### HEIN & ASSOCIATES LLP 14755 PRESTON ROAD, STE 320 DALLAS, TX 75254

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INSTRUCTIONS FOR FILING
INTERNATIONAL EXOTIC ANIMAL SANCTUARY
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2012

SIGNATURE...

NO SIGNATURE IS REQUIRED.

FILING...

THE RETURN HAS BEEN ELECTRONICALLY FILED ON YOUR BEHALF.

PAYMENT...

NO PAYMENT IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN.
PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON NOVEMBER 15, 2013. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

## Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

OMB	Nο	1545-1878

For calendar year 2012, or fiscal year beginning \_\_\_\_ , 2012, and ending \_\_\_ Department of the Treasury ▶ Do not send to the IRS. Keep for your records. Internal Revenue Service Name of exempt organization Employer identification number 75-2283460 INTERNATIONAL EXOTIC ANIMAL SANCTUARY Name and title of officer RICHARD GILBRETH, DIRECTOR Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b **b** Total revenue, if any (Form 990-EZ, line 9) **2b** Form 990-EZ check here ▶ 2a b Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5), 4b Form 990-PF check here ▶ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b Form 8868 check here ▶ **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize HEIN & ASSOCIATES LLP 6 n \_\_\_\_\_ to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date  $\triangleright 07/29/2013$ Part | Certification and Authentication **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date  $> \frac{07/30}{2013}$ 

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

ERO's signature ▶ \_

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or th	e 201	2 calendar year, or tax year begin	ning	, 2012	, and	endi	ng			, 20				
_			C Name of organization						D Employ	er identi	fication numb	er			
<b>3</b> c	neck if ap	plicable:	INTERNATIONAL EXOTIC A	ANIMAL SANCTUAR	RY				75-2	22834	60				
	Addre		Doing Business As												
	Name	change	Number and street (or P.O. box if mail is	not delivered to street addre	ess)	Room	/suite		E Teleph	one numb	er				
	Initial	return	P.O. BOX 637, HIGHWAY	114					(940) 433-5091						
	Termi	nated	City, town or post office, state, and ZIP co	de											
	Amen returr		BOYD, TX 76023-0637						<b>G</b> Gross r	receipts \$	5	481,	391.		
	Applic	cation	F Name and address of principal officer:	RICHARD GILB	RETH				H(a) Is this		eturn for	Yes	X No		
	_ ,	9	P.O. BOX 637, HIGHWAY	114 BOYD, TX 7	76023-06	37			H(b) Are al		ncluded?	Yes	No		
l	Tax-ex	empt st	atus: X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1)	or	5	27	If "No	," attach a l	list. (see instruction	ons)	_		
J	Websi	te: 🕨	WWW.BIGCAT.ORG						H(c) Group	exemption	number				
				Association Other	<b>&gt;</b>	L	_ Year	of formati	on: 1988	M Stat	te of legal dom	nicile:	TX		
	rt I		mmary							-1					
		Briefly	describe the organization's mission or	most significant activitie	es:										
	-	SANG	CTUARY FOR ABUSED AND AB	ANDONED EXOTIC	ANIMALS	 3									
Governance															
па															
ove	2	Check	this box  if the organization di	scontinued its operation	ns or dispose	ed of m	ore th	nan 25%	of its net a						
Ø Ø	3		er of voting members of the governing							1			5.		
	4		er of independent voting members of t										<u>5.</u>		
<u>Y</u>	5		number of individuals employed in cale										36.		
Activities	6		number of volunteers (estimate if necess										30.		
٩	_	Total	unrelated business revenue from Part V	III. column (C) line 12						7a					
			nrelated business taxable income from I										0		
		1101 01	Treated business taxable income from t	01111 000 1, 11110 04					Prior Ye			ent Yea	ar		
	8	Contri	ibutions and grants (Part VIII, line 1h)							2,091.			191.		
Jue	9		am service revenue (Part VIII, line 2g)							1,100.			350.		
Revenue	10	Invest	ment income (Part VIII, column (A), line	s 3 / and 7d)						203			<del></del> 0		
å	11		revenue (Part VIII, column (A), lines 5,						1 4	1,122.		13	672.		
	12		revenue - add lines 8 through 11 (must							,516.			213.		
	13		s and similar amounts paid (Part IX, colu						700		0	175,	213.		
	14		its paid to or for members (Part IX, colu								0				
	15		es, other compensation, employee bene						273	3,210.	٦	256	 598.		
Expenses			es, other compensation, employee bene ssional fundraising fees (Part IX, column						273	,,210.	n '	330,	<del></del>		
ben	10a h	Total	fundraising expenses (Part IX, column (I	(A), line (1e)	19 97	1		•			5				
ŭ			expenses (Part IX, column (A), lines 11						352	2,680.			772.		
	18		expenses. Add lines 13-17 (must equal					•		, 890.			370.		
	19		nue less expenses. Subtract line 18 from					·		626.			157.		
z s	19	Kevei	rue less expenses. Subtract line to from	TIIITE IZ					ning of Cur		+	of Year	<del>137.</del>		
ance ance	20	Total	coacts (Dort V. line 16)							7,976.			356.		
Net Assets or Fund Balances	21		assets (Part X, line 16)					•		, 356.		JZO,	56.		
걸			liabilities (Part X, line 26)					·		620.		620,			
	22 rt II		ssets or fund balances. Subtract line 21 gnature Block	from line 20				.	070	,020.	•	JZU,	300.		
			of perjury, I declare that I have examined this	c return including accome	nanyina cahadi	uloc on	d state	omonte o	ad to the h	oct of my	, knowledge a	nd holi	of it is		
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all info	ormation of whi	ch prep	parer h	as any kn	owledge.	est of my	/ Kilowieuge a	ilu beli	ei, it is		
Sig	n		Signature of officer						Date	<u> </u>					
He			Originature of Smoot						Dan	3					
			Type or print name and title												
		<u> </u>	Type or print name and title  Type preparer's name	Preparer's signature		Da	oto				PTIN				
aic	I	= 11111/	Type preparers traine	i reparer s signature		Da	al <del>C</del>		Check			1000	. 0		
	oarer							П		mployed	P004		8		
	Only		sname ► HEIN & ASSOCIATES								-0749233				
	. 41		s address ► 14755 PRESTON ROAD, SUIT						Phone no.	97	2-458-22				
			cuss this return with the preparer show	,	ns)			· · · · ·					No		
or	Paper	rwork	Reduction Act Notice, see the separat	e instructions.							Form	990	(2012)		

