	0	00								DMB No. 1545-00)47
	Form 9	90		of Organization tion 501(c), 527, or 4 xcept black lung ben				x		2011	
Department of the Treasury Internal Revenue Service				con may have to use a copy				te		Open to Pub Inspection	
		^{rvice} 1 calendar year,				1. and ending		1.5.	- MORAN	and the second second	Contraction Second
	Check if applica	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Or tax year beg	Junning	, 201	i, una ontanig		Employ	er Identific	ation Number	
D	Address cl	icelos sensos	Chance for	Animals				95-4	401315	55	
	Name cha	8033	Sunset Bou	ilevard #835			E	17 10124000-023060	ne number		
	Initial retu	Los A	ngeles, CA	A 90046-1806			_	310	-271-6	5096	
	Terminate	i i	81				-	2 8580 S		1 100	010
	Amended			N N 10		1	H(a) Is this a g	Gross return		1,106	- I
	Application	panang	and address of princ				H(b) Are all af	filiates incl	uded?	Yes	
1	Tax-exempt	[]	$\frac{\text{As C Above}}{(3)} 501(c)$	22 IND MAR 100 703	4947(a)(1)	or 527	If 'No,' at	ach a list.	(see instru	ctions)	
1 J	Website:		nimal.org			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H(c) Group ex	emption nu	mber 🏲		
ĸ	Form of orga	[]	the second se	Association Other	►	Year of Formation	on: 1985	M s	itate of lega	al domicile: CA	
-	art I Su	mmarv		74							
	1 Briefly	/ describe the or	ganization's mi	ssion or most signific	ant activities:]	Dedicated	<u>to en</u>	ding_	anima.	<u>l_abuse</u>	<u>and</u> _
ę	<u>exp</u>	<u>loitation</u> 1	<u>through</u> ed	ucation, publ	<u>ic_outreac</u>	h and in	vestiga	tions			
land								-			
verr	0		if the organize	tion discontinued its of	perations or dis	sposed of mo		% of its	net asse	ts.	
Activities & Governance	2 Check 3 Numb	er of voting mer	nbers of the ao	verning body (Part VI	, line 1a)				3	and a second	3
s S	4 Numb	er of independer	nt voting memb	ers of the governing b	oody (Part VI, Ii	ne 1b)			4		2
ritie	5 Total	number of indivi	duals employed	l in calendar year 201	1 (Part V, line 2	2a)	• • • • • • • • • • • •	•••••	5		12
otiv	6 Total	number of volun	teers (estimate	if necessary)	N Ess 10			• • • • • •	6 7a		<u>150</u> 0.
4	7a Total	unrelated busine	ss revenue from	m Part VIII, column (C ne from Form 990-T, I), line 12 ine 34		•••••		7a 7b		0.
	DINETU	irelated busilies	s taxable moon		Ine o-			or Year		Current Y	ear
	8 Contr	ibutions and gra	nts (Part VIII, li	ne 1h)			1,	062,0	56.	1,095	,700.
anı	9 Progr	am service rever	nue (Part VIII, I	ine 2g)						distant.	
Revenue	10 Inves	ment income (P	art VIII, column	(A), lines 3, 4, and 7	'd)	• • • • • • • • • • • • • • • •	·	10 0	1.	10	210
Ť	11 Other	revenue (Part V	III, column (A),	lines 5, 6d, 8c, 9c, 1	0c, and 11e)	line 19)		$\frac{12,3}{074,4}$		1,106	,312.
				11 (must equal Part V rt IX, column (A), line				014,3	-0.	1,100	,014.
				t IX, column (A), line							
				yee benefits (Part IX,				360,2	62.	380	,142.
63				(, column (A), line 11			1				4
Expenses	L T-tel			column (D), line 25)		L29,569.					一、新聞
EX	D Total			, lines 11a-11d, 11f-24	10		Long and the local distance of the local dis	618,2	55.	697	,550.
				st equal Part IX, colur				978,5	the subscription of the	1,077	
				e 18 from line 12			(2) 	95,8	and the second se		,320.
h 8		teo tobo experior					Beginning	of Curren	t Year	End of Ye	ear
anc	20 Total	assets (Part X, I	ine 16)					363,2			,248.
Net Assots or Fund Balancos	21 Total						1	112,5			,237.
Pun Lan				t line 21 from line 20.			6	250,6	91.	279	,011.
Pa	art II Sig	nature Block	(100 Mill 1940 Mill 19	5 5 6 6 65	X 9502	14.00 5035	and the second	er strene ⁴⁵
Unc	der penalties of p nolete. Declarati	perjury, I declare that I	have examined this	return, including accompany on all information of which r	ing schedules and st preparer has any kno	atements, and to t wledge.	the best of my	knowledge	and belief	, it is true, correc	t, and
		$\left(\right)$		Con			Λ	IOU	14	2012	
Sig	an P	Signature of officer	10				Date	ternal so della			
He	ere	Chris DeF	lose				Presid	lent_			
		Type or print name	and title.						1 107		
a		int/Type preparer's na		Preparents algorithme	1 second	Date 11.14.1	2 0	heck	if PT		
Pa	id J	ohn M. Pag		John M. Pag	ano	11.17.1	S	elf-employe	ed P	00370783	8
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Us	e Only			IIRE BLVD STE						1016303	
2003	the second of			, CA 90025-71			P	hone no.		X Yes	No
Ma	y the IRS di	scuss this return	with the prepar	rer shown above? (se	e instructions).		401121 00/1			the second se	0 (2011)
BA	A For Pape	rwork Reduction	Act Notice, se	e the separate instru	CUOIIS	IEE	A0113L 08/18	ar i I		1 0111 33	- (LUTT)

	n 990 (2011) Last Chance for		95-4013155	Page 2
Par	t III Statement of Program Se			
	Check if Schedule O contains a	a response to any question in this Part III		Х
1	Briefly describe the organization's mis	ssion:		
		<u>mal_abuse_and_exploitation_thro</u>		
	and investigations.			
2	Did the organization undertake any sig	gnificant program services during the year which	were not listed on the prior	
		· · · · · · · · · · · · · · · · · · ·		X No
	If 'Yes,' describe these new services of			
3		, or make significant changes in how it conducts	, any program services?	X No
	If 'Yes,' describe these changes on So			
4	Describe the organization's program s	ervice accomplishments for each of its three larg	est program services, as measured by ex	vnenses.
-	Section 501(c)(3) and 501(c)(4) organ	izations and section 4947(a)(1) trusts are require ue, if any, for each program service reported.	d to report the amount of grants and allo	cations to
48	(Code:) (Expenses \$	652,229. including grants of \$) (Revenue \$)
	<u>See Schedule 0</u>			
		226 122 including grants of C) (Deveryon t	
40		236, 433. including grants of \$		
	<u>See Schedule 0</u>			
4	(Code:) (Expenses \$	including grants of \$		
40	, (Code) (Expenses Q)
		_	· _	
4،	d Other program services. (Describe in S	Schedule O.)		
-1	(Expenses \$	including grants of \$) (Revenue \$)
4	e Total program service expenses ►	888,662.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
BAA		TEEA0102L 07/05/11	 Form	990 (2011)
				. ,

