Return of Private Foundation

OMB No	1545-0052
20	005

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The organization may be able to use a copy of this return to satisfy state reporting requirements

		ilendar year 2005, or tax year beginning	12	/14 , 200	5, and ending	11/30/2006
G	Che	eck all that apply X Initial return	Final return	Amended return	X Address change	e Name change
		Name of organization	<u> </u>		A Empl	oyer identification number
ι	Jse ti	he IRS				
Ī		bel. FOUND ANIMALS FOUNDATI	ON THE			2044600
(rwise, Number and street (or P O box num		to street address)		-3944602
		rint	iber ir mair is not delivered	to street address)		hone number (see page 10 of structions)
	or t	ype.				
S		pecific 11755 WILSHIRE BLVD, S	UITE 1600			10) 806-9290
ir	nstru	ctions. City or town, state, and ZIP code			C If exemption application of the control of the co	lication is
		i			D 1 Foreign organi	.
		LOS ANGELES, CA 90025				izations meeting the
H	Che	eck type of organization. X Section 50	1(c)(3) exempt private	foundation	85% test, chec	k here and attach
ſ		Section 4947(a)(1) nonexempt charitable trust	· — · ·	private foundation	computation	
_			counting method			tion status was terminated
•		L L			under section 50	7(b)(1)(A), check here .
	_	rear (from Part II, col (c), line	Other (specify)			is in a 60-month termination
		0,000,000	I, column (d) must be o	n cash basis)	under section 507	(b)(1)(B), check here
L	art	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	income	income	for charitable purposes
		column (a) (see page 11 of the instructions))	books			(cash basis only)
T	1	Contributions, gifts, grants, etc., received (attach schedule)	4,000,000			1
ļ	2	Check ▶ if the foundation is not required to attach Sch. B				
-	3	Interest on savings and temporary cash investments	160,201	. 160,201	. 160,201	. STMT 1
1				100,201	100,201	· SIMI I
	4	Dividends and interest from securities		ļ	-	
	5 a	Gross rents	•	<u> </u>		
	b	Net rental income or (loss)				
잌		Net gain or (loss) from sale of assets not on line 10				
悥	D	Gross sales price for all assets on line 6a	_			
Revenue	7	Capital gain net income (from Part IV, line 2)				
~	8	Net short-term capital gain				
	9	Income modifications · · · · · · · · ·		-		
	-	Gross sales less returns			,	
	h	and allowances · · · · Less Cost of goods sold		1 1		
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		 	
		Gross profit or (loss) (attach schedule)				
į	11	Other income (attach schedule)		ļ		· · · · · · · · · · · · · · · · · · ·
-	12	Total. Add lines 1 through 11			. 160,201	•
ŀ	13	Compensation of officers, directors, trustees, etc.		E		
ر _م	14	Other employee salaries and wages	•	ļ		_
ses	15	Pension plans, employee benefits				
ĕ	16a	Legal fees (attach schedule) STMT 2	77,564	. NON	E NON	E 77,564.
Expens		Accounting fees (attach schedule)STMT 3		. NON	E NON	
9		Other professional fees (attach sci@@ME). 4	•			
اچ	c 17 18 19 20 21 22 23 24	Interest				2,000
ול	18	Taxes (attach schedule) (see page 14 of me instructions)	'			
≣ًا	10	Depreciation Pattath schedule and depletion				
٤	19		4 500	 		4 500
2	20	Occupancy	4,500		 	4,500.
털	21	Travel Shiferences, and meetings .	. 20,934	•	 	20,934.
8	22	Printing and publications	•		 	
5	23	Other expenses (attach schedule) STAT. 5	. 283,908	. NON	E NON	E 283,908.
Ē	24	Total operating and administrative expenses	s.			
퇿		Add lines 13 through 23	468,591	. NON	E NON	E 468,591.
_ I	25	Contributions, gifts, grants paid				78,056
\supseteq	26_	Total expenses and disbursements Add lines 24 and 2		1	E NON	
ш	27	Subtract line 26 from line 12	010,017	,	11014	570,047
Ź		Excess of revenue over expenses and disbursements	3,613,554			
۲		Net investment income (if negative, enter -0-			 	
2				160,201		-
11		Adjusted net income (if negative, enter -0-).	<u> </u>		160,201	• 1

	art II	Balance Sheets Attached schedules and amounts in the description column should be for	Beginning of year	End o	f year
H	ait II	end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - mon-interest-bearing			
	2	Savings and temporary cash investments	NONE	3,599,878.	3,599,878.
	3	Accounts receivable			
		Less. allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			· · · · · ·
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
ë	9	Prepaid expenses and deferred charges			
Assets	10 a	Investments - U S and state government obligations (attach schedule)	l t		
•		Investments - corporate stock (attach schedule)			
		Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings,			· · · · · · · · · · · · · · · · · · ·
		Less accumulated depreciation			
	12	(attach schedule)			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and			
		less accumulated depreciation >			
	15	(attach schedule) Other assets (describe	NONE	13,676.	13,676.
	16	Total assets (to be completed by all filers - see page 16 of	NONE		13,070.
	10	the instructions Also, see page 1, item l)	NONE	3,613,554.	3,613,554.
_	17	Accounts payable and accrued expenses		3,013,334.	5,015,554.
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
逗	21	Mortgages and other notes payable (attach schedule)	I I		
Ξ:	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22) · · · · · · · · ·			
		Organizations that follow SFAS 117, check here ▶			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
2	25	Temporarily restricted			
39.5	26	Permanently restricted · · · · · · · · · · · · · · · · · · ·	_		
펄	24 25 26	Organizations that do not follow SFAS 117,			
Ë		check here and complete lines 27 through 31. ► X			
5	27	Capital stock, trust principal, or current funds			
ts (28	Paid-in or capital surplus, or land, bldg , and equipment fund			
se	29	Retained earnings, accumulated income, endowment, or other funds	NONE	3,613,554.	
ğ	30	Total net assets or fund balances (see page 17 of the		3701370011	
Net Assets		instructions)	NONE	3,613,554.	
_	31	Total liabilities and net assets/fund balances (see page 17 of	10114	3,013,334.	
	•	the instructions) · · · · · · · · · · · · · · · · · · ·	NONE	3,613,554.	
_			·	0,010,001.	
L	art	Analysis of Changes in Net Assets or Fund	baiances		
1	Tota	Il net assets or fund balances at beginning of year - Part II	l, column (a), line 30 (mus	t agree with	· · · · · · · · · · · · · · · · · · ·
•		of-year figure reported on prior year's return)			NONE
			<i> </i>		

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with		
	end-of-year figure reported on prior year's return)	1	NONE
2	Enter amount from Part I, line 27a		3,613,554.
	Other increases not included in line 2 (itemize) ▶	3	
	Add lines 1, 2, and 3	4	3,613,554.
	Decreases not included in line 2 (itemize) ▶	5	
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,613,554.