Form 990 (2012) Page 2 Part III Statement of Program Service Accomplishments Briefly describe the organization's mission: CARE FOR ABUSED, ABANDONED AND ILLEGALLY OBTAINED LARGE CATS AND BEARS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. <sub>627,332.</sub> including grants of \$ 4a (Code: ) (Expenses \$ ) (Revenue \$ 11,350. CARE FOR ABUSED, ABANDONED, AND ILLEGALLY OBTAINED LARGE CATS AND BEARS. IEAS CURRENTLY CARES FOR 48 LARGE CATS, 3 COATIS, 1 RING-TAILED LEMUR AND 28 BEARS. IEAS ALSO SERVES AS AN EDUCATIONAL FACILITY FOR VISITORS. **4b** (Code: including grants of \$ ) (Expenses \$ ) (Revenue \$ **4c** (Code: including grants of \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ 4e Total program service expenses ▶ 627,332.

JSA 2E1020 2.000

Form **990** (2012)

Form 990 (2012)
Part IV Chacklist of Required Schodules

Part	Checklist of Required Schedules		V	N.
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3.7	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		3.7
_	Part III	5		X
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			v
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>-</b>		
8	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
. •	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
_	complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	401-		37
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X 
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	170		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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		X
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		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		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			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		Х
	through 24d and complete Schedule K. If "No," go to line 25			- 21
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	( /			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		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? If "Yes,"			
-	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
<b>J</b> 4	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
20		330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			7.7
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		٠,,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2012)

Form	990 (2012)		F	Page <b>5</b>
Par				
	Check if Schedule O contains a response to any question in this Part V			<u>. L. J</u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.		
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return  36			
h	etatemente, med for the eatemat year ending with a mitimi the year evered by the retain.	2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	71	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
	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		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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 as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	3.5		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>L</b>	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans  13b			
r	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

. . . . . 14b

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

INTERNATIONAL EXOTIC ANIMAL SANCTUARY Form 990 (2012) 75-2283460 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body?................ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Х 10a **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? . . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done 13 Χ 13 Χ 14 14 Did the organization have a written document retention and destruction policy?....... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 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 Χ 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶\_\_\_\_\_\_ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Own website Another's website Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶richard gilbreth p.o. box 637, Highway 114 boyd, TX 76023-0637

Form **990** (2012)

JSA 2E1042 1.000 Part VII

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

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

- 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.

