \$	8,142. 8,142.

# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Las	st Chance for Animals			95-4013155
Par	t   Organizations Maintaining Dono	r Advised Funds or Other Simila	r Funds or Acc	ounts. Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.		
		(a) Donor advised funds	<b>(b)</b> F	unds 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 don are the organization's property, subject to the			
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing that gran of the donor or donor advisor, or for any	nt funds can be use other purpose cor	ed only Inferring
Par	t II Conservation Easements. Comp	ete if the organization answered	'Yes' to Form 9	990, Part IV, line 7.
1				
	Preservation of land for public use (e.g., re	ecreation or education) Preserva	ation of an historica	ally important land area
	Protection of natural habitat	Preserva	ation of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h last day of the tax year.	eld a qualified conservation contribution in t	the form of a conser	vation easement on the
			H	leld at the End of the Tax Year
á	a Total number of conservation easements		2a	
ŀ	Total acreage restricted by conservation easer	nents	2b	
(	Number of conservation easements on a certif	ied historic structure included in (a)	2c	
(	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a	historic 2 d	
3	Number of conservation easements modified, tran tax year ►			on during the
4	Number of states where property subject to conse	rvation easement is located ►		
5	Does the organization have a written policy rec	·	n handling of viol	ations
	and enforcement of the conservation easemen	ts it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation ease	ments during the yea	ar
7	Amount of expenses incurred in monitoring, inspe  ▶\$	cting, and enforcing conservation easement	s during the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements	of section 170(h)(	4)(B)(i) 
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its revenue and othe organization's financial statements	expense statement that describes the	, and balance sheet, and organization's accounting for
Par	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical Treasure vered 'Yes' to Form 990, Part IV,	s, or Other Sin line 8.	nilar Assets.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education, or resear	ch in furtherance of	nt and balance sheet works of public service, provide,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	SFAS 116 (ASC 958), to report in its rev r public exhibition, education, or research in	venue statement ar n furtherance of pub	nd balance sheet works of art, lic service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1		▶\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, h amounts required to be reported under SFAS	istorical treasures, or other similar assets fo		·
á	Revenues included in Form 990, Part VIII, line	· · · · · · · · · · · · · · · · · · ·		▶\$
	Assets included in Form 990, Part X			

Part III Organizations Maintaining Colle	ections of Art, Histo	rical Treasures, or	Other Similar Ass	ets (c	<u>ontinu</u>	ea)
<b>3</b> Using the organization's acquisition, accession, a items (check all that apply):	and other records, check ar	ny of the following that ar	e a significant use of its	collection	on	
a Public exhibition	<b>d</b> Loan o	r exchange programs				
<b>b</b> Scholarly research	e Other					
c Preservation for future generations	<u>—</u>					
Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization's	s exempt purpose in			
<b>5</b> During the year, did the organization solicit o to be sold to raise funds rather than to be ma	intained as part of the or	ganization's collection?		Yes		No
Part IV Escrow and Custodial Arrangements. reported an amount on Form 99		ation answered 'Yes' to	Form 990, Part IV,lin	e 9, or		
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an, or other intermediary	for contributions or other	er assets not included	Yes	Г	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII						
<b>c</b> Beginning balance			1c	Amoun	t	
<b>d</b> Additions during the year						
e Distributions during the year						
f Ending balance			-			
2a Did the organization include an amount on Fo				Yes		No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	tion has been provided	in Part XIII		[	j
Part V Endowment Funds. Complete if	the organization and	swered 'Yes' to For	m 990, Part IV, Iir	ne 10.		
(a) Curre	nt <b>(b)</b> Prior year	(c) Two years	(d) Three years	(e) F	Four year	rs
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage of the curre	ent year end balance (line	e 1g, column (a)) held a	as:			
a Board designated or quasi-endowment ►	%					
<b>b</b> Permanent endowment ►	5					
c Temporarily restricted endowment ►	<u> </u>					
The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.					
<b>3 a</b> Are there endowment funds not in the possessio organization by:	n of the organization that a	re held and administered	for the	ſ	Yes	No
(i) unrelated organizations				3a(i)		
(ii) related organizations				3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related organizations	listed as required on Sci	nedule R?		. 3b		
4 Describe in Part XIII the intended uses of the	•					1
Part VI Land, Buildings, and Equipmen				-	-	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
<b>1 a</b> Land				-	-	
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment		157,279.	132,514.		24	,765.
e Other						
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, c	olumn (B), line 10(c).).			24	,765.
BAA			Sched	ule <b>D</b> (Fo		

(1) Deposits (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	Part VII	Investments – Other Securities. See	Form 990, Part X,	line 12. N/A	
(2) Closely-held equity interests. (3) Other (A) (5) (6) (7) (8) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	•	(a) Description of security or category	(b) Book value		
(2) Closely-held equity interests	(1) Financ			end-or-year marke	t value
(3) Other (4) (8) (9) (10) (11) (12) (13) (14) (14) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	` '				
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		, note oquity interests			
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
(C)	(B)				
(C)	(C)				
(E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(D)				
(G)	(E)				
(G) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P					
(b) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) *    Part VIII   Investments — Program Related, See Form 990, Part X, line 13.	(G)				
One   Totals   Column (b) must equal Form 990, Part X, column (B) line 12.)   Part VIII   Investments - Program Related. See Form 990, Part X, line 13.    N/A					
Part VIII   Investments - Program Related, See Form 990, Part X, line 13.   N/A (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end of year market value (c) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(l)				
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value  (d) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 13,	Total. (Colum	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) (a) Description (b) Book (c) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) (a) Description (b) Book (c) (d) (d) (to) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)  [a) Description of liability (b) Book value (c) Description of liability (d) Description of liability (e) Description of liability (f) Book value (g)	Part VIII		Form 990, Part X,	line 13. N/A	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book (c) (b) Book (d) (c) (d) (f) (f) (f) (f) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)   (a) Description (b) Book (d) (d) (f) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)   (a) Description (b) Book (d) (d) Column (d) must equal Form 990, Part X, column (B), line 15.)   (a) Description of liability (b) Book value (c) (d) Description of liability (d) Book value (d) Column (d) Must equal Form 990, Part X, column (B) Ine 25.)   (d) Description of liability (d) Book value (d) Column (d) Must equal Form 990, Part X, column (B) Ine 25.)   (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	•	(a) Description of investment type	(b) Book value	(c) Method of valuatio	n: Cost or
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  (a) Description (b) Book (1) Deposits (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B), line 25.) (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  **Total (Column (b) must equal Form 990, Part X, column (B) line 25.)  **Total (Column (b) must equal Form 990, Part X, column (B) line 25.)  **Total (Column (b) must equal Form 990, Part X, column (B) line 25.)  **Total (Column (b) must equal Form 990, Part X, column (B) line 25.)  **Total (Column (b) must equal Form 990, Part X, column (B) line 25.)  **Total (Column (b) must equal Form 990, Part X, column (B) line 25.)  **Total (Column (b) must equal Form 990, Part X, column (B) line 25.)  **Total (Column (b) must equal Form 990, Part X, column (B) line 25.)  **Total (Column (b) must equal Form 990, Part X, column (B) line 25.)	(1)			end-of-year marke	t value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)					
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book (c) (1) Deposits (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15).  Part X Other Liabilities. See Form 990, Part X, column (B), line 15).  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (c) Book					
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)    Part IX   Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book (1) Deposits (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)					
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)      Part IX   Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d					
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets. See Form 990, Part X, Inine 15.  (a) Description (b) Book (1) Deposits (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ►  Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B), line 25.) ►					
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book  (b) Book  (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)  Part X Other Liabilities, See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B), line 25.)  (a) Description of liability (b) Book value					
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).					
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ▶					
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ▶    Part IX   Other Assets. See Form 990, Part X, line 15.					
Part IX		nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
(a) Description  (b) Book  (1) Deposits  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15)  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			ine 15.		
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)			scription		<b>(b)</b> Book value
(3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)		oosits			6,350.
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)					
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)					
(6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)					
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)▶  1!  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶					
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)					
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.). 1  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶					
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.). ▶ 19  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶					
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)					
Part X         Other Liabilities. See Form 990, Part X, line 25.           (a) Description of liability         (b) Book value           (1) Federal income taxes         (2)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         (10)           (11)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		olumn (b) must equal Form 990 Part X column (	B) line 15 )	•	156,353.
(a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)					150,555.
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	I WICK				
(3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	(1) Fede				
(3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	(2)				
(5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)					
(6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	(4)				
(7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶	(5)				
(8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶	(6)				
(9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶	(7)				
(10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)					
(11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶					
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶					
	(11)				
<b>^</b>					
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.	2. FIN 48 (A	(ASC 740) Footnote. In Part XIII, provide the text of the footnote (ASC 740) Check here if the text of the footnote has been provided in the f	to the organization's financial	statements that reports the organization's liabili	ty for uncertain tax positions