Form 990-PF (2005)

	orm 990-PF (2005)					Page 3
j		s and Losses for Tax on In	· · · · · · · · · · · · · · · · · · ·	(b) How	(c) Date	T =
	• • • • • • • • • • • • • • • • • • • •	d describe the kind(s) of property sold rick warehouse, or common stock, 200	· •	P-Purchase	acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1:		TICK WATERIOUSE, OF COMMINION SLOCK, 200	U SI IS IVILO CO)	D-Donation	(mo, day, yr)	
		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
_						
_	d					
_)					
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
	1					
!	b					
_						
_	<u> </u>			ļ		
_	Complete only for exacts a	house gain in column (h) and av	upod by the foundation on 12/21/60			
_	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	1 17	Gains (Col (h) g (k), but not less t Losses (from co	than -0-) or
_				<u> </u>		
	b					
_	C					-
_	d					
_	e					
2	Capital gain net income or		If gain, also enter in Part I, line 7	1		
		ζ.	If (loss), enter -0- in Part I, line 7	2		· ·
3		or (loss) as defined in sections 1				
	-	, line 8, column (c) (see pages 13	· · · · · · · · · · · · · · · · · · ·			
r		Ine 8	duced Tax on Net Investment Inc	Ome		
			he section 4940(a) tax on net invest			
٠,	or optional asc by domesti	o private realisations subject to the	no section 4546(a) tax on het invest			
If	section 4940(d)(2) applies,	leave this part blank NO	T AVAILABLE FOR INITIAL	YEAR R	RETURNS	
		•				
	_		tributable amount of any year in the	base per	ıod?	Yes No
lf_	"Yes," the organization doe	s not qualify under section 4940(e) Do not complete this part			
1	Enter the appropriate am	ount in each column for each yea	ar, see page 18 of the instructions be	efore mak	ing any entries	
	(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
_	2004					
_	2003					
_	2002					
_	2001			ļ		
	2000	<u> </u>	<u>.l.,</u>			
2	Total of line 1 column (d)			2		
2		for the 5-year base period - divid	te the total on line 2 by 5 or by			
J	•	•	If less than 5 years	3		
	the hamber of years the f	oundation has been in existence	niess than o years			
4	Enter the net value of nor	ncharitable-use assets for 2005 fr	rom Part X, line 5	4	···-	
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8		ons from Part XII, line 4	and complete that part using a 1% tax rate. See	8 the Part VI I	nstructions on page	18

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Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	page 18 of t	ne ins	tructio	ns)
1 a	Exempt operating foundations described in section 4940(d)(2), check here And enter "N/A" on line 1			•	
	Date of ruling letter (attach copy of ruling letter if necessary - see instructions)		•	-	-
b	Domestic organizations that meet the section 4940(e) requirements in Part V, check	1		3,	204.
	here and enter 1% of Part I, line 27b	. "			
С	All other domestic organizations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			
3	Add lines 1 and 2	3			<u>204.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			<u>NONE</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		3,	<u> 204.</u>
6	Credits/Payments	ł			
	2005 estimated tax payments and 2004 overpayment credited to 2005 6a				
	Exempt foreign organizations - tax withheld at source 6b NONE Tax paid with application for extension of time to file (Form 8868) 6c 6.000.				
	, , , , , , , , , , , , , , , , , , , ,				
	Backup withholding erroneously withheld	-		c	000
7	1 1	8			000.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			<u> 167.</u>
9	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			629.
10 11	Enter the amount of line 10 to be: Credited to 2006 estimated tax > 2,629. Refunded			۷,	029.
	t VII-A Statements Regarding Activities	<u>''''</u>			
	During the tax year, did the organization attempt to influence any national, state, or local legislation or did			Yes	No
	It participate or intervene in any political campaign?		1 a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page				
_	19 of the instructions for definition)?		1ь		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the organization in connection with the activities				
С	Did the organization file Form 1120-POL for this year?		1 c		х
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the organization ▶\$ (2) On organization managers ▶\$				Į
е	Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed	_			İ
	on organization managers > \$				
2	Has the organization engaged in any activities that have not previously been reported to the IRS?		2		<u> </u>
	If "Yes," attach a detailed description of the activities				
3	Has the organization made any changes, not previously reported to the IRS, in its governing instrument, articles				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u> </u>
4 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		4 a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions				
	that conflict with the state law remain in the governing instrument?		6	X_	
7	Did the organization have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	nd Part XV .	_7	<u> </u>	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
	instructions) CA,				
D	If the answer is "Yes" to line 7, has the organization furnished a copy of Form 990-PF to the Attorney		,	v	
•	General (or designate) of each state as required by General Instruction G? If "No," attach explanation		8 b	X	_
9	Is the organization claiming status as a private operating foundation within the meaning of section 4942(j)(3)				
	or 4942(j)(5) for calendar year 2005 or the taxable year beginning in 2005 (see instructions for Part XIV on		_	х	
10	page 26)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and		10	X	<u> </u>
10	Did any persons become substantial contributors during the tax year in "Yes," attach a schedule listing their names and Did the organization comply with the public inspection requirements for its annual returns and exemption applicat		11	X	
• •	Web site address ► NONE		ــــــــــ	_^	
12	The books are in care of ▶ DAN MELILLO Telephone no ▶	310-806-		9700	
	Located at ► 11755 WILSHIRE BLVD, #1600 LOS ANGELES, CA ZIP+4 ► 9002	-== <u>-</u> ===== 25	====	<i>.</i> 44.≟	
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	N/A	-)	•
_	and enter the amount of tax-exempt interest received or accrued during the year	3			
		CTMT 7 F	00	0-PF	(2005)