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than c is both tor/trust	an	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	100	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) LOUIS DORFMAN	0										
PRESDIENT	† <u>-</u> -	Х		Х				0	0		0
(2) ERIC BARSLOW SECRETARY	0	Х		Х				0	0	(	0
(3) BILLY O'BRIEN	0										
DIRECTOR	†	Х						0	0		0
(4) GEORGE TALBOT DIRECTOR	0	Х						0	0	(	0
(5) RICHARD GILBRETH EXECUTIVE DIRECTOR	84.00				Х			71,662.	0	(	0
<u>(6)</u>											
<u>(7)</u>											
<u>(8)</u>											
<u>(9)</u>											
(10)											
(11)											
(12)											
(13)											
(14)											

Form **990** (2012)

JSA

Part VII Section A. Officers, Directors, Tru	istone Ko	v Em	nlo		06	and L	lia	host Component	od Employ	V006 (0	ontinuo	Page	<u>. 8</u>
(A)  Name and title	(B) Average hours per week (list any hours for	(do r box, office	Position (do not check more than o box, unless person is both officer and a director/trust			e than o is both or/truste	ne an ee)	(D)  Reportable compensation from the	(E)  Reporta compensati relate organiza	able on from	Esti amo	(F) mated ount of ther ensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	n the nization related nizations	
		-											
1b Sub-total							<u> </u>	71,662.		0			0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A	 		· ·		 	<b>&gt;</b>	71,662.		0			0
2 Total number of individuals (including but not reportable compensation from the organizatio		hose I		d al	bove	e) who	re	eceived more than	\$100,000	of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Yes N	
4 For any individual listed on line 1a, is the organization and related organizations greater	sum of repeater than	ortab \$15	ole c 50,0	om 00?	pen If	satior "Yes	n ai	nd other compens	sation from	the		X	
<ul> <li>individual</li></ul>	accrue co	mpen	sati	on 1	from	any					5	X	
Complete this table for your five highest component compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	rvices	С	(C) ompensa	ation	
							-						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form 990 (2012)

# Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse to any quest	ion in this Part VIII			
		·		(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 b c d e f	Federated campaigns	450,191. 137,296.				
	h	Total. Add lines 1a-1f . ATTACHMENT		450,191.			
nue			Business Code				
Program Service Revenue	2a b c d	BOARDING FEES		11,350.	11,350.		
oge	f	All other program service revenue					
<u>_</u>	g	Total. Add lines 2a-2f		11,350.			
	3	Investment income (including dividends, into other similar amounts)		0			
	4	Income from investment of tax-exempt bond		0			
	5	Royalties (i) Real	(ii) Personal	5,076.			5,076.
	6a b c	Gross rents Less: rental expenses Rental income or (loss)					
	d	Net rental income or (loss)	<u> </u>	0			
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	. <u></u>	0			
Other Revenue	8a	Gross income from fundraising events (not including \$					
r Re		of contributions reported on line 1c).  See Part IV, line 18	а				
the	b c	Less: direct expenses  Net income or (loss) from fundraising events	b	0			
0	9a	Gross income from gaming activities. See Part IV, line 19		U			
	b c		b	0			
	10a	Gross sales of inventory, less		Ü			
	b c	returns and allowances  Less: cost of goods sold ATCH . 1  Net income or (loss) from sales of inventory	<b>b</b> 6,178.				
	ب	Miscellaneous Revenue	Business Code	8,516.	8,516.		
	11-		+	80.	80.		
	11a b	OTHER INCOME		00.	60.		
	C						
	d	All other revenue	1				
	e	<b>Total.</b> Add lines 11a-11d		80.			
	12	Total revenue. See instructions		475,213.	19,946.		5,076.