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return	
1 Total revenue, gains, and other support per audited financial statements	1	1,746,793.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		_
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	1,746,793.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,746,793.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1 Total expenses and losses per audited financial statements		1,509,831.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		2/005/0021
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses. 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1		1,509,831.
		1,003,001.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b		
a Investment expenses not included on Form 990, Part VIII, line 7b	4c	
a Investment expenses not included on Form 990, Part VIII, line 7b.       4a         b Other (Describe in Part XIII.)       4b		1,509,831.
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b		1,509,831.
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information	5	
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information	5	
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information	5	
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information	5	
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information	5	
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number 95-4013155 Last Chance for Animals Form 990 - Explanation of Amended Return Change in Board of <u>Directors</u> Form 990, Part III, Line 4a - Program Service Accomplishments Description of Program Service One Education and Public Outreach LCA strives to educate the public about animal cruelty and exploitation through websites, brochures, email alerts, mailings and newsletters. All of these educational tools are valuable resources for the public as they contain information on a variety of animal rights issues, encourage readers to take action and provide an opportunity to update members about LCA activities. LCA's annual newsletter, "Fighting Chance," reaches 85,000 members and the main website (www.LCAnimal.org) receives over 690,000 hits per month. LCA's e-mail action alerts ask for "Calls to Action" from members about issues needing urgent attention. Members are e-mailed information and asked to make a phone call or to write a fax or letter to help bring about needed changes for animals. LCA's founder and president, Chris\_DeRose, is frequently interviewed for television\_\_\_ and radio programs, newspapers and magazines, nationally and internationally. He \_\_also travels both in the U.S. and abroad, giving lectures and educating the public\_\_\_\_ about animal rights. Countless people have read or heard about LCA and Chris DeRose through the 55-60 interviews in 2012.

Name of the organization	Employer identification number
Last Chance for Animals	95-4013155
Form 990, Part III, Line 4a - Program Service Accomplishments	
schools and fundraisers. LCA's custom-made, donated ANV is eq	quipped with two large
plasma_televisions_screens, a speaker_system and led ticker_ta	ape. The ANV uses the
powerful medium of video to educate citizens about the current	conditions animals
live in by showing investigative reports and disseminating bre	eaking news stories.
Special emphasis is given to schools, educating students and e	encouraging them to
adopt a compassionate, cruelty-free lifestyle. Attendees at e	each event range from
30-300.	
Each year on February 14th - Valentine's Day - LCA's Pet Theft A	wareness day is held to
educate citizens about the nearly two million companion animal	s that are stolen
annually an sold to research laboratories mainly by class "B"	dealers where they are
tortured, abused and killed. In 2012 more than 250 animal pro	tection organizations
and thousands of supporters nationwide joined LCA in hosting i	nformation tables and
organizing special events to mark the day.	
LCA held the 9th annual Puppy Mill Awareness Day (PMAD) in Ser	otember 2012 in Austin,
TX. This event, attended by approximately 500 people, sponsore	ed by LCA, seeks to end
the cruel business of puppy mills by educating the public abou	ut their deplorable
conditions and to encourage people to adopt animals through re	escue organizations and
shelters.	
Form 990, Part III, Line 4b - Program Service Accomplishments	
Description of Program service Two	
Investigations:	
Last Chance for Animals (LCA), often referred to as the "FBI of	of Animal Rights," is

Name of the organization	Employer identification number
Last Chance for Animals	95-4013155
Form 990, Part III, Line 4b - Program Service Accomplishments	
widely known for its Special Investigation Unit (SIU) that co	onducts in-depth
investigations to expose horrible cruelty and misuse of animal	als. The SIU team
focuses on validating information, detecting suspect activity	y, exposing illegal or
unethical activities and reporting them to local, state and to	federal authorities for
prosecution. The information obtained in LCA's investigation	ns is used to develop
campaigns, provide grassroots education and outreach to the p	public, and to help in
drafting legislation that will bring lasting changes for the	animals. The scope of
LCA's investigations includes, but is not limited to: pet the	eft, class "B" dealers,
puppy mills, pound seizure, circus cruelty, elephants in capt	tivity, vivisection and
pharmaceuticals manufactured from the demise of animals	
During 2011, LCA was instrumental in the successful campaign	for a "Fur-Free WeHo."
Ordinance #11-877, banning the sale of fur products in the Ca	ity of West Hollywood,
CA was introduced by Councilman John D'Amico. The ordinance p	passed In November 2011,
making West Hollywood the world's first city to ban fur produ	ıcts, setting a
precedent for the rest of the world to put an end to the need	dless suffering of fur
bearing_animals_solely_for_the_purposes_of_vanity The_office	cial implementation date
of the Fur Free Ban is September 21, 2013; on this date West	Hollywood, CA retailers
will no longer to able to sell apparel that is made from the	skin or pelt of animals
with hair, wool or fur. The ordinance is the first of its k	ind in the United
States	
LCA continues to work on the issue of which it was founded; v	vivisection. Random
source_animals_often_end_up_in_research_facilities_at_the_ham	nd of class "B" dealers.
In 2003, LCA concluded a 15 year investigation into B dealers	s and handed the case
over to the U.S. Attorney's office which prompted the United	States Department of

Name of the organization  Last Chance for Animals	Employer identification number 95-4013155
Form 990, Part III, Line 4b - Program Service Accomplishments	
Agriculture (USDA) to charge the largest and most notorious dea	aler_with_more_than
100 violations of the animal welfare act. This was the first t	time a U.S. Attorney's
office took on an animal rights case. LCA's SIU undercover ope	erations obtained 70
hours of footage and proof of horrendous abuse at the B dealer	's property. In 2005,
the same dealer was fined the largest fine ever imposed by the	USDA and his license
was permanently revoked. In 2006, civil and criminal charges w	were settled against
the B dealer. This precedent setting case is a big win for the	e animals and has set
case law. Due to this Federal felony conviction, this B dealer	r can no longer vote,
bear arms, have any dealing with animals in any way and must re	eport to a probation
officer. Other B dealers are still operating until the Pet San	fety & Protection Act
(which_will_prohibit_class_B_dealers_from_supplying_animals_to	research facilities)
is_passed_into_law. LCA's_harrowing_investigation_into_this_cl	lass B dealer was the
subject of HBO's America Undercover 2006 documentary, "Dealing	Dogs"
Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Director	s, Etc
Name of Officer, Director, Etc: Chris Derose	
Name of Related Entity: Cindy Beal	
Relationship: Husband and Wife	
Form 990, Part VI, Line 11b - Form 990 Review Process	
A draft copy of Form 990 is circulated to every board member.	Final Form 990 will
be reviewed and approved by the president prior to filing.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Cor	nflicts
Enforcement of conflict of interest policy: Officers, director	rs or trustees and key
employees must sign the conflict of interest policy. All new of	contracts are reviewed
for potential conflicts of interest at each board meeting.	

Name of the organization	Employer identification number					
Last Chance for Animals	95-4013155					
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management						
Compensation process for CEO, executive director and top manage	ement officials: The					
board of directors reviews compensation of all high-level person	onnel. Compensation					
data from industry sources are used in order to determine compe	etitiveness and					
appropriateness of salaries.						
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers	& Key Employees					
Compensation process for other officers or key employees: The	board of directors					
reviews compensation of all high level personnel. Compensation	n data from industry					
sources_are_used_in_order_to_determine_competitiveness_and_appr	copriateness of					
salaries						
Form 990 , Part VI, Line 17 - List of States which this Return is Filed						
AL AK AZ AR CA CO CT DC FL GA HI IL KS KY ME MD MA MI MN MS MC	NH NJ NM NY ND NC					
OH OK OR PA RI SC TN UT VA WA WV WI						
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available						
Governing documents and conflict of interest policy available u	pon request. Current					
and prior financial statements and 990's are available on the c	organization_website					
or upon request. A copy of the 990's will also be available on	charity reporting					
services once they receive them from the Internal Revenue Servi	.ce.					
Form 990, Part XII, Line 2 - Change of Oversight or Selection Process						
A committee was established to assume responsibility for oversi	ght of the audit,					
review, or compilation of the financial statements and the sele	ection of an					
independent accountant.						