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Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the organization (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			;
	a disqualified person?		-	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the organization agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes X No	!		
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? · · · · · · · · · · · · · · · · · · ·	1 b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the organization engage in a prior year in any of the acts described in 1a, other than excepted acts,	4.		
_	that were not corrected before the first day of the tax year beginning in 2005?	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2005, did the organization have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2005?			
	and so, rank with the last year (e) segmining solors seem to the contract of t			
h	If "Yes," list the years Are there any years listed in 2a for which the organization is not applying the provisions of section 4942(a)(2)			
U	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2 b	N/	Ά
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
·	The provisions of section 4-9-2 (a)(2) are being applied to any of the years noted in 2a, list the years noted			
3a	Did the organization hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2005 as a result of (1) any purchase by the organization			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the organization had excess business holdings in 2005)	3 b	N/	A
4a	Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	ļ	X
b	Did the organization make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2005?	4 b		<u> </u>
5 a	During the year did the organization pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry		-	
	on, directly or indirectly, any voter registration drive?			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?			
	In section 509(a)(1), (2), or (3), or section 4940(d)(2)? Yes X No (5) Provide for any purpose other than religious, charitable, scientific, literary, or			
	educational purposes, or for the prevention of cruelty to children or animals? Yes X No			
D	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in	5 b	N/	Δ.
	Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 20 of the instructions)? · · · · · · · · · · · · · · · · · · ·	" 	/	- 1
_	Organizations relying on a current notice regarding disaster assistance check here		•	
C	tax because it maintained expenditure responsibility for the grant?			
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)			
6 a	Did the organization, during the year, receive any funds, directly or indirectly, to pay	1	ļ	
- 4	premiums on a personal benefit contract?		ļ	
b	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6 b		Х
	If you answered "Yes" to 6b, also file Form 8870		l	

1 List all officers, directors, trustees, foundation n			page 21 of the instru	uctions).
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		NONE	NONE	NONI
	1			
2 Compensation of five highest-paid employees (of If none, enter "NONE."	ther than those inc	luded on line 1 - se	e page 21 of the inst	ructions).
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	_			
		<u>.</u>		
Total number of other employees paid over \$50,000. Five highest-paid independent contractors for pr "NONE."				
(a) Name and address of each person paid more that	in \$50,000	(b) Тур	pe of service	(c) Compensation
SEE STATEMENT 9				65,929
Total number of others receiving over \$50,000 for profe	essional services .		· · · · · · · · · · · · · · ·	▶ NONE
Part IX-A Summary of Direct Charitable Activity	ties			
List the foundation's four largest direct charitable activities during the of organizations and other beneficianes served, conferences convened			ch as the number	Expenses
1 _ CAMPAIGN_THAT_WILL_CONTRIBUTE_TO_TI _AND_MICROCHIPPING_OF_SUBSTANTIALLY			·	
IN LOS ANGELES. 2 DIRECT FINANCIAL ASSISTANCE TO ENHA	ANCE THE ADOP	TABILITY		252,808
OF SPECIFIC ANIMALS, INCLUDING DIST		<u>VETERINARY</u>		6,299
3				
4				W
				5 990-PE (2005)

_	t IX-B Summary of Program-Related Investments (see page 22 of the instructions)		
_De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
١_	NONE		
_			
<u> </u>			
All	other program-related investments. See page 22 of the instructions		
3	NONE		
_			
_			
Γot	al. Add lines 1 through 3	. ▶	
Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei	an four	ndations.
	see page 22 of the instructions)	J	,
<u></u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	NONE
h	Average of monthly cash balances	1b	3,792,619.
c	Average of monthly cash balances Fair market value of all other assets (see page 23 of the instructions)	1c	
4	Total (add lines 1a b. and c)	1d	13,676.
u	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	 '" -	3,806,295.
-	· · · · · · · · · · · · · · · · · · ·		
2	1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets	2	27027
3	Acquisition indebtedness applicable to line 1 assets	3	NONE
, 1	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 23	•	3,806,295.
•			
_	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	57,094.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	6	3,749,201.
3	Minimum investment return. Enter 5% of line 5		187,460.
Pa	Distributable Amount (see page 23 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here \blacktriangleright and do not complete this j		ating
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2005 from Part VI, line 5 2a		
b	Income tax for 2005 (This does not include the tax from Part VI) 2b]	
С	Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 24 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
	-A XII Overlifeting Dietaikutions (occupance 24 of the instructions)		
Fe	rt XII Qualifying Distributions (see page 24 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	546,647.
b	Program-related investments - total from Part IX-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	546,647.
5	Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 24 of the instructions)	5	
6	Adjusted avalifying distributions. Cultivat line E from line 4	6	546,647.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating who		
	qualifies for the section 4940(e) reduction of tax in those years		

Part XIII Undistributed Income (see page 24 of the instructions)

		(a)	(b)	(c)	(d)
1	Distributable amount for 2005 from Part XI,	Corpus	Years prior to 2004	2004	2005
	line 7				
2	Undistributed income, if any, as of the end of 2004				
а	Enter amount for 2004 only				
b	Total for pnor years,				
3	Excess distributions carryover, if any, to 2005				
	From 2000	-			
þ	From 2001	, .·.			
C	From 2002			•	
d	From 2003				
			, -	• •	
f	Total of lines 3a through e			•	· · · · · · · · · · · · · · · · · · ·
4	Qualifying distributions for 2005 from Part	~ · · · ·			
	XII, line 4 ▶ \$ 546, 647.	;	**		`-
а	Applied to 2004, but not more than line 2a	_ =			
b	Applied to undistributed income of prior years (Election required - see page 25 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 25 of the instructions)				
d	Applied to 2005 distributable amount				
	Remaining amount distributed out of corpus	546,647.			
5	Excess distributions carryover applied to 2005	-			
	(If an amount appears in column (d), the same amount must be shown in column (a))		- .		
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	546,647.			
ь	Prior years' undistributed income Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
_	amount - see page 25 of the instructions				
-	Undistributed income for 2004 Subtract line 4a from line 2a Taxable amount - see page				
	25 of the instructions	, , ,			
f	Undistributed income for 2005 Subtract	; ; ; · · · ·			
	lines 4d and 5 from line 1 This amount must be distributed in 2006				
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions)				
8	Excess distributions carryover from 2000 not				
	applied on line 5 or line 7 (see page 25 of the instructions)				
9	Excess distributions carryover to 2006.				
•	Subtract lines 7 and 8 from line 6a	546,647.			
0	Analysis of line 9				
а	Excess from 2001]			
b	Excess from 2002				
	Excess from 2003				
	Excess from 2004				
е	Excess from 2005 546, 647.	<u> </u>			<u> </u>