75-2283460

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	Check if Schedule O contains a resp	bonse to any question i	II II IIS FAIL IA	<del> </del>	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .	0			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			0= 004	
	trustees, and key employees	71,662.	17,916.	35,831.	17,915.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0		2.5 - 2.5	
7	Other salaries and wages	166,225.	139,629.	26,596.	
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0	10 500	4 670	1 212
10	Payroll taxes	18,711.	12,723.	4,678.	1,310.
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	U			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	125			125
12	Advertising and promotion	135.		10 564	135.
13	Office expenses	12,564.		12,564.	C11
14	Information technology	611.			611.
15	Royalties	0			
16	Occupancy	9		1 200	
17	Travel	1,208.		1,208.	
18	Payments of travel or entertainment expenses	0			
40	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21 22	Payments to affiliates	42,439.	42,439.		
	Depreciation, depletion, and amortization	10,064.	10,064.		
23 24	Insurance ATCH 4	10,004.	10,004.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	ANIMAL FOOD/SUPPLIES	301,827.	301,827.		
_	UTILITIES	37,516.	37,516.		
	REPAIRS AND MAINTENANCE	36,708.	36,708.		
	VETERINARY EXPENSES	2,865.	2,865.		
	All other expenses	28,835.	25,645.	3,190.	
25	Total functional expenses. Add lines 1 through 24e	731,370.	627,332.	84,067.	19,971.
26	Joint costs. Complete this line only if the	= 1,213.	. ,	- 1, 7 +	.,
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	0			
_					

JSA 2E1052 1.000 Form **990** (2012)

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Form 990 (2012) Page **11** 

## Part X Balance Sheet

П	ILA	Dalatice Sticet					
		Check if Schedule O contains a response	to any	question in this Part	:X		
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			173,299.	1	23,181.
	2	Savings and temporary cash investments			495.	2	495.
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net	0	4	0		
	5	Loans and other receivables from current and	former	officers, directors,			
		trustees, key employees, and highest co	ompen	sated employees.			
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	, .		0	5	0
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu	intary e	employees' beneficiary			
Ø		organizations (see instructions). Complete Part II of Sche			0		0
Assets	7	Notes and loans receivable, net			0	-	0
As	8	Inventories for sale or use Prepaid expenses and deferred charges			891.	8	1,652.
	9			ATCH 2	77,759.	9	0
	10 a	Land, buildings, and equipment: cost or		1 866 886			
	_	other basis. Complete Part VI of Schedule D	10a	1,766,776.	605 530		505 000
		Less: accumulated depreciation			625,532.		595,028.
	11					11	0
	12	Investments - other securities. See Part IV, line 11				12 13	0
	13	Investments - program-related. See Part IV, line 11				13	0
	14	Intangible assets				15	0
	15	Other assets. See Part IV, line 11	line 2		877,976.		620,356.
_	16 17	Total assets. Add lines 1 through 15 (must equal		1,356.		56.	
	18	Accounts payable and accrued expenses		18	0		
	19	Grants payable		19	0		
	20	Deferred revenue Tax-exempt bond liabilities				20	0
G	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D		21	0
Liabilities	22	Loans and other payables to current and for					J
ig		trustees, key employees, highest compen					
Ë		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			0	_	0
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	: 17-24	1). Complete Part X			
		of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			1,356.	26	56.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	here   X and			
anc	27	Unrestricted net assets			876,620.	27	620,300.
Fund Balances	28	Temporarily restricted net assets			0	28	0
Б	29	Permanently restricted net assets		<u></u> <u> </u>	0	29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	), check	chere ▶ and			
ţ	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ				31	
Ä	32	Retained earnings, endowment, accumulated inc	ome, c	or other funds		32	
Z	33	Total net assets or fund balances			876,620.	33	620,300.
	34	Total liabilities and net assets/fund balances	<u></u>		877,976.	34	620,356.