Form 990 (2011)Last Chance for AnimalsPart IVChecklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part L</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? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	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.			
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
ł	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? <i>If 'Yes,' complete Schedule D, Part VIII</i>	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	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
12a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
ł	• Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ł	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) Last Chance for Animals

	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	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</i>			
	Schedule J.	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
		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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		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):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
c		28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	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 L</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Forr	n 990 (2011) Last Chance for Animals 95-401315	5	P	age 5
Pa	rt 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
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
23	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 12			
I	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
I	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b		
4;	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country: ►	-τα		1
•	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
0.	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
I	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_		37
	services provided to the payor?	7a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
(c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
(d If 'Yes,' indicate the number of Forms 8282 filed during the year			
(e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 q		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	<i>'</i> y		
	Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
i	a Did the organization make any taxable distributions under section 4966?	9a		Х
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
i	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
(c Enter the amount of reserves on hand 13c			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

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Part VI Governance, Management and Disclosure For each 'Yes' res							for
a 'No' response to line 8a, 8b, or 10b below, describe the circ	cumstanc	es, p	processes, or	chang	ges i	n	
Schedule O. See instructions.							
Check if Schedule O contains a response to any question in this Part VI							. Х
Section A. Governing Body and Management							
						Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year lift here are material differences in voting rights among members	/ear	1a		3			
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.							

	duitority to an executive committee of similar committee, explain in conclude of							
I	b Enter the number of voting members included in line 1a, above, who are independent 1b 2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?SeeSchedule.0							
3	B Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents							
	since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
78	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?	7a		Х				
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
i	a The governing body?	8a	Х					
I	b Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х				

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		Х
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?	10b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
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	Х	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is doneSee. Schedule 0	12c	Х	
13 Did the organization have a written whistleblower policy?	13	Х	
14 Did the organization have a written document retention and destruction policy?	14	Х	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management officialSee.Schedule0	15a	Х	
b Other officers of key employees of the organizationSee.Schedule.O	15b	Х	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
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?	16b		
Section C. Disclosure			

17 List the states with which a copy of this Form 990 is required to be filed ► <u>See Schedule 0</u>

	organization to make its Form ou make these available. Ch			990, and 990-T	(501(c)(3)s only)	available for pul	lic
X Own website	Another's website	X Up	oon request				

Х	Own	website	

19	Describe in Schedule O whether				conflict of interest policy,	and financial s	statements available to
	the public during the tax year.	See	Schedule	Ō			

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Cindy Beal 8033 Sunset Blvd #835 Los Angeles CA 90046 310-271-6096

Form 990 (2011) Last Chance for Animals	95-4013155	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated Employee	es, and
Independent Contractors		
Check if Schedule O contains a response to any question in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensate	ed Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)									
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Chris DeRose											
President	40	Х		Х				68,500.	0.	0.	
(2) June Averseng Secretary	3	Х						0.	0.	0.	
(3) Jack Carone	5	Λ						0.	0.	0.	
Vice President	3	Х						0.	0.	0.	
(4) Cindy Beal											
CFO	40			Х				58,500.	0.	0.	
<u>_(6)</u>											
<u>_(9)</u>											
(10)											
<u>(11)</u>											
(12)											
(13)											
(14)											

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Form 990 (2011) Last Chance for Animals									95-4013155	
Part VII Section A. Officers, Directors, Trust	tees, I	Key	Em			es, a	anc	Highest Com	pensated Empl	oyees (cont)
(A) Name and title	(B) Average hours per	box, offic	, unle cer an	Pos heck ss pe id a c	rson i	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (describ e hours for related organi- zations in Sch O)	rustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1ŏ99-MISC)	(W-2/1099-MISC)	from the organization and related organizations
<u>(15)</u>										
<u>(16)</u>										
(17)										
(18)										
<u>(19)</u>										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c).	Α					· · · · · · · ·	• • •	127,000. 0. 127,000.	0. 0. 0.	0. 0. 0.
2 Total number of individuals (including but not limite from the organization ► 0							o ree		\$100,000 of reporta	able compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i	or trus ndividu	stee, <i>al</i>	key	em	ploy	ee, o	r hi	ighest compensat	ed employee	Yes No 3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual .	han \$1	50,0	00?	<i>lf</i> '}	′es'	comp	olet	e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,'	compen comple	isatio <i>te S</i> o	on fr chec	om Iule	any <i>J fo</i>	unrel r <i>suc</i> i	late h p	ed organization or erson	individual	5 X
Section B. Independent Contractors	امما أسما		مامام		-	4	the e		and \$100,000 of	
 Complete this table for your five highest compensation from the organization. Report compensation 	nsatior	epen 1 for	den the	c col cale	enda	r yea	r er	nding with or with	in the organization's	s tax year.
(A) Name and business addres	s							(B) Description	of services	(C) Compensation
2 Total number of independent contractors (including	but no	t lim	ited	to t	hose	liste	s be	above) who receiv	ed more than	