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11/15/13

# **Schedule O - Supplemental Information**

Page 4

Client 9012AMED

### **Last Chance for Animals**

**95-4013155** 11:32AM

Form 990, Part IX, Line 24e Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program <u>Services</u>	Management & General	<u>Fundraising</u>
Animal News Van Automobile Expense Bank Charges Donation Processing Fees Education & Outreach	20,384. 4,144. 5,722. 12,895. 18,359.	20,384. 3,965. 5,099.	72. 293.	107. 330. 12,895.
Film and Video Investigators' & Expenses Meals and entertainment	6,564. 33,999. 15,980.	6,564. 33,999. 14,579.	560.	841.
Merchandise Payroll Processing Fees Printing and Publications	1,011. 2,422. 12,561.	1,011. 1,046. 12,178.	333.	1,043. 383.
Protest Expense Public Relations State Annual Registration Fees Support	10,434. 10,349. 5,246.	10,434. 10,349.		5,246.
Telephone Total	11,137. \$ 171,207.	10,095. 3 148,062.	\$ 1,675.	\$ 21,470.

## Form **8868**

(Rev January 2013)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of t Internal Revenu	he Treasury e Service	► File a sepa	arate applic	cation for each return.		
• If you ar	e filing for an	Automatic 3-Month Extension, com	plete only	Part I and check this box		<b>&gt;</b> X
• If you ar	e filing for an a	Additional (Not Automatic) 3-Montl	n Extension	n, complete only Part II (on page 2 of thi	is form).	
Do not com	plete Part II un	less you have already been granted	d an autom	atic 3-month extention on a previously fi	led Form 8868.	
corporation request an e Associated	required to file xtension of time With Certain Pe	Form 990-T), or an additional (not to file any of the forms listed in Part	automatic) I or Part II w ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can ele with the exception of Form 8870, Information to the IRS in paper format (see instructional Charities & Nonprofits.	ctronically file Forn Return for Transfer	n 8868 to s
Part I	Automatic	3-Month Extension of Time.	Only sub	omit original (no copies needed).		
A corporation	n required to f	le Form 990-T and requesting an a	utomatic 6	-month extension - check this box and	complete Part I only	y ▶ □
All other col income tax		uding 1120-C filers), partnerships,	REMICs, ai	nd trusts must use Form 7004 to request	an extension of tin	ne to file
	T			Enter filer's identif	ying number, see i	
Type or	Name of exempt	organization or other filer, see instructions.			Employer identification i	number (EIN) or
print	T t Ch -	6 7			05 4010155	
File by the		nce for Animals nd room or suite number. If a P.O. box, see in:	structions.		95-4013155 Social security nur	nber (SSN)
File by the due date for	8033 Sun	set Boulevard #835				
filing your return. See		office, state, and ZIP code. For a foreign addr	ess, see instru	ctions.	<u> </u>	
instructions.	Los Ange	les, CA 90046-1806				
Application Is For			Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ		01	Form 990-T (corporation)		07
Form 990-B			02	Form 1041-A		08
Form 4720 (i			03	Form 4720		09
Form 990-P		) or 408(a) trust)	04 05	Form 5227 Form 6069		10
	(trust other that	, , ,	06	Form 8870		12
1 01111 330 1	(trast other the	iii above)		1 01111 0070		12
Telephor  If the or  If this is check the exter  I request the exter  The exter  I graphical the exter  I graphical the exter  I graphical the exter  I graphical the exterior than th	for a Group Renis box	-271-6096	digit Group heck this be required to nization ref	e United States, check this box	this is for the whole	e group,
3a If this nonref	application is fundable credite	or Form 990-BL, 990-PF, 990-T, 47 s. See instructions	20, or 6069	9, enter the tentative tax, less any	3 a \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**b** If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.....

**c Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....

3 b \$

3 c \$

Form <b>886</b>	8 (Rev 1-2013)				Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Mo	onth Extension	, complete only Part II and check	this box	<b>&gt;</b> X
Note. Only	y complete Part II if you have already been gran	ited an automa	tic 3-month extension on a previou	usly filed Form 8868.	
• If you a	are filing for an Automatic 3-Month Extension, o	complete only	Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month	Extension	of Time. Only file the origina	al (no copies needed	).
	•		Enter filer's	identifying number, see in	structions
	Name of exempt organization or other filer, see instructions.			Employer identification number	(EIN) or
Type or					
print	Last Chance for Animals			95-4013155	
	Number, street, and room or suite number. If a P.O. box, see	instructions.		Social security number (SSN)	
File by the extended	COHEN PAGANO ACCOUNTANCY				
due date for filing your return. See	12100 WILSHIRE BLVD STE 660				
instructions.	City, town or post office, state, and ZIP code. For a foreign a	ddress, see instructi	ons.		
	LOS ANGELES, CA 90025-7121				
Enter the	Return code for the return that this application i	s for (file a sep	parate application for each return).		01
Application	on	Return	Application		Return
Is For		Code	Is For		Code
	or Form 990-EZ	01			
Form 990		02	Form 1041-A		08
	) (individual)	03	Form 4720		09
Form 990		04	Form 5227		10
	-T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990	-T (trust other than above)	06	Form 8870		12
<ul><li>If the</li><li>If this</li><li>whole gro</li></ul>	ooks are in care of ► <u>Cindy Beal</u> none No. ► <u>310-271-6096</u> organization does not have an office or place of is for a Group Return, enter the organization's foup, check this box ►	business in the business in th	e United States, check this box  Exemption Number (GEN)		► ☐ s is for the of all
5 For 6 If the 7 Stat	quest an additional 3-month extension of time un calendar year 2012, or other tax year beging tax year entered in line 5 is for less than 12 m. Change in accounting period te in detail why you need the extension Tather information necessary to	nning nonths, check r xpayer_re	, 20 _ , and ending eason:	<u>dditional time t</u>	·
noni	is application is for Form 990-BL, 990-PF, 990-T refundable credits. See instructions			<b>8a</b> Ş	
payr with	ments made. Include any prior year overpaymer I Form 8868	it allowed as a	credit and any amount paid previo	ously 8b \$	
c Bala EFT	ance due. Subtract line 8b from line 8a. Include PS (Electronic Federal Tax Payment System). S	your payment of See instructions	with this form, if required, by using	g <b>8 c</b> \$	
	Signature and Veri	fication mus	st be completed for Part II o	only.	
Under penalti correct, and	ties of perjury, I declare that I have examined this form, including complete, and that I am authorized to prepare this form.	accompanying scho	edules and statements, and to the best of my	knowledge and belief, it is true,	
Signature <b>BAA</b>	Title	► Preside		Date ► Form <b>8868</b> (	(Dov. 1. 2012)
DAA		FIFZ0502L	U1/21/13	7 <b>8086</b> 111107	(nev i-2013)

# 2012 California Exempt Organization Annual Information Return

Calendar Y	ear 2012 or fiscal year beginning month day year , and ending mont	h da	year year
	ganization Name		California corporation number
LAST C	HANCE FOR ANIMALS		00135856
	, room, or PMB no.)		FEIN
8033 ST	UNSET BOULEVARD #835	l:	95-4013155
City	State ZIP Code	Į.	
LOS ANO	GELES CA 90046	-1806	
A First Retu B Amended C IRC Section D Final Retu E Check accurate 1 G Is this acurate If 'Yes,' accurate I bid the o	Yes   X   No	Id, has the riticipated in any to influence (3) made an eleig to lobbying by TB 3509.  ITC Section 23701 (and, or charitable more) by public se is required  by Company?  or Form 109 to regulate IRS or has the	Yes   X No   Yes   Yes
that have If 'Yes,' o	g instrument, articles of incorporation, or bylaws and the reported to the Franchise Tax Board? • Yes X No explain, and attach copies of revised documents.		CACA1112L 10/11/12
Part I	Complete Part I unless not required to file this form. See General Instructions B and C.	1 4	<b></b>
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		9,300.
Receipts	2 Gross dues and assessments from members and affiliates		1 525 440
and	<ul> <li>3 Gross contributions, gifts, grants, and similar amounts receivedSEESCH.</li> <li>4 Total gross receipts for filing requirement test. Add line 1 through line 3.</li> </ul>		1,735,448.
Revenues	This line must be completed. If the result is less than \$50,000, see General Instruction		1,744,748.
	5 Cost of goods sold	-	2,,,21,,,10,
	6 Cost or other basis, and sales expenses of assets sold 6		
	7 Total costs. Add line 5 and line 6	7	1
	8 Total gross income. Subtract line 7 from line 4.		1,744,748.
	9 Total expenses and disbursements. From Side 2, Part II, line 18		1,509,831.
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		234,917.
	11 Filing fee \$10 or \$25. See General Instruction F.		10.
Filing	12 Total payments		
Fee	13 Penalties and Interest. See General Instruction J		
	14 Use tax. See General Instruction K		
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.
***	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kn	to the best of my	knowledge and belief, it is true.
Sign Here	Signature of officer PRESIDENT Date	11/13	• Telephone 310-271-6096
	Preparer's JOHN M. PAGANO Date Check it self-		● PTIN P00370783
Paid Preparer's			● FEIN
Use Only	(or yours, if		95-4016303
	self-employed) and address LOS ANGELES, CA 90025-7121		Telephone
			310-826-3400
	May the FTB discuss this return with the preparer shown above? See instructions	-	X Yes No