Form **990** (2012)

Form 990 (2012) Page **12** 

	(== :=)					9	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				Х		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				213.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	31,	370.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-2	56,3	157.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8	76,	620.	
5	Net unrealized gains (losses) on investments	5				-35.	
6	Donated services and use of facilities	6				0	
7	7 Investment expenses						
8	Prior period adjustments	8			-:	128.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		6	20,	300.	
Part							
	Check if Schedule O contains a response to any question in this Part XII				Ш		
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplai	n in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npile	d or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	on a				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight					
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c			
	If the organization changed either its oversight process or selection process during the tax year, e	xpla	in in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	th in				
	the Single Audit Act and OMB Circular A-133?			3a			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b			

Form **990** (2012)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

		ne organization							Lilipio	•	ancation number
		ATIONAL EXOTIC									-2283460
	rt I			<b>s</b> (All organizations mu						uctions	) <b>.</b>
The	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)		
1		A church, convention	on of churches, or	association of churches	describ	ed in <b>s</b>	ection	170(b)(	1)(A)(i)		
2		A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)						
3		A hospital or a coo	perative hospital s	ervice organization descri	ibed in	sectio	n 170(b	)(1)(A)	(iii).		
4		A medical research	h organization op	erated in conjunction wi	ith a h	ospita	l descr	ibed in	sectio	n 170(l	o)(1)(A)(iii). Enter the
		hospital's name, city	y, and state:								
5				nefit of a college or univ	ersity	owned	l or ope	erated b	by a go	vernme	ental unit described in
_		section 170(b)(1)(A		•							
6			-	or governmental unit des							
7	X	-	-	es a substantial part of it	s supp	ort fro	m a go	vernme	ental ur	nit or fro	om the general public
_		described in sectio									
8		=		on 170(b)(1)(A)(vi). (Com				4 !			
9		=	-	es: (1) more than 331/3%							•
		•		exempt functions - sub			-				
				ome and unrelated busi				-		n 511	tax) from businesses
				ne 30, 1975. See <b>section</b>	•		•		,		
10			-	ted exclusively to test for		-				-	
11		_	-	rated exclusively for the			-				•
		•		ipported organizations de				. , .	,		. , . ,
				es the type of supporting	_						<del>-</del>
_		a Type I	<b>b</b> Type II	c Type III-Function	•	•			<i>,</i> ,		unctionally integrated
e		-	=	the organization is not			-		-	-	•
		= -		gers and other than one	or mo	re put	oliciy su	pported	ı organ	izations	described in section
		509(a)(1) or section			- 100	111 :1	: T		U	T	a III assamantina
f		<del>-</del>		n determination from th	e iko	ınaı ıı	is a i	уре і, і	уре п,	ог тур	e iii supporting
		organization, check		nization accepted any aif	· · · ·	ntributi	on from		tho		
ç	j		ooo, nas me orga	nization accepted any gift	l OI CO	IIIIDUII	on non	i ariy oi	trie		
		following persons?	directly or indire	atly controls aither aler	00 or 1	o a o th	ar with	noroon	a daaa	ribad ir	Yes No
		• • • • • • • • • • • • • • • • • • • •	=	ectly controls, either alor		-	er with	person	s desc	nbed ii	11g(i)
				dy of the supported organ	lization	٠					11g(ii)
		(ii) A family memb	•		hovo?						11g(iii)
L	_			on described in (i) or (ii) a ut the supported organiza							
r					T `		63 Did.		6-13	l- 4b	(nii) A
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	organi	Is the zation in		ou notify anization		ls the zation in	(vii) Amount of monetary support
				above or IRC section		listed in overning	in col	. <b>(i)</b> of	col. (i) o	rganized	
				(see instructions))		ment?		upport?		U.S.?	
					Yes	No	Yes	No	Yes	No	
(A)											
(B)											
(C)											
(D)											
(E)											
Tot	al										

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page **2** 

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	600,780.	463,443.	556,841.	872,091.	461,541.	2,954,696.
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	600,780.	463,443.	556,841.	872,091.	461,541.	2,954,696.
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						
6	shown on line 11, column (f). <b>Public support.</b> Subtract line 5 from line 4.						1,747,748.
6 Sec	tion B. Total Support						1,206,948.
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	600,780.	463,443.	556,841.	872,091.	461,541.	2,954,696.
8	Gross income from interest, dividends,	000,780.	403,443.	330,041.	672,091.	401,341.	2,934,090.
ŭ	payments received on securities loans, rents, royalties and income from similar sources	12,809.	7,996.	6,732.	203.	5,076.	32,816.
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.)						0
11	Total support. Add lines 7 through 10						2,987,512.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	14,774.
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>						
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2012 (li					14	40.40%
15	Public support percentage from 2011					15	61.97%
16a	331/3% support test - 2012. If the o	•					
	this box and <b>stop here</b> . The organization						
b	331/3% support test - 2011. If the o						
	check this box and <b>stop here</b> . The orga						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part IV how the organization meets t			-			upported
	organization						▶ □
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the orga						-
	Explain in Part IV how the organizati				_	-	publicly
18	supported organization  Private foundation. If the organization						▶ □
10	-						
	instructions	<del></del>		· · · · · · · · ·		<u> </u>	<u> </u>