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Pa	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Ia b Membership dues c Fundraising events d Related organizations d Related organizations f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in Ins 1a-1f:				
CON	h Total. Add lines 1a-1f►	1,095,700.			
	Business Code	1,050,1001			
PROGRAM SERVICE REVENUE	2ab				
ROGR	f All other program service revenue				
Id	g Total. Add lines 2a-2f ► 3 Investment income (including dividends, interest and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds				
	5 Royalties	2,284.	2,284.		
	(i) Real (ii) Personal 6a Gross rents.				
	b Less: cost or other basis and sales expenses				
OTHER REVENUE	 8a Gross income from fundraising events (not including. \$) of contributions reported on line 1c). See Part IV, line 18a b Less: direct expensesb c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19a b Less: direct expensesb c Net income or (loss) from gaming activities►				
	10a Gross sales of inventory, less returns and allowances a 620. b Less: cost of goods sold. b				
	c Net income or (loss) from sales of inventory► Miscellaneous Revenue Business Code	620.			620.
	11a List Rentals/Exchanges b Office Space Rental c	4,578. 2,830.	4,578. 2,830.		
	d All other revenue	7 400			
		7,408.	0.602		620
BAA	12 Total revenue. See instructions	1,106,012.	9,692.	0.	. 620. Form 990 (2011)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains	s a response to any question			X
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governmen and organizations in the United States. See Part IV, line 21.	e			
2 Grants and other assistance to individuals the United States. See Part IV, line 22	in			
3 Grants and other assistance to governmen organizations, and individuals outside the United States. See Part IV, lines 15 and 16	ts,			
4 Benefits paid to or for members				
5 Compensation of current officers, directors trustees, and key employees		68,500.	0.	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	253,000.	194,461.	43,930.	14,609
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits		22,530.	4,758.	2,609
10 Payroll taxes	28,745.	23,552.	3,893.	1,300
11 Fees for services (non-employees):				
a Management				
b Legal	5,010.			5,010
c Accounting	15,060.	13,554.	602.	904
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	60,215.	56,015.		4,200
12 Advertising and promotion		11,833.		2,320
13 Office expenses.		12,352.	1,836.	854
II Information technology				
15 Royalties				
16 Occupancy				
17 Travel		17,217.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials		,		
19 Conferences, conventions, and meetings				
20 Interest		3,231.	147.	214
21 Payments to affiliates				
22 Depreciation, depletion, and amortization.		7,986.	288.	432
23 Insurance	2,803.	2,517.	119.	167
24 Other expenses. Itemize expenses not covered above (List miscellaneous expense in line 24e. If line 24e amount exceeds 10° of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	%			
a Direct Mailings	330,900.	264,720.		66,180
b Rent	47,780.	43,002.	1,911.	2,867
c Postage and Shipping	28,900.	24,122.	162.	4,616
d Investigators' & Expenses	26,321.	26,321.		-, • - (
e All other expenses	121,851.	96,749.	1,815.	23,287
25 Total functional expenses. Add lines 1 through 24e.		888,662.	59,461.	129,569
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				127, 30
Check here ► X if following		0.0.4 500		~~ ~~
SOP 98-2 (ASC 958-720)	330,900.	264,720.		66,180

Form 990 (2011) Last Chance for Animals Part X Balance Sheet

Part	~	Balance Sheet			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			46,299.	1	177,218.
		Savings and temporary cash investments.			40,299.	2	177,210.
		Pledges and grants receivable, net.	-	203,906.	3	52,407.	
		Accounts receivable, net	203, 500.	4	52,407		
		Receivables from current and former officers, director and highest compensated employees. Complete Part	II of Sche	dule L		5	
		Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contr sponsoring organizations of section 501(c)(9) volunta organizations (see instructions).	ry employ	ees' beneficiary		6	
A .		Notes and loans receivable, net.		-		7	
Š		Inventories for sale or use				8	
Ţ		Prepaid expenses and deferred charges		-	10,513.	9	31,187
-		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			10,513.		51,107
	b	Less: accumulated depreciation	10b	129,769.	15,634.	10 c	25,586.
1	1	Investments – publicly traded securities				11	
1	2	Investments - other securities. See Part IV, line 11.				12	
1		Investments - program-related. See Part IV, line 11.				13	
14		Intangible assets.				14	8,500.
1		Other assets. See Part IV, line 11			86,850.	15	6,350
10	6	Total assets. Add lines 1 through 15 (must equal line	34)		363,202.	16	301,248
		Accounts payable and accrued expenses		112,511.	17	22,237	
		Grants payable				18	
1	-	Deferred revenue				19	
L 2		Tax-exempt bond liabilities				20	
Å 2 B		Escrow or custodial account liability. Complete Part				21	
A 2 B 2 L 2 T	2	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per of Schedule L.	stees, key rsons. Cor	/ employees, mplete Part II		22	
		Secured mortgages and notes payable to unrelated th		-		23	
⁵ 2	4	Unsecured notes and loans payable to unrelated third	l parties			24	
2	5	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to relate	ed third parties, t X of Schedule D.		25	
2		Total liabilities. Add lines 17 through 25			112,511.	26	22,237.
N E T		Organizations that follow SFAS 117, check here ►	X and c	complete lines			
Ŧ		27 through 29 and lines 33 and 34.	—				
S 2	7	Unrestricted net assets			250,691.	27	279,011.
ASSETS 2	8	Temporarily restricted net assets				28	
_	9	Permanently restricted net assets				29	
R		Organizations that do not follow SFAS 117, check he	ere 🕨	and complete			
E		lines 30 through 34.					
F U N D 3	0	Capital stock or trust principal, or current funds				30	
	1	Paid-in or capital surplus, or land, building, or equipn	nent fund.			31	
BALANCES		Retained earnings, endowment, accumulated income		F		32	
<u>N</u> 23		Total net assets or fund balances			250,691.	33	279,011.
5 3.		Total liabilities and net assets/fund balances			363,202.	34	301,248.