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### LAST CHANCE FOR ANIMALS

		1	Gross sales or receipts from all bu	usiness activities. See ir	nstructions		1	1,215.
		2	Interest				2	309.
		3	Dividends				3	
Rece	ipts	4	Gross rents				4	
from	-	5	Gross royalties				5	
Othe Sour		6	Gross amount received from sale				6	
Ooui	003	7	Other income. Attach schedule				7	7,776.
		8	Total gross sales or receipts from other sou				8	9,300.
Expe	nses	9	Contributions, gifts, grants, and similar amo	-			9	3,300.
and		10	Disbursements to or for members.				10	
Disb		11	Compensation of officers, director				11	60 500
IIICIII	.5	12	Other salaries and wages				12	68,500.
		13					13	302,640.
			Interest				14	24 710
		14	Taxes					34,710.
		15	Rents				15	
		16	Depreciation and depletion (See in	•			16	2,745.
		17	Other Expenses and Disbursemen				17	1,101,236.
		18	Total expenses and disbursements. Add lin			9	18	1,509,831.
Sch	edule	L	Balance Sheets	Beginning of to	axable year	End	of tax	able year
Asse	ts			(a)	(b)	(c)		(d)
1					177,218.		•	133/111
2			receivable		52,407.		•	240,510.
3			eivable				•	
4							•	·
5			tate government obligations					
6			n other bonds				•	
7			n stock				•	
8	Mortgag	je loai	ns				•	
9	Other in	ivestn	nents Attach schedule				•	150,003.
10 a	Depreci	able a	issets	155,355.		157,2		
b	Less ac	cumu	ated depreciation	129,769.	25 <b>,</b> 586.	132,5	14.	24,765.
11	Land						•	
12	Other as	ssets.	Attach schedule STM . 3		46,037.		•	23, 403.
13	Total as	sets.			301,248.			584,332.
Liabi	lities a	nd n	et worth					
14	Account	s pay	able		22,237.		•	68,359.
15	Contribu	utions	, gifts, or grants payable				•	
16	Bonds a	and no	otes payable				•	
17	Mortgag	jes pa	yable				•	<u> </u>
18	Other lia	abiliti	es. Attach schedule					
19	Capital	stock	or principle fund		279,011.		•	515,973.
20	Paid-in	or ca <sub>l</sub>	pital surplus. Attach reconciliation				•	
21	Retained	d earr	nings or income fund				•	1
22	Total lia	abilitie	es and net worth		301,248.			584,332.
Sch	edule	М-	Reconciliation of income per l Do not complete this schedule	books with income per if the amount on Sched	<b>return</b> lule L, line 13, columr	n (d), is less than S	\$50,00	0
1	Net inco	me p	er books	234,917.	7 Income recorded on	books this year not incl	uded	
2			ne tax			ch sch	●	
3			ital losses over capital gains 🗨		8 Deductions in this r			
4			ecorded on books this year.		against book incom			
			ıle					
5			orded on books this year not deducted		-	nd line 8		
_			Attach schedule	224 217	10 Net income per			004 017
6	rotal. A	ad lin	e 1 through line 5	234,917.	Subtract line 9	from line 6		234,917.

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### IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE: Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2012 FTB 3539' on the check or money order. Detach form below. Enclose, but **do not** staple, payment with form and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531** 

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar year corporations — File and Pay by March 15, 2013

Fiscal year filers — See instructions Employees' trust and IRA — File and Pay by April 15, 2013

Calendar year exempt organizations — File and Pay by May 15, 2013

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online with Web Pay for

Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

DETACH HERE \_ \_ \_ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS FORM \_ \_ \_ DETACH HERE \_ \_ \_

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **Payment for Automatic Extension** 2012 for Corps and Exempt Orgs

CALIFORNIA FORM

3539 (CORP)

0000000 LAST 95-4013155 12 FORM 3

TYE 12-31-12 TYB 01-01-12

LAST CHANCE FOR ANIMALS

CINDY BEAL

8033 SUNSET BOULEVARD 835 STE

LOS ANGELES 90046-1806 CA

310-271-6096

10. TOTAL PAYMENT AMT

6141126 059 CACZ0401L 01/16/13 FTB 3539 2012

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	ch to Form 100 or Form 1	100W. FORI	м 199									
Corpo	ration name								Califo	rnia co	orporatio	n number
	ST CHANCE FOR AN	NIMALS							D01	358	356	
Par			perty Under IRC Se									
1	Maximum deduction und									1		\$25,000
_	Total cost of IRC Section		•							2		****
3	Threshold cost of IRC S		-							4		\$200,000
4 5	Reduction in limitation.  Dollar limitation for taxa									5		
6		cription of property	act line 4 from line		ost (business i			Elected		3		
	(a) Des	cription or property		(n) 0	ost (nasiliess i	use only)	(८)	Electet	1 (051	-		
										-		
										-		
										-		
7	Listed property (elected	IRC Section 17	79 cost)	1		7				-		
8	Total elected cost of IR						ine 7			8		
9	Tentative deduction. En									9		
10	Carryover of disallowed	deduction from	prior taxable year	s						10		
11	Business income limital				•	,				11		
12	IRC Section 179 expens					_				12		
13	<u> </u>								4256			
Par			ditional First Year	Expense							1	
14	(a) Description	<b>(b)</b> Date	<b>(c)</b> Cost or	Den	(d) reciation	(e) Deprecia	_   (1	e or	Deprec	<b>g)</b> riatio	n for	<b>(h)</b> Additional first
	of property	acquired	other basis	allo	owed or	tion	ra			yea		year
					wable in ier years	method						depreciation
VTI	DEO TAPE MACHI	1/09/97	775.	Carr	775.	200DB		7				
		12/26/96	6,908.		6,908.			7				
	/ESTIGATIVE EQ	2/28/98	514.		494.	200DB		5				
	/ESTIGATIVE EQ	3/31/98	2,479.			200DB		5				
	FICE EQUIPMENT	5/31/98	171.		171.	200DB		5				
	Add the amounts in col	· ·		of colu		l.	1					
13	\$2,000. See instructions							15		2,7	45.	
Par	• •	, , , , , , , , , , , , , , , , , , , ,										
	Total: If the corporation	is electing:										
	IRC Section 179 expens Additional first year dep	se, add the amo	ount on line 12 and	line 15,	column (g)	) <b>or</b>	5 colu	mnc (	a) and (h	) or		
	Depreciation (if no elec										16	
17	Total depreciation claim	ned for federal p	ourposes from fede	ral Forn	n 4562, line	22					17	
18	Depreciation adjustmen	t. If line 17 is g	reater than line 16	, enter t	he differenc	e here and	on For	m 100	or or			
	Form 100W, Side 1, line Form 100W, Side 1, line											
	state adjustments on Fo	orm 100 or Forn	n 100W, no adjustr	ment is r	necessary.).						18	
Par	t IV Amortization				•						-	
19	(a)	<b>(b)</b> Date	(c) Cost o			<b>d)</b> tization	(e	) TC	(f) Perio	d 0r		(g)
	Description of property	acquired				r allowable			percen			Amortization for this year
					in earli	er years	(see	nstr)				
WEE	S SITE DEVELOPME	<u>EN 10/01/9</u>	8 36,	,000.		<u>36,000.</u>					5	
LCF	A WEBSITE	4/14/1	1 10,	<u>,000.</u>		1,500.					5	2,000.
							1					
							1					
	Total. Add the amounts	107								20	_	2,000.
	Total amortization claim									21		
22	Amortization adjustmen Form 100W, Side 1, line	t. If line 21 is g	reater than line 20	, enter the	he difference	ce here and	on Form	m 10	or or			
	Form 100W, Side 1, line									22		