Form **990-PF** (2005)

_	n 990-PF (2005)	esting Foundations (non name 26 of th	, instructions and D	Part VII-A, question 9	' Page 9
-					art vii-A, question 9)
1 a						
	foundation, and the ruling	g is effective for 2005, ei	nter the date of the rulin	ng	▶ 01/10/200	7
b	Check box to indicate wh	ether the organization is	a private operating for	undation described in sec	tion X 4942(j)(3) or	4942(J)(5)
_		Tax year		Prior 3 years	1 2 - 0/(-)	1
2 a	Enter the lesser of the adjusted net income from	(a) 2005	(b) 2004		40.000	(e) Total
	Part I or the minimum	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
	investment return from Part				1	
	X for each year listed	160,201.				160,201.
b	85% of line 2a	136,171.				136,171.
_						130/1/1
C	Qualifying distributions from Part	546 647				
d	XII, line 4 for each year listed .	546,647.				546,647.
u	Amounts included in line 2c not used directly for active conduct					
	of exempt activities					
e	Qualifying distributions made					
	directly for active conduct of					
	exempt activities Subtract	546 647				
3	line 2d from line 2c	546,647.		 		<u>546,647</u> .
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets	3,613,554.				3,613,554.
	(2) Value of assets qualifying		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		3,013,334.
	under section					
	4942(j)(3)(B)(i)					NONE NONE
U	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X					
	line 6 for each year listed	124,973.				124,973.
С	"Support" alternative test - enter	221/3/01				124,913,
	(1) Total support other than					
	gross investment income					ļ
	(interest, dividends, rents,					!
	payments on securities	i				
	loans (section 512(a)(5)), or royalties)					NONE
	(2) Support from general					- NON?
	public and 5 or more	i				ŀ
	exempt organizations as provided in section 4942 ;				-	-
	(j)(3)(B)(III)					NONE
	(3) Largest amount of sup-					
	port from an exempt organization			1		NONE
	(4) Gross investment income				- 	
Da		and Information (Co			4: b C5 000	NONE
Γ¢					ation had \$5,000 or i	nore in
	assets at an	y time during the y	ear - see page 26	of the instructions.)	
1	Information Regarding	3 Foundation Manager	s:			
а	List any managers of t	the foundation who h	ave contributed mo	re than 2% of the tot	tal contributions recei	ved by the foundation
	before the close of any	tax year (but only if the	ney have contributed	d more than \$5,000)	(See section 507(d)(2))
			·	,		•
	SEE STATEM	ENT 10			•	
b	List any managers of	the foundation who d	own 10% or more	of the stock of a cor	poration (or an equal	ly large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	n has a 10% or great	er interest	
	27.47					
2	N/A Information Regarding	Contribution Const	Ciff Lass Cabalass	hin ste December		
2						
	Check here ▶ X If the	ne organization only	makes contribution	s to preselected cha	aritable organizations	and does not accept
	unsolicited requests for	or funds If the organ	ization makes gifts,	grants, etc (see page	ge 26 of the instruct	ions) to individuals or
	organizations under oth	ner conditions, comple	ete items 2a, b, c, an	d d	_	•
	The series address as	-d 4-1b	- f Ala			
а	The name, address, ar	ia telephone number (of the person to who	om applications should	be addressed	
b	The form in which appl	ications should be sub	mitted and informat	tion and materials the	y should include	
					•	
	Any submission deadle	205		 		
С	Any submission deadling	ies				
d	Any restrictions or lin	nitations on awards.	such as by geog	raphical areas charif	table fields, kinds of	institutions, or other
	factors		, 33	,	, 91	amanana, ar amar

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	If recipient is an individual,	Foundation	ata. 5 i ayınısını	<u> </u>
Name and address (home or husiness)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid during the year				
SEE STATEMENT 11				
SEE STATEMENT II				
			1	
	,			
		<u> </u>		
Total	 		▶ 3a	78,056.
b Approved for future payment				
	1			
Tabal		<u> </u>	<u> </u>	
Total			▶ 3b	I

gross amounts unless otherwise indicated	Unrel	ated business income	Excluded by	section 512, 513, or 514	(e)
rogram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related of exemp function income (See page 26 of the instructions)
	Code	Airiodin	Code	Allount	the mstructions
					