BAA

Form 990 (2011)

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Part XI Reconciliation of Net Assets						
Check if Schedule O contains a response to any question in this Part XI		<u></u>				
 Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 	1 2 3	1,077	5,012. 7,692. 8,320.			
 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 	4),691.			
5 Other changes in net assets or fund balances (explain in Schedule O)	5		0.			
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6						
Part XII Financial Statements and Reporting						
Check if Schedule O contains a response to any question in this Part XII	<u></u>					
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Y	es No			
in Schedule O.						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х			
b Were the organization's financial statements audited by an independent accountant?		2b	X			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit,	2c	x			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. See Schedule O						
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu separate basis, consolidated basis, or both:	ed on a					
X Separate basis Consolidated basis Both consolidated and separate basis						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3a	X			
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired audit	3b				
BAA		Form 9	90 (2011)			

SCHEDULE A	
(Earm 000 ar 000	57

Public Charity Status and Public Support

OMB No. 1545-0047
2011

(Form	990 or 990-EZ)						P F				20		
			Complete if the or	ganization is a section 4947(a)(1) nonexempt	501(c)(charita	3) orgar ble trus	nization t.	or a se	ction		Open to		ic
Departme Internal F	ent of the Treasury Revenue Service		► Attach to F	orm 990 or Form 990-E	Z. ► Se	e separa	ate instr	uctions			Inspe	ection	
	the organization										tion number		
-	Chance fo				<u> </u>					013155			
Part				(All organizations				· /	See I	nstruct	ions.		
F	-			e it is: (For lines 1 thro									
1				ciation of churches des		section	1170(b)	(1)(A)(I)	•				
2				(ii). (Attach Schedule I									
3			•	e organization describe					0/6//1//			مالما	
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name city and state:												
5	name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6 7				overnmental unit descri substantial part of its su					t or from	n the aer	neral public	desci	rihed
8	in section 17	0(b)(1)(/	A)(vi). (Complete Par	rt II.) 70(b)(1)(A)(vi). (Comple		0				r the ger			1000
9) more than 33-1/3% of			n contril	hutions	memhe	ershin fee	es and arc	iss rec	eints
5	from activitie investment in	s relateo ncome a	d to its exempt function	ons – subject to certair s taxable income (less	n except	ions, ar	id (2) no	o more t	han 33-	1/3% of	its support	from	gross
10				xclusively to test for pu	ublic safe	ety. See	sectior	n 509(a)	(4).				
11	more publicly	suppor	ted organizations des	exclusively for the bene scribed in section 509(a ion and complete lines)(1) or s	section 5	509(a)(2	ictions o). See s	of, or ca section !	rry out tł 509(a)(3)	ne purpose . Check th	s of or e box	ne or that
		igpo oi	b Type II	c Type II		-		ed		d	Type III -	- Othe	r
е	By checking	this box	, I certify that the org	anization is not control	led direc	tly or in	directly	by one	or more	disquali	ified perso	าร	
Ľ	other than for section 509(a	undatior	n managers and other	than one or more pub	licly sup	ported of	organiza	tions de	escribed	in sectio	on 509(a)() or	
f	•		coived a written deter	rmination from the IRS	that is a	Type I	Type II	or Typ		porting (organizatio	n	_
•	check this bo	X					, турс п	yp				· · · · · · ·	. Ц
g	Since August	17, 200	06, has the organizati	on accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	?		
		n who c	directly or indirectly of	antrola, aithar alana ar	togothor	with no	reene d	ocoribo	d in (ii)	and (iii)		Yes	No
	(i) A perso below,	the gove	erning body of the sup	ontrols, either alone or oported organization?	logether	with pe		····			11 g (i)		
	(ii) A family	y memb	er of a person descril	bed in (i) above?							11g (ii)		
	(iii) A 35%	controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h	Provide the fe	ollowing	information about th	e supported organizatio	on(s).								
	(i) Name of suppo organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv)	ls the ation in	(v) Did y	ou notify iization in	(vi)	s the ation in	(vii) Amour	nt of sup	port
	organization			above or IRC section (see instructions))	column (i	i) listed in overning		n (i) of	colur	nn (i) ed in the			
				(,)	docur	ment?			U.9	S.?			
					Yes	No	Yes	No	Yes	No			
(A)													
<u>(~)</u>													
(B)													
(C)													
<u>(0)</u>													
<u>(D)</u>													
<u>(E)</u>													
Total													

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

Schedule A (Form 990 or 990-EZ) 2011

 Schedule A (Form 990 or 990-EZ) 2011
 Last Chance for Animals
 95-4013155

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

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

Sec	tion A. Public Support		[]						
begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	1,092,366.	990,302.	937,676.	1,062,056.	1,095,699.	5,178,099.		
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	1,092,366.	990,302.	937,676.	1,062,056.	1,095,699.	5,178,099.		
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.		
	Public support. Subtract line 5 from line 4						5,178,099.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	Amounts from line 4	1,092,366.	990,302.	937,676.	1,062,056.	1,095,699.	5,178,099.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20.	8.		1.		29.		
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	9,495.	8,142.	4,133.	12,353.	10,312.	44,435.		
11	Total support. Add lines 7 through 10						5,222,563.		
12	Gross receipts from related activ	vities, etc (see inst	tructions)			12	0.		
_	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3)		
Sec	tion C. Computation of Pu	<u>blic Support P</u>	ercentage						
14							99.15%		
	Public support percentage from						99.33%		
16 a	33-1/3% support test – 2011. If and stop here. The organization	the organization d qualifies as a put	lid not check the b plicly supported or	oox on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more, c	check this box ►X		
Ł	b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test. check this	box and stop he	re. Éxplain in Part	IV how		
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' f	and-circumstances test. The organiza	s' test, check this ition qualifies as	box and stop he a publicly suppor	re. Explain in Part ted organization.	t IV how the		
18 PAA	Private foundation. If the organi	zation did not che	eck a box on line 1	13, 16a, 16b, 17a					
BAA					50	neuule A (Form 9	90 or 990-EZ) 2011		

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							
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is							
	related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
c	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
	Amounts from line 6					Ň		
	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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).							
13	Total support. (Add Ins 9, 10c, 11, and 12.)				ſ			
	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth, o	or fifth tax year as	a section 5	01(c)(3	³⁾ ►□
	tion C. Computation of Pul							
15	Public support percentage for 20	11 (line 8, colum	n (f) divided by lir	ne 13, column (f)))		15	00
16	Public support percentage from	2010 Schedule A,	, Part III, line 15	<u></u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	16	010
Sec	tion D. Computation of Inv	estment Incor	me Percentage	9				
17	Investment income percentage f	or 2011 (line 10c,	, column (f) divide	d by line 13, colu	umn (f))		17	010
18	Investment income percentage f	rom 2010 Schedu	ile A, Part III, line	17			18	0/0
10	investment income percentage i							
19 a	33-1/3% support tests – 2011. If is not more than 33-1/3%, check							
19 a		the organization, check this box a	did not check a b and stop here. Th	ox on line 14 or l e organization qu	line 19a, and line Jalifies as a public	16 is more t	han 33 1 orgar	8-1/3%, and hization ►

95-4013155

Page 4

95-4013155

Schedule A (Form 990 or 990-EZ) 2011 Last Chance for Animals

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

2011	Page 5					
Client 9012		Last C	hance for Anir	nals		95-4013155
11/14/12						09:49AM
Part II, Line 10 - Ot	her Income					
Nature and Sour	cce	2011	2010	2009	2008	2007
Other Income	Total <u>\$</u>	10,312. 10,312. \$	12,353. 12,353.	4, <u>133.</u> \$4,133. \$	8,142. 8,142. \$	9,495. 9,495.