3885

Attac	th to Form 100 or Form	100W. FOR	M 199										
Corpo	ation name								Califor	nia corp	ooratio	n number	
LAS	T CHANCE FOR A	NIMALS							D01	3585	56		
Parl	Election to Expe	nse Certain Pro	perty Under IRC Se	ection 17	'9								
1	Maximum deduction un	nder IRC Section	179 for California.							1		\$25,0	00
2	Total cost of IRC Section	on 179 property	placed in service							2			
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in lim	nitation					3		\$200 <b>,</b> 0	00
4	Reduction in limitation.									4			
5	Dollar limitation for tax	able year. Subtr	act line 4 from line	1. If zer	o or less, e	enter -0				5			
6	(a) Des	scription of property		<b>(b)</b> Co	st (business i	use only)	(c)	Elected	l cost				
7	Listed property (elected												
8	Total elected cost of IR									8			
9	Tentative deduction. En									9			
10	Carryover of disallowed		'							10			
11	Business income limita				-	-				11			
12 13	IRC Section 179 expen					_				12			
Parl	Carryover of disallowed		ditional First Year I					tion 2	1256				
							- I	- 1				(6)	
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or		( <b>d)</b> reciation	(e) Deprecia	1 <b>(</b> 1 a- Lif	e or	Deprec	<b>g)</b> iation	for	(h) Additional fir	st
	of property	acquired	other basis	allo	wed or	tion		ite		year		year	
					vable in er years	method						depreciation	ı
SOF	TWARE	3/31/98	3,941.	Carn	3,941.	200DB		5					
	ESTIGATIVE EQ	5/01/00	217.		204.	200DB		5			1		
	EPHONE SYSTEM	11/01/99	2,000.		1,819.			7					
	ESTIGATIVE EQ	12/01/00	924.		854.	200DB		5					
	PUTER EQUIPME	7/23/01	259.			200DB		5			1		
						•		J					
15	Add the amounts in co \$2,000. See instruction							15					
Par	• •	13 101 1110 1 1, 00											
	Total: If the corporation	n is electing:											
	IRC Section 179 expen	ise, add the amo	ount on line 12 and	line 15,	column (g)	or	1- 1	,					
	Additional first year dependent depe										16		
17	Total depreciation clair	•				107				_	17		
	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter th	ne differenc	e here and	d on Fo	rm 100	or or				
	Form 100W, Side 1, lin Form 100W, Side 1, lin	ie 6. If line 17 is	less than line 16,	enter the	difference	here and	on Forr	n 100	or				
	state adjustments on F									-	18		
Par			, <b>,</b>		, , , , , , , , , , , , , , , , , , ,								
19	(a)	(b)	(c)		((	d)	(e	e)	(f)			(g)	
	Description	Date	Cost o			tization		XTC	Period			Amortization	
	of property	acquired	d other bas	515		r allowable er years	(see	tion instr)	percent	age		for this year	
						<i>y</i> - <del>-</del>	,::3	/					
							1						
20	Total. Add the amounts	s in column (a)	l							20			
	Total amortization clair	(0)								21			
	Amortization adjustmen		•							<del></del> -			
~~	Form 100W, Side 1, lin	ne 6. If line 21 is g	less than line 20,	enter the	e difference	here and	on Forr	n 100	or				
	Form 100W, Side 1, lin									22			

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Attac	ch to Form 100 or Form	100W. FOR	м 199										
Corpo	ration name								Califor	nia cor	ooratio	n number	
LAS	ST CHANCE FOR A	NIMALS							D01	3585	56		
Par	t   Election to Expe	nse Certain Pro	perty Under IRC Se	ection 17	'9								
1	Maximum deduction un	der IRC Section	n 179 for California.							1		\$25,0	00
2	Total cost of IRC Section	on 179 property	placed in service							2			
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in lim	itation					3		\$200 <b>,</b> 0	00
4	Reduction in limitation.									4			
5	Dollar limitation for tax	able year. Subti	ract line 4 from line	1. If zer	o or less, e	enter -0				5			
6	(a) Des	scription of property		<b>(b)</b> Co	st (business i	use only)	(c)	Elected	cost				
7	Listed property (elected												
8	Total elected cost of IR									8			
9	Tentative deduction. En									9			
10	Carryover of disallowed		,							10			
11	Business income limita				•	,				11			
12 13	IRC Section 179 expen					_				12			
Par	· · · · · · · · · · · · · · · · · · ·		ditional First Year I					tion 2	1256				
				<u> </u>				- 1				(1-)	
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or		( <b>d)</b> eciation	<b>(e)</b> Deprecia	1 (1 a- Lif	e or	Deprec	<b>g)</b> iation	for	(h) Additional fir	st
	of property	acquired	other basis	allo	wed or	tion		te		year		year	
				allov earlie	vable in er years	method						depreciation	1
TEI	LEVISION	2/06/01	191.	Carn	177.	200DB		7					
	FICE EQUIPMENT	5/05/01	81.			200DB		5					
	ESTIGATIVE EQ	10/06/01	445.			200DB		5					
	ESTIGATIVE EQ	11/07/01	900.			200DB		5					
	VESTIGATIVE EQ	12/12/01	1,404.		1,297.			5					
			•		•		. 1						
15	Add the amounts in co \$2,000. See instruction							15					
Par	• •	, , ,						1					
	Total: If the corporation	n is electing:											
	IRC Section 179 expen Additional first year de	se, add the amo	ount on line 12 and	line 15,	column (g)	or	1 E   1 -	mne (e	a) and (h	\			
	Depreciation (if no elec										16		
17	Total depreciation clair	•				107				_	17		
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter th	e differenc	e here and	d on Fo	m 100	or				
	Form 100W, Side 1, lin Form 100W, Side 1, lin												
	state adjustments on F									•	18		
Par	t IV Amortization		•										
19	(a)	(b)	(c)			d)	(e		(f)			(g)	
	Description of property	Date acquired	Cost o			tization r allowable		kTC tion	Period			Amortization	
	or property	acquire	u Other bas	515		er years	(see		percern	laye		for this year	
20	Total. Add the amounts	s in column (a)								20			
21	Total amortization clair	107								21			
	Amortization adjustmen												
	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the	difference	here and	on Forr	n 100 d	or				
	Form 100W, Side 1, lin	e 12								22			

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Attac	ch to Form 100 or Form	100W. FOR	M 199										
Corpo	ration name								Califor	nia cor	poratio	n number	
LAS	ST CHANCE FOR A	NIMALS							D01	3585	56		
Par	t   Election to Exper	nse Certain Pro	perty Under IRC Se	ection 17	79				•				
1	Maximum deduction un	der IRC Section	179 for California.							1		\$25,00	0(
2	Total cost of IRC Section	on 179 property	placed in service							2			
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in Iim	nitation					3		\$200,00	0(
4	Reduction in limitation.									4			
5	Dollar limitation for tax	able year. Subtr	act line 4 from line	1. If zer	o or less, e	enter -0				5			
6	(a) Des	scription of property		<b>(b)</b> Co	ost (business i	use only)	(c)	Elected	cost				
7	Listed property (elected												
8	Total elected cost of IR									8			
9	Tentative deduction. Er									9			
10	Carryover of disallowed		,							10			
11	Business income limita				•	•				11			
12 13	IRC Section 179 expen					_		l		12			
Par	· · · · · · · · · · · · · · · · · · ·		ditional First Year I					ction 2	24256				
							1	1		\		(6)	
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or		<b>(d)</b> reciation	(e) Deprecia	a- Lif	<b>f)</b> e or	Deprec	<b>g)</b> iation	for	(h) Additional firs	t
	of property	acquired	other basis	allo	wed or	tion		ate		year		year	
					wable in er years	method						depreciation	
OFF	FICE EQUIPMENT	7/01/02	141.	Odini	132.	200DB		5					
	ESTIGATIVE EQ	7/01/02	6,969.		6,536.			5					
	/ESTIGATIVE EQ	4/07/03	996.		941.	200DB		5					
	/ESTIGATIVE EQ	5/06/03	796.			200DB		5					
	MAL NEWS VAN	6/12/03	59,425.		55,882.			5					_
						•							_
15	Add the amounts in col \$2,000. See instruction							15					
Par	• •	,											_
	Total: If the corporation	n is electing:											
	IRC Section 179 expensional first year dep	se, add the amo	ount on line 12 and	line 15,	column (g)	or	1E oolu	ımna (	a) and (h	\			
	Depreciation (if no elec										16		
17	Total depreciation clain	•				107				_	17		
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter th	ne differenc	e here and	d on Fo	rm 100	or or				
	Form 100W, Side 1, lin Form 100W, Side 1, lin												
	state adjustments on F									.	18		
Par	t IV Amortization												
19	(a)	(b)	(c)			d)	(€		(f)			(g)	
	Description	Date acquired	Cost o			tization r allowable		&TC ction	Period			Amortization	
	of property	acquirec	u other bas	515		er years	(see		percent	laye		for this year	
						<del>-</del>							
													_
20	Total. Add the amounts	s in column (a)								20			
21	Total amortization clain	(0)								21			
	Amortization adjustmer		•										
	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Forr	n 100	or				
	Form 100W, Side 1, lin	e 12								22			