				-	
			1		
					·
Fees and contracts from government agencies					
embership dues and assessments					
terest on savings and temporary cash investments			14	160,201.	
ividends and interest from securities				,	
et rental income or (loss) from real estate	_ ` .		-	E + 1	
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal property					
ther investment income					
ain or (loss) from sales of assets other than inventory	Ł.				
et income or (loss) from special events					
ross profit or (loss) from sales of inventory	1				
ther revenue a					
		1			
				160,201.	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27	to verify calc	ulations)			
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27 t XVI-B Relationship of Activities Explain below how each activit the accomplishment of the org	to verify calc	ulations) complishment of E	Exempt Purp	oses (e) of Part XVI-A cont	160,2
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27 t XVI-B Relationship of Activities Explain below how each activit	to verify calc	ulations) complishment of E	Exempt Purp	oses (e) of Part XVI-A cont	160,2
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27 t XVI-B Relationship of Activities Explain below how each activit the accomplishment of the org	to verify calc	ulations) complishment of E	Exempt Purp	oses (e) of Part XVI-A cont	160,2
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ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27 t XVI-B Relationship of Activities Explain below how each activit the accomplishment of the org	to verify calc	ulations) complishment of E	Exempt Purp	oses (e) of Part XVI-A cont	160,2
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ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27 t XVI-B Relationship of Activities Explain below how each activit the accomplishment of the org	to verify calc	ulations) complishment of E	Exempt Purp	oses (e) of Part XVI-A cont	160,2
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27 t XVI-B Relationship of Activities Explain below how each activit the accomplishment of the org	to verify calc	ulations) complishment of E	Exempt Purp	oses (e) of Part XVI-A cont	160,2
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27 t XVI-B Relationship of Activities Explain below how each activit the accomplishment of the org	to verify calc	ulations) complishment of E	Exempt Purp	oses (e) of Part XVI-A cont	160,2
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27 t XVI-B Relationship of Activities Explain below how each activit the accomplishment of the org	to verify calc	ulations) ccomplishment of E th income is reporte exempt purposes (Exempt Purpod in column other than by	oses (e) of Part XVI-A cont	160,2
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27 t XVI-B Relationship of Activities Explain below how each activit the accomplishment of the org	to verify calc	ulations) complishment of E	Exempt Purpod in column other than by	oses (e) of Part XVI-A cont	160,2
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27 t XVI-B Relationship of Activities Explain below how each activit the accomplishment of the org	to verify calc	ulations) ccomplishment of E th income is reporte exempt purposes (Exempt Purpod in column other than by	oses (e) of Part XVI-A cont	160,2
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ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27 t XVI-B Relationship of Activities Explain below how each activit the accomplishment of the org	to verify calc	ulations) ccomplishment of E th income is reporte exempt purposes (Exempt Purpod in column other than by	oses (e) of Part XVI-A cont	160,2
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 27 t XVI-B Relationship of Activities Explain below how each activit the accomplishment of the org	to verify calc	ulations) ccomplishment of E th income is reporte exempt purposes (Exempt Purpod in column other than by	oses (e) of Part XVI-A cont	160,2
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orm	990-PF											ge 1 2
ar	t XVI	Information Exempt Orga		ransfers To a	nd Transa	ctions	and Rela	tionships	With N	lonc	harit	able
1	Did th	e organization directly of	r indirectly engag	e in any of the follo	wing with any	other org	anization desc	ribed in secti	on		Yes	No
	501(c) of the Code (other than	n section 501(c)(3) organizations) or	in section 527	relating to	o political orga	nızatıons?		, · · ·		
а		fers from the reporting o								-	`	• , ;
	(1) C	ash								1a(1)		_X
_		ther assets								1a(2)		X
U		ales of assets to a nonch	naritable exempt o	rganization						1b(1)		х
		urchases of assets from								1b(2)		Х
		ental of facilities, equipm								1b(3)		Х
		eimbursement arrangeme								1b(4)		Х
		oans or loan guarantees										Х
		erformance of services o										X
C	Sharii	ng of facilities, equipmer	nt, mailing lists, of	her assets, or paid ei	mployees					1 c		X
d	If the	answer to any of the abo	ove is "Yes," com	plete the following so	hedule Colum	n (b) shou	ıld always sh	ow the fair ma	arket			
	value	of the goods, other asse	ets, or services gi	ven by the reporting	organization 1	the orgar	nization receiv	ed less than f	aır			
	marke	et value in any transactio	n or sharing arrai	ngement, show in col	umn (d) the va	lue of the	goods, other	assets, or se	rvices			
_	receiv	ved	,									
(a) L	ine no	(b) Amount involved	(c) Name of r	noncharitable exempt o	rganızatıon	(d) Des	scription of tran	isfers, transacti	ons, and shar	ing arra	ngemer	nts
		N/A				N/A						
												
			–							-		
				·								
												-
								<u>.</u>				
			1					-				
	descr	e organization directly or libed in section 501(c) of es," complete the following	the Code (other			•	organizations		[s X	No
		(a) Name of organizatio	n	(b) Type o	f organization			(c) Descripti	on of relations	hip		
					 				·- · · · · · ·			
											_	
								-				
												
		penalties of perjury, I dec it is true, correct, and com							eparer has an			ge an
စ္	S	ignature of officer or trustee			1	Date		Title				
ign Here	er's >Ic	Preparer's	n m	Paule	Date		Check if self-emplo	oyed ►	Preparer's (See Signate of the instru	ure on p		3

CARLIN & VAN TRIGT LLP

4550 E. THOUSAND OAKS BLVD, #100

WESTLAKE VILLAGE, CA

Phone no 805-374-8555 Form 990-PF (2005)

P00358939

EIN ▶ 95-4345526

Paid Preparer's Use Only

Preparer's signature

and ZIP code

Firm's name (or yours if self-employed), address,

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

2005

Employer identification number

FOUND ANIMALS FOUNDAT	ION, INC.	20-3944602				
Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ 501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a priva	ite foundation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private f	oundation				
	501(c)(3) taxable private foundation					
, ,	vered by the General Rule or a Special Rule . (Note: Only a section 5 both the General Rule and a Special Rule - see instructions)	υ1(c)(7), (8), or (10)				
	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 contributor (Complete Parts I and II)	00 or more (in money or				
Special Rules -						
sections 1 509(a)-3/1) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 170A-9(e) and received from any one contributor, during the year, a mount on line 1 of these forms (Complete Parts I and II)					
during the year, aggree), (8), or (10) organization filing Form 990, or Form 990-EZ, that regate contributions or bequests of more than \$1,000 for use exclusive ducational purposes, or the prevention of cruelty to children or anim	ely for religious, charitable,				
during the year, some not aggregate to more the year for an exclusiv applies to this organiza), (8), or (10) organization filing Form 990, or Form 990-EZ, that recontributions for use <i>exclusively</i> for religious, charitable, etc., purpose than \$1,000. (If this box is checked, enter here the total contribution religious, charitable, etc., purpose. Do not complete any of the Fation because it received nonexclusively religious, charitable, etc., or contributions.	ses, but these contributions did ons that were received during larts unless the General Rule ontributions of \$5,000 or more				
Caution: Organizations that are 990-EZ, or 990-PF), but they mu	not covered by the General Rule and/or the Special Rules do not file ist check the box in the heading of their Form 990, Form 990-EZ, or not meet the filing requirements of Schedule B (Form 990, 990-EZ, or	Schedule B (Form 990, on line 2 of their Form				

of of Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)						
Name of organization	FOUND	ANIMALS	FOUNDATION,	INC.		