SCHEDU	JLE D
(Form 99	90)

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
20	11

Open to Public Inspection

Depar	ment of the Treasury al Revenue Service Part IV, line	s 6, 7, 8, 9, 10, 11a, 11b, 11c, 11(tach to Form 990. ► See separ	d, 11e, 11f, 12a, or 12b. ate instructions	Open to Public Inspection
-	of the organization			Employer identification number
Las	t Chance for Animals			95-4013155
Par	tl Organizations Maintaining Done the organization answered 'Yes'	or Advised Funds or Othe	r Similar Funds or Ac	counts. Complete if
	the organization answered 'Yes'	to Form 990, Part IV, line	6.	
		(a) Donor advised fu	unds (b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do funds are the organization's property, subject	t to the organization's exclusive	legal control?	······ Yes No
6	Did the organization inform all grantees, don used only for charitable purposes and not fo purpose conferring impermissible private ber	nors, and donor advisors in writin r the benefit of the donor or dono nefit?	ig that grant funds can be or advisor, or for any other	
Par	t II Conservation Easements. Comp			
1	Purpose(s) of conservation easements held			. ,
	Preservation of land for public use (e.g.,		Preservation of an histori	ically important land area
	Protection of natural habitat	Γ	Preservation of a certified	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation	n contribution in the form o	f a conservation easement on th
	last day of the tax year.			Held at the End of the Tax Year
-	Total number of conservation easements			Held at the Elid of the Tax Tear
	Total acreage restricted by conservation eas			
	Number of conservation easements on a cer			
	Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, an	id not on a historic	
3	Number of conservation easements modified tax year ►			organization during the
4	Number of states where property subject to a	conservation easement is located	d ►	
5	Does the organization have a written policy r and enforcement of the conservation easem	regarding the periodic monitoring ents it holds?	, inspection, handling of vio	olations, Yes No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing co	onservation easements duri	ng the year
7	Amount of expenses incurred in monitoring, ► \$	inspecting, and enforcing conser	rvation easements during th	ne year
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization repo include, if applicable, the text of the footnote conservation easements.			
Par	t III Organizations Maintaining Coll Complete if the organization and	ections of Art, Historical T swered 'Yes' to Form 990,	Freasures, or Other Si Part IV, line 8.	milar Assets.
1 <i>a</i>	If the organization elected, as permitted und art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its fina	ets held for public exhibition, edu	ication, or research in furth	
Ł	If the organization elected, as permitted und historical treasures, or other similar assets h following amounts relating to these items:	eld for public exhibition, education	on, or research in furtheran	ce of public service, provide the
	(i) Revenues included in Form 990, Part VII(ii) Assets included in Form 990, Part X	II, line 1		▶\$
	If the organization received or held works of amounts required to be reported under SFAS	S 116 (ASC 958) relating to these	e items:	
a	Revenues included in Form 990, Part VIII, lir	ne I		►Ş
L L	Assets included in Form 990, Part X			►Ş

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 05/25/11

Schedule D (Form 990) 2011 Last				95-40			Page 2			
Part III Organizations Maintain	ning Collection	ns of Art, Histo	rical Treasures, or	Other Similar As	sets (c	ontinu	ied)			
3 Using the organization's acquisition items (check all that apply):	n, accession, and	l other records, che	eck any of the following	that are a significant	use of its	s collec	tion			
a Public exhibition		d Loan d	or exchange programs							
b Scholarly research e Other										
c Preservation for future genera										
 4 Provide a description of the organ Part XIV. 5 During the year, did the organizati 		·			ose in					
assets to be sold to raise funds ra	ther than to be m	aintained as part o	of the organization's coll	ection?	Yes		No			
Part IV Escrow and Custodial line 9, or reported an a	Arrangements mount on Form	s. Complete if t n 990, Part X,	he organization ans line 21.	swered 'Yes' to Fo	orm 990	, Part	:IV,			
1 a Is the organization an agent, trust included on Form 990, Part X?				er assets not	Yes	[No			
b If 'Yes,' explain the arrangement i	n Part XIV and co	omplete the following	ng table:							
					Amoun	i				
c Beginning balance										
d Additions during the year										
e Distributions during the year										
f Ending balance2a Did the organization include an ar					Yes	٦	No			
b If 'Yes,' explain the arrangement i		0, Fait A, line 21 :.			les					
Part V Endowment Funds. Cor		rganization ans	wered 'Yes' to Forn	n 990 Part IV lin	e 10					
	(a) Current year	(b) Prior year		(d) Three years back		our year	s back			
1 a Beginning of year balance	(u) current you			(4) 11100 Jouro 2001	(0)	our your	- suon			
b Contributions										
c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance										
2 Provide the estimated percentage	of the current year	ar end balance (lin	e 1g, column (a)) held a	as:						
a Board designated or quasi-endow	ment 🕨	00								
b Permanent endowment	00									
c Temporarily restricted endowment		%								
The percentages in lines 2a, 2b, a	ind 2c should equ	al 100%.								
3a Are there endowment funds not in organization by:	the possession of	of the organization	that are held and admin	istered for the	Г	Yes	No			
(i) unrelated organizations					. 3a(i)	165	NO			
(ii) related organizations										
b If 'Yes' to 3a(ii), are the related or										
4 Describe in Part XIV the intended	-						<u> </u>			
Part VI Land, Buildings, and E										
Description of property	(a) C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue			
1 a Land										
b Buildings										
c Leasehold improvements			155 055	100 500						
d Equipment			155,355.	129,769.		25	,586.			
e Other							FOC			
Total. Add lines 1a through 1e. (Column	n (d) must equal F	orm 990, Part X, c	column (B), line 10(c).).		 -		,586.			
BAA				Sche	dule D (F	orm 99	U) 2011			