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	ch to Form 100 or Form	100W. FOR	м 199									
Corpoi	ration name								Califor	nia cor	ooratio	n number
LAS	ST CHANCE FOR A	NIMALS							D01	358	56	
Parl	Election to Expend	nse Certain Pro	perty Under IRC Se	ection 17	79							
1	Maximum deduction un	nder IRC Section	n 179 for California.							1		\$25 <b>,</b> 000
2	Total cost of IRC Section	, , ,	•							2		
3	Threshold cost of IRC S									3		\$200 <b>,</b> 000
4	Reduction in limitation.									4		
5	Dollar limitation for tax			1						5		
6	(a) Des	scription of property		<b>(b)</b> Co	st (business i	use only)	(c)	Elected (	cost			
7	Listed property (elected											
8	Total elected cost of IR									8		
9	Tentative deduction. Er									9		
10	Carryover of disallowed									10		
11	Business income limita				•	,				11 12		
12	IRC Section 179 expen					_				12		
13 Parl	· · · · · · · · · · · · · · · · · · ·		ditional First Year					tion 2/	1256			
		I I					1				- 1	4-2
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	Deni	<b>(d)</b> reciation	(e) Deprecia	(f) Life		Deprec	<b>g)</b> iation	for	<b>(h)</b> Additional first
	of property	acquired	other basis	allo	wed or	tion	rat			year		year
					wable in er years	method						depreciation
CON	MPUTER EQUIPME	2/22/03	680.	Carn	645.	200DB		5				
	PUTER EQUIPME	5/15/03	1,706.		1,608.	200DB		5				
	PUTER EQUIPME	6/02/03	1,665.			200DB		5			+	
	ING MICRO DRIV	8/18/04				200DB		5				
		11/07/05	4,019. 1,994.			200DB		5				
	FICE EQUIPMENT	ı.	·	<u> </u>	1,931.	l.		3				
15	Add the amounts in col \$2,000. See instruction							15				
Par	t III Summary											
16	Total: If the corporation											
	IRC Section 179 expen Additional first year dep	ise, add the amo preciation under	ount on line 12 and R&TC Section 243	line 15, 856. add	the amoun	) <b>or</b> ts on line 1	5 colur	nns (a	) and (h	) or		
	Depreciation (if no elec										16	
	Total depreciation clain										17	
18	Depreciation adjustmer Form 100W, Side 1, lin	nt. If line 17 is g	reater than line 16	, enter th	ne differenc	e here and	l on Fori	m 100	or			
	Form 100W, Side 1, lin	ie 6. ii iirie 17 is ie 12. (If Califori	nia depreciation am	enter the nounts at	e used to	determine r	on Form net inco	ne bef	or fore			
	state adjustments on F										18	
Part	t IV Amortization											
19	(a)	(b)	(c)			d)	(e)		(f)			(g)
	Description of property	Date acquired	Cost o			tization r allowable	R& sect		Period			Amortization
	or property	acquirec	d Other ba.	313		er years	(see in		percern	age		for this year
							1					
							1					
							1					
							1					
20	Total. Add the amounts	s in column (a)		L			1	1		20		
21	Total amortization clair	107								21		
			•		,					<del>-</del>		
<b>44</b>	Amortization adjustmer Form 100W, Side 1, lin Form 100W, Side 1, lin	ie 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Form	100 o	r	22		
	TOTTI TOUVY, SINCE I, IIII	IC IZ									l	

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Attac	th to Form 100 or Form	100W. FORM	4 199							
Corpo	ation name						Califor	nia corp	oratior	number
LAS	T CHANCE FOR A	NIMALS					D01	3585	6	
Parl	Election to Exper	nse Certain Prop	perty Under IRC Se	ection 179			•			
1	Maximum deduction un	der IRC Section	179 for California.					1		\$25,000
2	Total cost of IRC Section	on 179 property	placed in service					2		
3	Threshold cost of IRC S	Section 179 prop	erty before reducti	on in limitation				3		\$200 <b>,</b> 000
4	Reduction in limitation.							4		
5	Dollar limitation for tax	able year. Subtra	act line 4 from line	1. If zero or less,	enter -0			5		
6	(a) Des	scription of property		(b) Cost (business	use only)	(c) Electe	d cost			
7	Listed property (elected									
8	Total elected cost of IR							8		
9	Tentative deduction. Er							9		
10	Carryover of disallowed		'					10		
11	Business income limita			•				11		
12 13	IRC Section 179 expen				_			12		
Par	Carryover of disallowed		ditional First Year I				2/1256			
				•			1	\		(6)
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or	<b>(d)</b> Depreciation	(e) Deprecia	(f) a- Life or	Deprec	<b>g)</b> iation t	for	<b>(h)</b> Additional first
	of property	acquired	other basis	allowed or	tion	rate		year		year
				allowable in earlier years	method					depreciation
CON	IPUTER	3/04/05	1,040.	1,040.	200DB	5				
	PUTER-IMAC	5/10/06	2,016.		200DB	5				
	PTUER-PC	3/06/06	2,092.		200DB	5				
	NTER	2/03/06	974.	974.		5				
	NTER	1/05/00	1,500.		200DB	5				
			•							
15	Add the amounts in col \$2,000. See instruction									
Par	• •	13 101 IIIIC 14, COI	(1)				l			
	Total: If the corporation	n is electina:								
	IRC Section 179 expens	se, add the amo	unt on line 12 and	line 15, column (g	) or					
	Additional first year dep Depreciation (if no elec-								6	
17	Total depreciation clain				107			_	7	
	Depreciation adjustmen		•	·						
	Form 100W, Side 1, lin Form 100W, Side 1, lin	e 6. If line 17 is	less than line 16,	enter the differenc	e here and	on Form 100	or			
	state adjustments on F							1	8	
Par			· · · · · · · · · · · · · · · · · · ·		,					
19	(a)	(b)	(c)		(d)	(e)	(f)			(g)
	Description	Date	Cost o		rtization	R&TC	Period			Amortization
	of property	acquired	other bas		or allowable lier years	section (see instr)	percent	age		for this year
					, , , , , , , , , , , , , , , , , , ,	( , , , ,				
20	Total. Add the amounts	s in column (a)	1	ı		1		20		
	Total amortization clain	107						21		
	Amortization adjustmen		•					<del>  -  </del>		
	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the difference	e here and	on Form 100	or			
	Form 100W, Side 1, lin							22		

3885

Attac	ch to Form 100 or Form	100W. FOR	M 199										
Corpo	ration name								Califor	nia cor	ooration	n number	
LAS	ST CHANCE FOR A	NIMALS							D01	3585	6		
Par	Election to Exper	nse Certain Pro	perty Under IRC Se	ection 17	'9								
1	Maximum deduction un	der IRC Section	179 for California.							1		\$25,	000
2	Total cost of IRC Section	n 179 property	placed in service							2			
3	Threshold cost of IRC S	Section 179 prop	erty before reducti	ion in Iim	nitation					3		\$200,	,000
4	Reduction in limitation.									4			
5	Dollar limitation for taxa	able year. Subtr	act line 4 from line							5			
6	(a) Des	scription of property		<b>(b)</b> Co	st (business i	use only)	(c)	) Elected	l cost				
7													
8	Total elected cost of IR									8			
9	Tentative deduction. Er									9			
10	Carryover of disallowed									10 11			
11 12	Business income limita IRC Section 179 expens				-	-				12			
13	·					_		1		12			
Par			ditional First Year I					ction 2	4356				
14	(a)	(b)	(c)		(d)	(e)	- I	f)		g)		(h)	
'	Description	Date	Cost or		eciation	Deprecia		e or	Deprec	iation	for	Additional	first
	of property	acquired	other basis		wed or vable in	tion method	ra	ate	this	year		year depreciat	ion
					er years	metriou						uepreciai	1011
OFE	FICE FURNITURE	7/21/07	1,373.		1,267.	200DB		5		7	9.		
	LL COMPUTERS	2/06/08	2,254.		1,865.			5		26	0.		
	L SERVER	4/03/08	1,325.		1,096.			5			3.		
	MPUTER EQUIPEM	7/01/02	5,019.			200DB		5					
	STAGE MACHINE	3/17/98	1,889.		1,889.			5					
	Add the amounts in col		•	of colum		•	d						
13	\$2,000. See instruction							15					
Par	• •	,											
	Total: If the corporation	is electing:											
	IRC Section 179 expens	se, add the amo	ount on line 12 and	line 15,	column (g)	or	1E ook	ımne (	a) and (h	\			
	Additional first year dep Depreciation (if no elec-										16		
17	Total depreciation clain					107				_	17		
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter th	ne differenc	e here and	d on_Fo	rm 100	or or				
	Form 100W, Side 1, line Form 100W, Side 1, line												
	state adjustments on F									-	18		
Par	t IV Amortization		•										
19	(a)	(b)	(c)			d)		?)	_ (f)	_		(g)	
	Description of property	Date acquired	Cost o			tization r allowable		&TC ction	Period percent			Amortization	
	or property	acquirec	other bas	313		er years		instr)	percern	age		for this yea	II
20	Total. Add the amounts	in column (q)								20			
21	Total amortization clain	107								21			
22	Amortization adjustmen	nt. If line 21 is a	reater than line 20.	. enter th	ne differend	e here and	d on Fo	rm 100	0 or				
	Form 100W, Side 1, line	e 6. If line 21 is	less than line 20,	enter the	difference	here and	on Form	n 100	or	000			
	Form 100W, Side 1, line	e 12								22			