Employer identification number

20-3944602

(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1	GARY KARLIN MICHELSON, M.D. 11755 WILSHIRE BLVD, SUITE 1600 LOS ANGELES, CA 90025	4,000,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)

(Rev December 2006)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

OMB No 1545-1709

Internal Revenue S	ervice		► File a	separate application	n for each return				
 If you are f 	iling for a	n Automatic 3-Mo	onth Extension,	complete only F	art I and check this	s box			▶ x
 If you are f 	iling for a	n Additional (not	automatic) 3-M	onth Extension,	complete only Par	t II (on pag	je 2 of this f	form)	
Do not comple	te Part II u	inless you have a	lready been gra	nted an automati	c 3-month extension	on on a pre	eviously filed	Form 886	3
Part I Auto	matic 3	Month Extension	on <mark>of Time.</mark> Or	ly submit origin	al (no copies nee	eded)			
• •		orations required t			an automatic 6-m	onth exter	nsion - check	this box	▶ □
		ncluding 1120-C income tax returns		ps, REMICs, and	trusts must use Fo	rm 7004 to	request an		
Electronic Filing one of the ret Form 8868 el 8870, group re	ng <i>(e-file)</i> turns note lectronica eturns, or	. Generally, you o ed below (6 mon lly if (1) you war a composite or c	can electronicall ths for section t nt the additiona onsolidated Froi	501(c)(3) corpora I (not automatic m 990-T Instead	3 if you want a 3- ations required to 3 3-month extension, you must submit wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	file Form 9 on or (2) y the fully co	990-T) Hov ou file For empleted an	vever, you ms 990-Bl d signed pa	cannot file ., 6069, or ge 2 (Part II)
Type or	Name of	Exempt Organization	on				Employer	identificatio	n number
print	FO	UND ANIMALS	FOUNDATION	INC			20-3	944602	
File by the		, street, and room or			s	-			
due date for	12	100 WILSHIRE	BLVD., SU	TE 800					
filing your return See		n or post office, sta			s, see instructions				
instructions	LO:	S ANGELES, C	A 90025						
Check type o		o be filed (file a s		tion for each retur	n)				
Form 990			Form 990-T (d			Fo	orm 4720		
Form 990)-BL		Form 990-T (s	sec 401(a) or 408(a) trust)	Fo	orm 5227		
Form 990)-EZ		Form 990-T (rust other than abo	/e)	Fo	orm 6069		
X Form 990		-	Form 1041-A		•	Fo	orm 8870		
If the organIf this is for for the whole of	nization d r a Group group, ch		office or place of organization's fo	business in the our digit Group E	No ► 310 80 United States, checkemption Number (4 p, check this box	k this box	and attach		his is
until	organiza	•			orporation required In return for the orga		•		
×		beginning	1	2/14 2005	and ending		11/30	2006	
2 If this tax	year is f	or less than 12 m	onths, check reas	son X Initial	return Fina	I return	Change	in account	ing period
=	•	is for Form 990- dits. See instruction		0-T, 4720, or 6	069, enter the ter	ntative tax	less any	3a \$	6,000.
				er any refundah	le credits and estir	nated tax	navments	30 \$	0,000.
· ·	•	prior year overpa		•	s. salto and esti	u.u lax		3ь \$	NONE
					with this form, or,	if require	d denosit		NONE
					Federal Tax Pay	•			
instructio	-	i or, ir required	i, by using EF	11 O (Electronic	Toucial Tax Pay	ment syst	em) see	1 1	c 000
		a to make an elec		dan,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0060 T	0450 5		3c \$	6,000.
		=	ctronic tund with	urawai with this h	Form 8868, see Fo	ırm 8453-E	and Forr	n 8879-EO	
for payment in									
For Privacy A	ct and Pa	perwork Reduct	ion Act Notice, s	ee Instructions.				Form 8868 (Rev 12-2006)

Form 8868 (Rev				Page 2
	filing for an Additional (not automatic) 3-Month Extension, complete only			. ▶ X
	complete Part II if you have already been granted an automatic 3-month ex		n a previously filed Form 8868	
	filing for an Automatic 3-Month Extension, complete only Part I (on page			
Part II A	dditional (not automatic) 3-Month Extension of Time - Must	File Orig		
Type or	Name of Exempt Organization		Employer Identification number	
print	FOUND ANIMALS FOUNDATION INC	LANCE TO A	20-3944602	
File by the extended	Number, street, and room or suite no. If a P O box, see instructions	李子	For IRS use only	
due date for	11755 WILSHIRE BLVD., SUITE 1600	TEACH STANCE	The state of the s	Sec - 5/90/ (#2
filing the return See	City, town or post office, state, and ZIP code For a foreign address, see instructions			
instructions	LOS ANGELES, CA 90025	and the state of the	Control of the Contro	****
	of return to be filed (File a separate application for each return)	Г	Form 5227	
Form		}-	Form 6069	
	990-BL Form 990-T (trust other than above) 990-EZ Form 1041-A	<u>-</u>	Form 8870	
	990-PF Form 4720	L_		
	o not complete Part II if you were not already granted an automatic 3-mo	onth extens	sion on a previously filed Forn	8868
	oks are in the care of ► TRACY MCGREGOR			
	one No ▶ 310 806-9700 FAX No ▶ 31	0 806-9	1291 0799	
	anization does not have an office or place of business in the United States,			
-	or a Group Return, enter the organization's four digit Group Exemption Num			
	ele group, check this box	_		
	EINs of all members the extension is for.		, and another a new man	
	est an additional 3-month extension of time until 10/15/2007			
•	alendar year , or other tax year beginning 12/14/2005	and end	ling 11/30/2006	
	tax year is for less than 12 months, check reason: X Initial return	Final retu		ng period
	in detail why you need the extension _ ADDITIONAL TIME IS REQU	IRED TO	GATHER	
	RMATION FOR PREPARATION AND FILING FOR A COMPLETE			
TAX	RETURN.			
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	ne tentative	e tax, less any	
nonre	fundable credits. See instructions		<u>\$</u>	NONE
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundation			
tax p	ayments made Include any prior year overpayment allowed as a cred	it and any	amount paid	
•	ously with Form 8868		-	NONE
	ce Due. Subtract line 8b from line 8a. Include your payment with this form		•	
	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax	-		
instru	ctions		\$	
Under possitiv	Signature and Verification soft perjury, I declare that I have examined this form, including accompanying schedules	ON and statemen	ate and to the best of my knowledge	and helief
	ect, and complete, and that I am authorized to prepare this form	and statemen	ns, and to the best of my knowledge	and belief,
			•	
Signature >	Notice to Applicant - To Be Complet		Date ▶	
<u> </u>	Notice to Applicant - To Be Complet	tea by th	e IRS	
	have approved this application Please attach this form to the organization's return. have not approved this application However, we have granted a 10-day grace pe	riod from th	se later of the date shown below	or the due
date	of the organization's return (including any prior extensions). This grace period is	considered	to be a valid extension of time for	r elections
1 1	erwise required to be made on a timely return. Please attach this form to the organization		A	!6 4!
	have not approved this application. After considering the reasons stated in item 7 le. We are not granting a 10-day grace period.	, we canno	t grant your request for an extens	ion of time
	cannot consider this application because it was filed after the extended due date of	the return f	or which an extension was requeste	ď
Othe	• •	the retain i	or which an extension was requeste	.
[]	er	····		
	By			
Director	<u> </u>		Date	
Alternate	Mailing Address - Enter the address if you want the copy of this applicatio	n for an ad	Iditional 3-month extension	
	o an address different than the one entered above			
	Name			
	HOLTHOUSE CARLIN & VAN TRIGT LLP			
Type or	Number and street (include suite, room, or apt. no.) or a P.O. box number			
print	1601 CLOVERFIELD BOULEVARD, #300 S			
	City or town, province or state, and country (including postal or ZIP code)			
	SANTA MONICA, CA 90404			
JSA 5F8055 1 000			Form 8868 (Re	v 12-2004)