Part VII	Investments – Other Securities. See	Form 990, Part X, I	ine 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ition: rket value
(1) Financ	ial derivatives			
	/-held equity interests			
(3) Other				
<u>(A)</u>				
<u>(B)</u>				
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u>				
<u>(F)</u>				
<u>(G)</u> (H)				
(I)				
	mn (b) must equal Form 990 Part X, column (B) line 12.).			
	Investments – Program Related. See	Form 990, Part X,	line 13. N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valua	ition:
			Cost or end-of-year man	rket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.) . 🕨			
	nn (b) must equal Form 990, Part X, column (B) line 13.) . Other Assets. See Form 990, Part X, I	ine 15. N/A		
Total. (Colun	Other Assets. See Form 990, Part X, I	ine 15. N/A scription		(b) Book value
Total. (Colun	Other Assets. See Form 990, Part X, I			(b) Book value
Total. (Colun Part IX	Other Assets. See Form 990, Part X, I			(b) Book value
Total. (Colum Part IX (1) (2) (3)	Other Assets. See Form 990, Part X, I			(b) Book value
Total. (Colum Part IX (1) (2) (3) (4)	Other Assets. See Form 990, Part X, I			(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5)	Other Assets. See Form 990, Part X, I			(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6)	Other Assets. See Form 990, Part X, I			(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. See Form 990, Part X, I			(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. See Form 990, Part X, I			(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. See Form 990, Part X, I			(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, I (a) De:	scription		(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (10) Total. (Co	Other Assets. See Form 990, Part X, I (a) De:	scription 3), line 15.)		(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (10) Total. (Co	Other Assets. See Form 990, Part X, I (a) Des (a) Des (b) Must equal Form 990, Part X, column (E) (b) Must equal Form 990, Part X, column (E) (b) Must equal Form 990, Part X, column (E) (c) Des (c)	3), <i>line 15.</i>)		(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X	Other Assets. See Form 990, Part X, I (a) Des dumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability	scription 3), line 15.)		(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede	Other Assets. See Form 990, Part X, I (a) Des (a) Des (b) Must equal Form 990, Part X, column (E) (b) Must equal Form 990, Part X, column (E) (b) Must equal Form 990, Part X, column (E) (c) Des (c)	3), <i>line 15.</i>)		(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2)	Other Assets. See Form 990, Part X, I (a) Des dumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability	3), <i>line 15.</i>)		(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede	Other Assets. See Form 990, Part X, I (a) Des dumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability	3), <i>line 15.</i>)		(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3)	Other Assets. See Form 990, Part X, I (a) Des dumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability	3), <i>line 15.</i>)		(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (10) Total. (Co Part X (1) Fede (2) (3) (4)	Other Assets. See Form 990, Part X, I (a) Des dumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability	3), <i>line 15.</i>)		(b) Book value
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Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (2) (3) (4) (5) (6)	Other Assets. See Form 990, Part X, I (a) Des dumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability	3), <i>line 15.</i>)		(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (6) (7) (8) (7) (6) (7) (8) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. See Form 990, Part X, I (a) Des dumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability	3), <i>line 15.</i>)		(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (6) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (7) (6) (7) (7) (7) (6) (7) (7) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. See Form 990, Part X, I (a) Des dumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability	3), <i>line 15.</i>)		(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (1) Fede (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11)	Other Assets. See Form 990, Part X, I (a) Des dumn (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X (a) Description of liability	3), <i>line 15.</i>)		(b) Book value

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2011 Last Chance for Animals	95-40131	L55 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		1,106,012.
2 Total expenses (Form 990, Part IX, column (A), line 25)		1,077,692.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		28,320.
4 Net unrealized gains (losses) on investments.		i
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV.)		
9 Total adjustments (net). Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		28,320.
Part XII Reconciliation of Revenue per Audited Financial Statements W		i
1 Total revenue, gains, and other support per audited financial statements		1,106,012.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments 2a	a	
b Donated services and use of facilities	b	
c Recoveries of prior year grants		
d Other (Describe in Part XIV.)	L L L L L L L L L L L L L L L L L L L	
e Add lines 2a through 2d.		
3 Subtract line 2e from line 1		1,106,012.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV.)	b	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,106,012.
Part XIII Reconciliation of Expenses per Audited Financial Statements	With Expenses per Return	
1 Total expenses and losses per audited financial statements		1,077,692.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	a	
b Prior year adjustments	b	
c Other losses.		
d Other (Describe in Part XIV.)	ł	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		1,077,692.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	a	
b Other (Describe in Part XIV.)	D	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		1,077,692.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2 any additional information.	lines 1a and 4; Part IV, lines 1b 2d and 4b. Also complete this par	and 2b; t to provide

95-4013155

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information.		OMB No. 1545-0047 2011 Open to Public							
Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ.									
Name of the organization <u>Last Chance for</u>	Animals	Employer identificat 95-4013155								
Form <u>990, Part II</u>	I, Line 4a - Program Service Accomplishments									
Description_o	f Program Service One									
Education_and	Public Outreach									
LCA strives t	o_educate_the_public_about_animal_cruelty_and_exp	<u>loitation t</u>	hrough							
websites, bro	chures, email alerts, mailings and newsletters.	<u>All of thes</u>	e							
educational_t	ools are valuable resources for the public as the	<u>y_contain_i</u>	<u>nformation</u>							
on_a_variety	of animal rights issues, encourage readers to take	<u>e_action_an</u>	<u>d provide an</u>							
opportunity_t	o_update_members_about_LCA_activities									
LCA's annual	newsletter, "Fighting Chance," reaches 65,000 meml	<u>pers_and_th</u>	e_main							
website_(www.	LCAnimal.org) receives over 690,000 hits per mont	<u>h. LCA's e</u>	-mail_action_							
alerts_ask_fo	r "Calls to Action" from members about issues need	<u>ding urgent</u>	attention.							
Members_are_e	-mailed information and asked to make a phone cal	<u>l or to wri</u>	<u>te a fax or</u>							
letter_to_hel	p_bring_about_needed_changes_for_animals									
LCA_founder_a	nd president, Chris DeRose, is frequently intervi	<u>ewed for te</u>	levision and							
radio_program	s, newspapers and magazines, nationally and intern	nationally.	<u>He also</u>							
travels_both_	in the U.S. and abroad, giving lectures and educat	ting the pu	<u>blic_about</u>							
animal_rights	. <u>Countless people have read or heard about LCA/(</u>	<u>Chris_throu</u>	<u>gh_the_55-60_</u>							
interviews in	<u>2011.</u>									
Locally, LCA	and the Animal News Van (ANV), attends special eve	ents, confe	erences,							
	undraisers. LCA's custom-made, donated ANV is equ									
	sions screens, a speaker system and led ticker ta									