3885

Attac	ch to Form 100 or Form	100W. FORM	4 199										_
Corpo	ration name								Califor	nia cor	oratio	n number	
LAS	T CHANCE FOR A	NIMALS							D01	3585	6		
Par	t   Election to Exper	nse Certain Prop	perty Under IRC Se	ection 17	79								
1	Maximum deduction un	der IRC Section	179 for California.							1		\$25,00	0
2	Total cost of IRC Section	on 179 property	placed in service							2			
3	Threshold cost of IRC S	Section 179 prop	erty before reducti	ion in lin	nitation					3		\$200 <b>,</b> 00	0
4	Reduction in limitation.									4			
5	Dollar limitation for tax	able year. Subtra	act line 4 from line	1. If ze	ro or less, e	enter -0				5			_
6	(a) Des	scription of property		<b>(b)</b> Co	ost (business ı	use only)	(c)	Elected	cost				
7	Listed property (elected												
8	Total elected cost of IR									8			_
9	Tentative deduction. Er									9			_
10	Carryover of disallowed		,							10			_
11	Business income limita				•	,				11			_
12 13	IRC Section 179 expen									12			
Par	· · · · · · · · · · · · · · · · · · ·		ditional First Year I					tion 2	1256				_
		1					- I	- 1				(6)	_
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or		<b>(d)</b> reciation	(e) Deprecia	a- Lif	<b>f)</b> e or	Deprec	<b>g)</b> iation	for	(h) Additional first	
	of property	acquired	other basis	allo	owed or	tion		ite		year		year	
					wable in ier years	method						depreciation	
OFF	FICE EQUIPMENT	9/30/98	221.	00	221.	200DB		5					_
MOI		2/19/99	1,650.			200DB		5					_
	1PUTER	5/05/99	507.		•	200DB		5					_
	NTER	8/06/00	173.			200DB		5					_
	MPUTER EQUIPME	9/28/00	402.			200DB		5					_
							. 1						_
15	Add the amounts in col \$2,000. See instruction	lumn (g) and col is for line 14. col	umn (h). The total	of colur	nn (h) may	not excee	d	15					
Par		, , , , , , , , , , , , , , , , , , , ,	/										_
	Total: If the corporation	n is electing:											_
	IRC Section 179 expense Additional first year dep	se, add the amo	unt on line 12 and	line 15,	column (g)	or	1E oolu	mna (	a) and (h	\			
	Depreciation (if no elec										16		
17	Total depreciation clain	•				107				_	17		_
18	Depreciation adjustmen	nt. If line 17 is gr	reater than line 16,	, enter tl	ne differenc	e here and	d on Fo	rm 100	or or				
	Form 100W, Side 1, lin Form 100W, Side 1, lin												
	state adjustments on F									•	18		
Par	t IV Amortization		•										
19	(a)	(b)	(c)			d)	(e		(f)			(g)	
	Description	Date acquired	Cost o			tization r allowable		kTC tion	Period			Amortization	
	of property	acquireu	Other bas	515		er years	(see		percent	aye		for this year	
						<del>-</del>							
													_
20	Total. Add the amounts	s in column (a)								20			_
21	Total amortization clain	107								21			_
	Amortization adjustmer		•										_
	Form 100W, Side 1, lin	e 6. If line 21 is	less than line 20,	enter the	e difference	here and	on Forr	n 100	or				
	Form 100W, Side 1, lin	e 12								22			_

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Attac	ch to Form 100 or Form	100W. FOR	M 199										
Corpo	ration name								Califor	nia corp	ooratio	n number	
LAS	T CHANCE FOR A	NIMALS							D01	3585	6		
Parl	Election to Expe	nse Certain Pro	perty Under IRC Se	ection 17	'9								
1	Maximum deduction ur	nder IRC Section	179 for California.							1		\$25,00	0
2	Total cost of IRC Section	on 179 property	placed in service							2			
3	Threshold cost of IRC S	Section 179 prop	perty before reducti	ion in lim	itation					3		\$200,00	0
4	Reduction in limitation.									4			
5	Dollar limitation for tax	able year. Subtr	act line 4 from line	1. If zer	o or less, e	enter -0				5			_
6	(a) De:	scription of property		<b>(b)</b> Co	st (business ı	use only)	(c)	Elected	l cost				
7	Listed property (elected												
8	Total elected cost of IR									8			
9	Tentative deduction. En									9			
10	Carryover of disallowed		'							10			
11	Business income limita				•					11			
12 13	IRC Section 179 expen					-				12			
Parl	· · · · · · · · · · · · · · · · · · ·		ditional First Year I					tion 2	1256				
							1					(6)	
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or		( <b>d)</b> eciation	<b>(e)</b> Deprecia		<b>f)</b> e or	Deprec	<b>g)</b> iation	for	(h) Additional firs	t
	of property	acquired	other basis	allo	wed or	tion		ate		year		year	•
					vable in er years	method						depreciation	
T.A.F	PTOP	11/01/00	1,408.	Carn	_	200DB		5			1		_
	PUTER EQUIPME	11/14/01	249.			200DB		5					
	PUTER	3/04/05	1,879.		1,764.			5					_
	PUTER EQUIPME	7/01/02	1,592.		•	200DB		5					
	ESTIGATIVE CA	11/19/09	1,088.		•	200DB		5		1 2	5.		_
													_
15	Add the amounts in co \$2,000. See instruction							15					
Par		,											_
	Total: If the corporation	n is electing:											
	IRC Section 179 expen Additional first year de	ise, add the amo	ount on line 12 and	line 15,	column (g)	or	1E oolu	mna (	a) and (h	\			
	Depreciation (if no elec										16		
17	Total depreciation clair	•				107				_	17		
18	Depreciation adjustmen	nt. If line 17 is g	reater than line 16,	, enter th	e differenc	e here and	d on Fo	rm 100	or or				
	Form 100W, Side 1, lin Form 100W, Side 1, lin												
	state adjustments on F									•	18		
Par	t IV Amortization												
19	(a)	(b)	(c)			d)	(€		(f)			(g)	
	Description of property	Date acquired	Cost o			tization r allowable		&TC tion	Period percent			Amortization	
	or property	acquirec	d Other bas	515		er years	(see		percern	aye		for this year	
													_
													_
20	Total. Add the amounts	s in column (a)								20			
	Total amortization clair	(0)								21			
	Amortization adjustmen		•							<u> </u>			_
	Form 100W, Side 1, lin	ne 6. If line 21 is	less than line 20,	enter the	difference	here and	on Forr	n 100	or				
	Form 100W, Side 1, lin	ne 12								22			