ADJUSTED NET INCOME	160,201.	160,201.
NET INVESTMENT INCOME	160,201.	160,201.
REVENUE AND EXPENSES PER BOOKS	160,201.	160,201.
		TOTAL
DESCRIPTION	JP MORGAN	
DESC	JP M	

CHARITABLE PURPOSES	77,564.	l II
ADJUSTED NET INCOME	NONE	NONE
NET INVESTMENT INCOME	NONE	
REVENUE AND EXPENSES PER BOOKS		77,564.
		TOTALS
DESCRIPTION	LEGAL FEES	

CHARITABLE PURPOSES	9,020.	9,020.
ADJUSTED NET INCOME	NONE	NONE
NET INVESTMENT INCOME	NONE	NONE
REVENUE AND EXPENSES PER BOOKS		9,020.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES	72,665.	
ADJUSTED NET INCOME	NONE NONE NONE	
NET INVESTMENT INCOME	NONE NONE	
REVENUE AND EXPENSES PER BOOKS	72,665.	
	TOTALS	
DESCRIPTION	CONSULTANTS	

Ħ	>======================================	13,676.	1 1 1	13,676.	
ENDING BOOK WAT HE	NOOG NOOG	13		13	
				TOTALS	
NOT HEE TECONIC		INTEREST RECEIVABLE			

CONTRIBUTORS	
SUBSTANTIAL	
NEW	
1	
ART VII-A	
Щ	#
OPE,	

DIRE PUBL SUPP	12/23/2005 4.000.000.		
ADDRE	GARY KARLIN MICHELSON, M.D.	11755 WILSHIRE BLVD, SUITE 1600 LOS ANGELES, CA 90025	

TOTAL CONTRIBUTION AMOUNTS

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES FORM 990PF, PART VIII

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
JEFFER, MANGELS, BUTLER & MARMARO 1900 AVENUE OF THE STARS, 7TH FLOOR LOS ANGELES, CA 90067	LEGAL SERVICES	65,929.
TOTAL COMPENSA	TION	65,929.

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS _____

GARY KARLIN MICHELSON, M.D. GKM CAPITAL, INC. 11755 WILSHIRE BLVD, SUITE 1600 LOS ANGELES, CA 90025

PURPOSE OF GRANT OR CONTRIBUTION	RESCUE ANIMALS FROM LA CITY SHELFERS	PROMOTING AND PROTECTING ANIMAL HEALTH	ANIMAL HEALING, REFUGE, EDUCATION	la pit bull plan	ANIMAL ASSISTED THERAPY PROGRAM
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE
	501 (C) (3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)
RECIPIENT NAME AND ADDRESS	AMANDA FOUNDATION	CITY OF LOS ANGELES ANIMAL SERVICES	WILDLIFE WAYSTATION	LINDA BLAIR WORLD HEART FOUNDATION	CHILDRENS HOSPITAL LOS ANGELES
	351 NORTH FOOTHILL ROAD	221 N. FIGUEROA STREET, 5TH FLOOR	14831 LITTLE TUJUNGA CANYON ROAD	10061 RIVERSIDE DRIVE, #1003	4650 SUNSET BOULEVARD
	BEVERLY HILLS, CA 90210	LOS ANGELES, CA 90012	ANGELES NAT'L FOREST, CA 91342	TOLUCA LAKE, CA 91602	LOS ANGELES, CA 90027

29,506.

AMOUNT

10,550.

10,000.

3,000.

10,000.

15,000.

REDUCE THE NUMBER OF ANIMALS IN NYC SHELTERS

NONE 501 (C) (3)

NEW YORK CITY ANIMAL CARE AND CONTROL 326 E. 110TH STREET NEW YORK, NY 10029

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

TOTAL CONTRIBUTIONS PAID

78,056.

STATEMENT 12

86935J L323 10/04/2007 19:15:35 V05-8.1

FOUND ANIMALS FOUNDATION, INC.

Underpayment of Estimated Tax by Corporations ▶ See separate instructions.