Schedule 0 (Form 990 or 990-EZ) 2011	Page 2
Name of the organization Last Chance for Animals	Employer identification number 95-4013155
Form 990, Part III, Line 4a - Program Service Accomplishments	
powerful medium of video to educate citizens about the current	conditions animals
live in by showing investigative reports and disseminating brea	nking_news_stories
Special emphasis is given to schools, educating students and en	couraging them to
adopt_a_compassionate,_cruelty-free_lifestyleAttendees_at_ea	ach event range from
30-300	
Each year on February 14th - Valentine's Day - LCA's Pet Theft	Awareness day is held
to_educate_citizens_about_the_nearly_two_million_companion_anim	nals_that_are_stolen
annually an sold to research laboratories mainly by class "B" d	lealers where they are
tortured, abused and killed. In 2011 more than 250 animal prot	ection_organizations
and thousands of supporters nationwide joined LCA in hosting in	formation tables and
organizing special events to mark the day.	
LCA_held_the_eighth_annual_Puppy_Mill_Awareness_Day_(PMAD)_in_S	September 2011 in
Austin, TX. This event, attended by approximately 300 people, s	ponsored by LCA, seeks
to end the cruel business of puppy mills by educating the publi	c about their
deplorable_conditions and to encourage_people to adopt_animals	through_rescue
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	Animal Rights," is
widely known for its Special Investigation Unit (SIU) that cond	lucts in-depth
investigations_to_expose_horrible_cruelty_and_misuse_of_animals	s. The SIU team

Schedule 0 (Form 990 or 990-EZ) 2011	Page 2
Name of the organization	Employer identification number
Last Chance for Animals	95-4013155
Form 990, Part III, Line 4b - Program Service Accomplish	ments
focuses on validating information, detecting	
unethical activities and reporting them to lo	

prosecution. The information obtained in LCA's investigations is used to develop campaigns, provide grassroots education and outreach to the 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 theft, class "B" dealers, puppy mills, pound seizure, circus cruelty, elephants in captivity, 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 City of West Hollywood, CA was introduced by Councilman John D'Amico. The ordinance passed in November 2011, making West Hollywood the world's first city to ban fur products, setting a precedent for the rest of the world to put an end to the needles suffering of fur bearing animals solely for the purposes of vanity. The official implementation date of the Fur Free Ban is September 21, 2013; on this date West Hollywood retailers will no longer be 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 kind in the United States.

LCA continues to work on the issue of which it was founded; vivisection. Random source animals often end up in research facilities at the hand of class "B" dealers. In 2003, LCA concluded a 15-year investigation into B dealers and handed the case over to the U.S. Attorney's office, which prompted the United States Department of Agriculture (USDA) to charge the largest and most notorious dealer with more than 100 violations of the animal welfare act. This was the first time a U.S. Attorney's office took on an animal rights case. LCA's SIU undercover operations obtained 70

Schedule 0 (Form 990 or 990-EZ) 2011	Page 2
Name of the organization Last Chance for Animals	Employer identification number 95-4013155
Form 990, Part III, Line 4b - Program Service Accomplishments	
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	vere settled against
the B dealer. This precedent setting case is a big win for the	animals and has set
case law. Due to this Federal felony conviction, this B dealer	can no longer vote,
bear arms, have any dealing with animals in any way and must re	port to a probation
officer. Other B dealers are still operating until the Pet Saf	ety & 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	ass 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 Con	flicts
Enforcement of conflict of interest policy: Officers, director	s or trustees and key
employees must sign the conflict of interest policy. All new o	contracts are reviewed
for potential conflicts of interest at each board meeting.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E	Exec. Dir., or Top Mgtment
Compensation process for CEO, executive director and top manage	ement officials: The
board of directors reviews compensation of all high-level perso	onnel. Compensation
data from industry sources are used in order to determine compe	etitiveness and
appropriateness of salaries.	

Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization Last Chance for Animals	Employer identification number 95-4013155
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officer	rs & 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	ropriateness of
salaries	
Form 990 , Part VI, Line 17 - List of States which this Return is Filed	
AL AK AZ CA CO CT FL GA IL KS KY ME MD MA MI MN MS NH NJ NM NY	Y NC ND 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	upon 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 or	n charity reporting
services once they receive them from the Internal Revenue Servi	ice
Form 990, Part XII, Line 2 - Change of Oversight or Selection Process	
A committee was established to assume responsibility for oversi	ight of the audit,
review, or compilation of the financial statements and the sele	ection of an
independent accountant.	

2011 Schedule C	Page 4			
Client 9012	95-4013155			
11/14/12				09:49AM
Form 990, Part IX, Line 24e Other Expenses				
	(A)	(B) Program	(C) Management	(D)
	Total	Services	& General	<u>Fundraising</u>
Animal News Van Animal Welfare Rescue Automobile Expense Bank Charges Campaign & Events Computer Donation Processing Fees Film and Video Gift Expense LCA Merchandise	11,202. 2,782. 4,983. 4,768. 16,045. 15,762. 10,675. 1,892. 500. 1,813.	11,202. 2,782. 4,610. 4,117. 14,629. 15,152. 1,892. 500. 1,813.	148. 192. 244.	225. 459. 1,416. 366. 10,675.
Meals and entertainment Parking Payroll Processing Fees Printing and Publications Protest Expense State Annual Registration Fees Telephone Total	11,738. 9,520. 2,387. 10,187. 2,393. 4,865. 10,339.	11,518. 8,568. 1,956. 6,312. 2,393. <u>9,305.</u> <u>\$ 96,749.</u>	113. 381. 323. <u>414.</u> \$ <u>1,815.</u>	107. 571. 108. 3,875. 4,865. <u>620.</u> \$ 23,287.