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Attac	ch to Form 100 or Form	100W. FORM	M 199										
Corpo	ration name								Califor	nia cor	ooration	n number	
LAS	ST CHANCE FOR A	NIMALS							D01	3585	6		
Par	t   Election to Exper	nse Certain Pro	perty Under IRC Se	ection 17	79				•				
1	Maximum deduction un	der IRC Section	179 for California.							1		\$25,	,000
2	Total cost of IRC Section	on 179 property	placed in service							2			
3	Threshold cost of IRC S	Section 179 prop	erty before reducti	ion in lim	nitation					3		\$200	,000
4	Reduction in limitation.									4			
5	Dollar limitation for tax	able year. Subtr	act line 4 from line	1. If zer	o or less, e	enter -0				5			
6	(a) Des	scription of property		<b>(b)</b> Co	st (business i	use only)	<b>(</b> c	) Elected	cost				
7	Listed property (elected												
8	Total elected cost of IR									8			
9	Tentative deduction. Er									9			
10	Carryover of disallowed		,							10			
11	Business income limita				•	,				11			
12 13	IRC Section 179 expen							1		12			
Par	<u> </u>		ditional First Year I					ction 2	24256				
		ı						1		1		/h\	
14	<b>(a)</b> Description	<b>(b)</b> Date	<b>(c)</b> Cost or		<b>(d)</b> reciation	(e) Deprecia		<b>(f)</b> fe or	Deprec	<b>g)</b> iation	for	<b>(h)</b> Additional	first
	of property	acquired	other basis	allo	wed or	tion		ate		year		year	
					wable in er years	method						depreciat	ion
CON	MPUTER EQUIPME	7/23/09	932.	Odini		200DB		5		1 0	7.		
	PUTER	9/09/09	490.			200DB		5			6.		
	1PUTER	9/14/09	738.			200DB		5			5.		
	ESTIGATIVE CA	1/28/10	3,823.		1,988.			5			34.		
	MPUTER	8/31/10	3,217.		1,672.			5			8.		
			·			•				- 01			
15	Add the amounts in col \$2,000. See instruction							15					
Par	• •	13 101 11116 14, 60	iuiiiii (ii)					13					
	Total: If the corporation	n is electina:											
	IRC Section 179 expens	se, add the amo	ount on line 12 and	line 15,	column (g)	or or							
	Additional first year dep										16		
17	Depreciation (if no electronal depreciation claim	• •				,				<u> </u>	17		
	Depreciation adjustmen									· · ·	.,		
	Form 100W, Side 1, lin	e 6. If line 17 is	less than line 16,	enter the	e difference	here and	on For	m 100	or				
	Form 100W, Side 1, lin state adjustments on F									.	18		
Par		01111 100 01 1 0111	ir 100vv, 110 aujustii	IICIII IS II			· · · · · · · ·						
19	(a)	(b)	(c)		(	d)	(	e)	(f)			(g)	
	Description	Date	Cost o		Amor	tization	R	&TC	Period			Amortization	on
	of property	acquired	I other bas	sis		r allowable er years		ction instr)	percent	tage		for this year	ar
					III Carii	er years	(366	111311)					
							-						
				+									
20	Total Add the amenint	n in column (a)	Ĺ							20			
	Total. Add the amounts	107								20			
21	Total amortization clain	•	•							21			
22	Amortization adjustmer Form 100W, Side 1, lin	nt. If line 21 is g ie 6. If line 21 is	reater than line 20	, enter the	ne difference e difference	te here and	d on For	orm 100 m 100	U or or				
	Form 100W, Side 1, lin									22	L		
	_			_	_	_	_	_		_			

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	ch to Form 100 or Form	100W. FORI	М 199								
Corpo	ration name							Califo	ornia cor	poratio	n number
LAS	ST CHANCE FOR A	NIMALS						D01	L358	56	
Par	t   Election to Expe	nse Certain Pro	perty Under IRC Se	ection 1	79						
1	Maximum deduction ur	nder IRC Section	179 for California.						1		\$25 <b>,</b> 000
2	Total cost of IRC Section	on 179 property	placed in service								
3	Threshold cost of IRC S		-								\$200 <b>,</b> 000
4	Reduction in limitation.										
5	Dollar limitation for tax		act line 4 from line						5		
6	(a) De:	scription of property		<b>(b)</b> C	ost (business i	use only)	(c) Ele	cted cost			
_	Listed property (elected		•								
8	Total elected cost of IR								8		
9	Tentative deduction. E										
10	Carryover of disallowed								10		
11 12	Business income limita IRC Section 179 expen				-	-			12		
13	·					_			12		
Par			ditional First Year I					n 24356			
14	(a)	(b)	(c)		(d)	(e)	(f)		(g)		(h)
'	Description	Date	Cost or	Dep	reciation	Deprecia			ciation	for	Additional first
	of property	acquired	other basis		owed or	tion	rate	thi	s year		year
					wable in ier years	method					depreciation
PRI	INTER	11/17/10	746.		388.	200DB		5	14	13.	
	/ESTIGATIVE EQ	12/14/12	649.			200DB		5		30.	
	PUTER EQUIPME	3/01/12	594.			200DB		5		19.	
	PUTER EQUIPME	3/01/12	682.			200DB		5		36.	
	JIPMENT	1/01/05	17,157.		3,432.	200DB		5			
			·	af aal		l.					
15	Add the amounts in co \$2,000. See instruction							1			
Par		13 101 11110 1 1, 00									
_	Total: If the corporation	n is electina:									
	IRC Section 179 expen	ise, add the amo	ount on line 12 and	line 15	column (g)	or					
	Additional first year de Depreciation (if no elec									16	
17	Total depreciation clair	•				107			<u> </u>	17	
	Depreciation adjustmen										
	Form 100W, Side 1, lin	ne <b>6</b> . If line 17 is	less than line 16,	enter th	e difference	here and o	on Form 10	00 or			
	Form 100W, Side 1, lin state adjustments on F	orm 100 or Forn	na depreciation an n 100W, no adjustn	nent is r	ne useu to ( necessary.)	ueterriirie i	iet income	belore		18	
Par			,								
19	(a)	(b)	(c)		((	d)	(e)	(f)			(g)
	Description	Date	Cost o		Amor	tization	R&TC	Perio	d or		Amortization
	of property	acquired	d other bas	SIS		r allowable er years	section (see inst		itage		for this year
					04.11	,	(200 1100	′		1	
							1			1	
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							1			<u> </u>	
20	Total. Add the amounts	s in column (a)	1		<u> </u>		1		20	<u> </u>	
21	Total amortization clair	(0)							21	1	
									<del></del> -	1	
	Amortization adjustment Form 100W, Side 1, lin	ne 6. If line 21 is g	less than line 20,	enter th	e difference	here and	on Form 1	00 or		1	
	Form 100W, Side 1, lin	ie 12							22		

2012	California Statements	Page 1
Client 9012AMED	Last Chance for Animals	95-4013155
1/15/13		11:32AN
Statement 1 Form 199, Part II, Line 7 Other Income		
List Rentals/Exchanges.	<u>\$</u> Total <u>\$</u>	7,776. 7,776.
Statement 2 Form 199, Part II, Line 17 Other Expenses		
Advertising and Promotic Amortization	onsss	\$ 15,000. 26,391. 2,000. 20,384. 4,144. 5,722. 56,622. 536,638. 12,895. 18,359. 6,564. 12,586. 37,868. 33,999. 5,124. 15,980. 1,011. 35,559. 72,000. 2,422. 36,254. 12,561. 10,434. 10,349. 58,200. 5,246. 11,137. 35,787. \$ 1,101,236.
Statement 3 Form 199, Schedule L, Line 12 Other Assets	2	6,350.

IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number					Check if: Change of address Amended report													
											T CHANCE FOR ANIMALS of Organization	S		L		<u>'</u>		
										8033 SUNSET BOULEVARD #835					Corporate or Organization No. <u>D0135856</u> Federal Employer ID No. 95-4013155			
Address (Number and Street)																		
	ANGELES, CA 90046-		State ZIP C	Code														
				CHEDULE (11 Cal. orney General's Re		sections 301-307, 311 and 312) ritable Trusts												
Gros	ss Annual Revenue	Fee	Gross Annual	Revenue	Fee	Gross Annual Revenue	ı	Fee										
	s than \$25,000 veen \$25,000 and \$100,000	0 \$25		001 and \$250,000 001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 milli Between \$10,000,001 and \$50 mil Greater than \$50 million	lion \$	\$150 \$225 \$300										
PAF	RT A – ACTIVITIES																	
	For your most recent full accord			1/01/12	ending _	12/31/12 ) list:												
	Gross annual revenue \$				•	584,332.												
PAI	RT B — STATEMENTS RE																	
Note	: If you answer 'yes' to any 'yes' response. Please rev					providing an explanation and deta	ils for e	each										
1	During this reporting period, we organization and any officer, direct director or trustee had any final	ctor or truste	ee thereof either				Yes	No										
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?								X										
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?																		
<b>4</b> During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.																		
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.																		
6	During this reporting period, did the name of the agency, mailin					le an attachment listing		X										
7	During this reporting period, did the indicating the number of raffles	•			ses? If 'yes,' pr	rovide an attachment		X										
8	Does the organization conduct a value program is operated by the charitable purposes.	vehicle dona charity or	ation program? If whether the orga	'yes,' provide an att anization contracts	achment indica with a comm	ating whether ercial fundraiser for		X										
9	Did your organization have preprinciples for this reporting peri		udited financial s	statement in accor	dance with ge	nerally accepted accounting		X										
Orga	nization's area code and teleph	one numbe	er <u>310-271-</u>	6096														
Orga	nization's e-mail address																	
	clare under penalty of perjury th belief, it is true, correct and cor	mplete.	xamined this re		companying d	locuments, and to the best of my k	nowled	lge										
Signa	ture of authorized officer	Printed			TRESIDENT	Date												