OMB No 1545-0142

Employer identification number

20-3944602

Department of the Treasury Internal Revenue Service

► Attach to the corporation's tax return.

	ed and bill the corporation. However, the ine 34 on the estimated tax penalty line of	f the	corporation's income ta	ix return, but do not at	tach Form 22		amount nom page
Pa	art I Required Annual Payment						
1	Total tax (see instructions)					1	3,204.
2 :	a Personal holding company tax (Schedule PH (Form	. 112	0) line 26) included on line 1	2a			
	b Look-back interest included on line 1 under section			-		1	
•	contracts or section 167(g) for depreciation under			1 1			
	contracts of section 107(g) for depreciation under	uie iii	come lorecast method	20		1	
	c Credit for Federal tax paid on fuels (see instru	iction	(2)	2 c			
						2 d	
3	d Total. Add lines 2a through 2c					-	
,	does not owe the penalty					3	3,204.
4	Enter the tax shown on the corporation's 200					1	
•	or the tax year was for less than 12 months, s		•	•		4	
	or the tax year was for less than 12 months, s	nip (ins inte and enter die anto	an nom me s on me s			
5	Required Annual Payment. Enter the smaller	r of I	ine 3 or line 4. If the corn	oration is required to skir	line 4		
Ĭ	enter the amount from line 3					5	3,204.
Pa	art II Reasons for Filing - Check th	ie b	oxes below that ap	ply If any boxes a	e checked.	the co	
	Form 2220 even if it does not				J. T.		· poration industrial
6	The corporation is using the adjusted seas	sonal	installment method	····			
7	The corporation is using the annualized in						
B	The corporation is a "large corporation" fig			nent based on the prior ye	ar's tax		
Pa	rt III Figuring the Underpayment		<u></u>	··			
			(a)	(b)	(c)		(d)
٩	Installment due dates. Enter in columns (a) through					-1-	
3	(d) the 15th day of the 4th (Form 990-PF filers:						
	Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9					
		1 3	04/16/2006	05/15/2006	08/15/	/2006	11/15/2006
		-	04/16/2006	05/15/2006	08/15/	/2006	11/15/2006
10	Required installments If the box on line 6 and/or		04/16/2006	05/15/2006	08/15/	/2006	11/15/2006
10	Required installments If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6	3	04/16/2006	05/15/2006	08/15/	/2006	11/15/2006
10	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts		04/16/2006	05/15/2006	08/15,	/2006	11/15/2006
10	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter				08/15/		
10	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts		801.	05/15/2006 801.	08/15/	/2006 801.	
	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column	10			08/15/		
	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column	10			08/15/		
	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column	10			08/15/		
	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column	10			08/15/		
11	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column	10			08/15/		
11	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15. Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column.	11			08/15/		
11 12 13	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15. Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column. Add lines 11 and 12.	10 11 12 13		801.		801.	801.
11 12 13 14	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15. Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column. Add lines 11 and 12. Add amounts on lines 16 and 17 of the preceding column.	10 11 12 13 14					
11 12 13 14	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15. Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column. Add lines 11 and 12.	10 11 12 13		801.		801.	801.
11 12 13 14	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15. Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column. Add lines 11 and 12. Add amounts on lines 16 and 17 of the preceding column.	10 11 12 13 14		801.	1,	801.	801.
11 12 13 14 15	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15. Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column	10 11 12 13 14 15		801.	1,	801.	801.
11 12 13 14 15	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15. Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column. Add lines 11 and 12. Add amounts on lines 16 and 17 of the preceding column. Subtract line 14 from line 13. If zero or less, enter -0 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to	10 11 12 13 14 15	801.	801. 801.	1,	801.	2,403.
11 12 13 14 15 16	line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15. Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column	10 11 12 13 14 15		801.	1,	801.	801.

For Paperwork Reduction Act Notice, see separate instructions.

JSA 5X8006 2 000

Form 2220 (2005)

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part III Figuring the Penalty

		<u> </u>	1	<u>a)</u>	<u> </u>	(D)	} ('	C)	(a)	
19	Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions) (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month)	19								
20	Number of days from due date of installment on line 9 to the									
	date shown on line 19	20								
21	Number of days on line 20 after 4/15/2005 and before 10/1/2005	21								
22	Underpayment on line 17 x Number of days on line 21 x 6%	22								
23	Number of days on line 20 after 9/30/2005 and before 4/1/2006	23			_					
24	Underpayment on line 17 x Number of days on line 23 x 7%	24	O D D	DELINI		001101101	TT 0.1			
25	365 Number of days on line 20 after 3/31/2006 and before 7/1/2006	25	SEE	PENAL	TY	COMPUTA	TION	WHITE	PAPER	DETAL
26	Underpayment on line 17 x Number of days on line 25 x $^{+}$ %	26		<u> </u>					<u> </u>	
27	Number of days on line 20 after 6/30/2006 and before 10/1/2006 $$	27				<u> </u>	_		<u> </u>	
28	Underpayment on line 17 x Number of days on line 27 x *%	28								
29	Number of days on line 20 after 9/30/2006 and before 1/1/2007	29			-					
30	Underpayment on line 17 x Number of days on line 29 x *% 365	30		- .		<u>-</u>				
3 1	Number of days on line 20 after 12/31/2006 and before 2/16/2007	31							<u> </u>	
32	Underpayment on line 17 x Number of days on line 31 x *%	32						 		
33	Add lines 22, 24, 26, 28, 30, and 32	33			<u> </u>				 	
34	Penalty. Add columns (a) through (d) of line 33 Enter the total h Form 1120-A, line 29, or the comparable line for other income ta:							34		167.

*For underpayments paid after March 31, 2006: For lines 26, 28, 30, and 32, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2005)

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD UN	DERPAYMENT	BEG.DATE	END DATE	DAYS	용 	PENALTY
QUARTER 1, RATE	PERIOD 1 (04	4/16/2006 -	04/15/2007)			
=======================================	801.	04/16/2006	04/15/2007	364	7	56.
TOTAL FO	R QUARTER 1,	, RATE PERIC	DD 1			56.
QUARTER 2, RATE	PERIOD 1 (05	5/15/2006 -	04/15/2007)			
	801.	05/15/2006	04/15/2007	335	7	51.
TOTAL FO	R QUARTER 2,	, RATE PERIC	DD 1			51.
QUARTER 3, RATE	PERIOD 1 (08	8/15/2006 -	04/15/2007)			
=======================================	801.	08/15/2006	04/15/2007	243	7	37.
TOTAL FO	R QUARTER 3,	, RATE PERIO	DD 1			37.
QUARTER 4, RATE	PERIOD 1 (13	1/15/2006 -	04/15/2007)			
==========	801.	11/15/2006	04/15/2007	151	7	23.
TOTAL FO	R QUARTER 4,	, RATE PERIO	DD 1			23.
						=======================================
TOTAL UNDERPAYME	NT PENALTY					167.