TAXABLE YEARCalifornia Exempt Organization2011Annual Information Return

201	1 Annual Information Return			199
Contraction of the second	ear 2011 or fiscal year beginning month day year , and ending month	day		
	panization Name	Ca	alifornia corporation	number
LAST CH	LANCE FOR ANIMALS		0135856	
	raom, ar PMB no.)	1,5985	EIN	
8033 St	INSET BOULEVARD #835	9	5-4013155	and study over
City	State ZIP Code			
LOS ANC	ELES, CA 90046-1806			(1991年1991年1991年1991年1991年1991年1991年199
A First Ret	Irn			
B Amended	Return	e		
C IRC Section	an electing by	ion	<u></u>	
	···ອ ~·›	• Yes	X No	
	If 'Yes,' complete and attach form FTB 3509.			
•	Dissolved Surrendered (Withdrawn) K Is the organization exempt under R&TC Section	i 23701c	n?. • Yes	X No
•	Merged/Reorganized Enter date: • If 'Yes.' enter gross receipts from		台市 一合同	1000 - 900 100 - 900
	ounting method: nonmember sources	\$_		
	Cash 2 X Accrual 3 Other L If organization is exempt under R&TC Section	23701d		
F Federal re		ritable,	<i>N</i> /	
63SEC.5	contributions check hav No filing fee is requir	ed	• 🗌	
ALL	roup filing for the subordinates/affiliates?	7	• Yes	X No
55.20 () - 2003 (S-0) 20			2 	
	Anization in a group exemption 2	to repo	rt • Yes	X No
11 163, 4	O Is the organization under audit by the IRS or h		2 <u>00 - 100</u>	Content of States
I Did the o	rganization have any changes in its activities, audited in a prior year?			X No
governing	instrument articles of incorporation or bylaws		Columnation (1975)	and the second s
	not been reported to the Franchise Tax Board? Yes X No			
Part I	xplain, and attach copies of revised documents. Complete Part I unless not required to file this form. See General Instructions B and C.			
Parti	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1	3,028.
	2 Gross dues and assessments from members and affiliates	2		
Receipts	3 Gross contributions, gifts, grants, and similar amounts receivedSEE.SCHB	3	1,09	5,700.
and Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.			
Revenues	This line must be completed. If the result is less than \$25,000, see General Instruction B	4	1,10	3,728.
	5 Cost of goods sold			
	6 Cost or other basis, and sales expenses of assets sold 6			9 5000 - 100
	7 Total costs. Add line 5 and line 6	7		
	8 Total gross income. Subtract line 7 from line 4	8		3,728.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9		7,692.
скрепаса	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	2	5,036.
	11 Filing fee \$10 or \$25. See General Instruction F	11		10.
Filing	12 Total payments.	12		5
Fee	13 Penalties and Interest. See General Instruction J	13 14		
	 14 Use tax. See General Instruction K. 15 Balance due. Add line 11, line 13, and line 14. 	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 to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	t of my k	knowledge and belie	f, it is true,
Sign Here	Title Date		Telephone	
riere	signature (I.I.14.12)	310-271-6096		
	Date Check		Paid PTIN	
Paid	signature JOHN M. PAGANO	P00370783		
Preparer's Use Only	Firm's name COHEN PAGANO ACCOUNTANCY	FEIN		
SSC Only	(or yours, if self-employed) and address IDS ANGELES, CA 90025-7121	9	5-4016303 Telephone	
		10-826-34	חח	
	May the FTB discuss this return with the preparer shown above? See instructions			
N	way the FTD discuss this return with the preparer shown above? See instructions,		<u>[A]</u> , 63	<u></u>

For Privacy Notice, get form FTB 1131.

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LAS	г сн	ANC	CE FOR ANIMALS			95-4013155		
Part		Orga	anizations with gross receipts of plete Part II or furnish substitute	f more than \$25,000 and p	rivate foundations reg	pardless of amoun	t of gro	oss receipts –
		1	Gross sales or receipts from all				1	620.
		2					2	020.
Recei	2 Interest						3	
	ots							
from	•	5					4 5	
Other Sourc							6	
		7	Other income. Attach schedule.	•	•		7	7,408.
		8	Total gross sales or receipts fro				_	.,
			a 1		0		8	8,028.
	 Enter here and on Side 1, Part I, line 1						9	
		10	Disbursements to or for membe				10	
	11 Compensation of officers, directors, and trustees. Attach schedule						11	321,500.
Exper							12	
and		13	Interest				13	3,592.
Disbu		14	Taxes				14	28,745.
		15	Rents				15	
		16	Depreciation and depletion (Se	e instructions)		•	16	7,206.
		17	Other Expenses and Disburser	•			17	716,649.
		18	Total expenses and disbursements. Add				18	1,077,692.
Sche	dule		Balance Sheets	Beginning of t				ble year
Asset				(a)	(b)	(c)		(d)
1 (Cash				46,299.		•	177,218.
2	Net acc	ounts	receivable		203,906.		•	52,407.
3	Net not	es rec	eivable				•	
							•	
			state government obligations				•	
6	Investments in other bonds						•	
7	Investments in stock						•	
8	Mortga	je loai	ns				•	
9 (9 Other investments Attach schedule					•		
10 a	Depreci	able a	issets			155,35		
			lated depreciation		15,634.	129,76	59.	25,586.
							•	
			Attach schedule	-	97,363.		•	46,037.
13	Total as	ssets.			363,202.		_	301,248.
			let worth					
			able		112,511.		•	22,237.
			, gifts, or grants payable				•	
16	Bonds and notes payable		otes payable				•	
			ıyable				•	
			es. Attach schedule					
			or principle fund		250,691.		•	279,011.
			pital surplus. Attach reconciliation				•	
			nings or income fund		262,000		•	201 240
			es and net worth		363,202.			301,248.
Sche	eaule	· IVI-	1 Reconciliation of income p Do not complete this sched			n (d) is loss than	¢25 001	h
1	Net inc	nmo n					φ <u>2</u> υ,000	
	Net income per books 26,036. 7 Income recorded on books this year not included in this return. Excess of capital losses over capital gains • Attach schedule. Attach schedule.							
	Income not recorded on books this year. Attach schedule				-			
					-			
	Expenses recorded on books this year not deducted Attach schedule				• • • •			
i	in this i	eturn.	. Attach schedule	•		d line 8		
	Total. 10 Net income per return.							
/	Add line	e 1 thr	rough line 5	26,036.	Subtract line 9 from	line 6		26,036.

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