Schedule A (Form 990 or 990-EZ) 2012

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u> </u>					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	<u> </u>					
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	<u> </u>					
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	<u> </u>					
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6.						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here	<del></del>					▶ 🔃
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8					15	%
16	Public support percentage from 2011 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2012 (li	ne 10c, column (	f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2011					18	%
19 a	331/3% support tests - 2012. If the or					e than 331/3%,	and line
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2011. If the orga		_				
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	ization ►
20	Private foundation. If the organization			-			. —

JSA 2E1221 1.000 Schedule A (Form 990 or 990-EZ) 2012 Page 4

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

# Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Name of the organization		Employer identification number				
INTERNATIONAL EXOT	IC ANIMAL SANCTUARY					
		75-2283460				
Organization type (check o	ne):					
Filers of:	Section:					
Form 990 or 990-EZ						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fo	undation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ution				
	501(c)(3) taxable private foundation					
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 by one contributor. Complete Parts I and II.	or more (in money or				
Special Rules						
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form and II.	ne year, a contribution of				
during the year, t	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
990-EZ, or 990-PF), but it <b>m</b>	at is not covered by the General Rule and/or the Special Rules does not file Soust answer "No" on Part IV, line 2 of its Form 990; or check the box on line HO-PF, to certify that it does not meet the filing requirements of Schedule B (Fo	H of its Form 990-EZ or on				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number 75-2283460

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	ESTATE OF EDWARD P. BROWN, JR.  5656 MILTON STREET, STE 940  DALLAS, TX 75206	\$19,700.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _	LOUIS DORFMAN  9909 PRESTON RD  DALLAS, TX 75230	\$81,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _	P.O. BOX 143127 IRVING, TX 75014	\$20,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4  THE FRANKLIN PHILANTHROPIC FOUNDATION  180 NORTH STETSON AVE STE 1940  CHICAGO, IL 60601		
	THE FRANKLIN PHILANTHROPIC FOUNDATION  180 NORTH STETSON AVE STE 1940	Total contributions	Person X Payroll Noncash (Complete Part II if there is
<sup>4</sup>	THE FRANKLIN PHILANTHROPIC FOUNDATION  180 NORTH STETSON AVE STE 1940  CHICAGO, IL 60601  (b)	\$10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	THE FRANKLIN PHILANTHROPIC FOUNDATION  180 NORTH STETSON AVE STE 1940  CHICAGO, IL 60601  (b)  Name, address, and ZIP + 4  THE AEITH AND MATTIE STEVENSON FDN  952 ECHO LANE, STE 115	\$10,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 75-2283460

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _	GEORGE TALBOT  PO BOX 1119  JUSTIN, TX 76247	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _	THE CLEVELAND FOUNDATION  1422 EUCLID AVE., STE # 1300  CLEVELAND, OH 44115-2001	\$9,591.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _	PREFCO DISTRIBUTION, LLC  1190 WEST LOOP NORTH  HOUSTON, TX 77055	\$8,176.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 10 _	WALMART #5312 3851 AIRPORT FWY	\$ 102,000.	Person X Payroll X
	FORT WORTH, TX 76111	<b>*</b>	Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	FORT WORTH, TX 76111  (b)  Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II if there is
	(b)	(c)	(Complete Part II if there is a noncash contribution.)
No.	(b) Name, address, and ZIP + 4  MARKETPLACE  200 WEST ROCK ISLAND	(c) Total contributions	(Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 75-2283460

Part I	Contributors (	(see instructions)	. Use du	plicate cop	pies of I	Part I if	additional	space is	needed.
--------	----------------	--------------------	----------	-------------	-----------	-----------	------------	----------	---------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 13 _	PO BOX 33 BOYD, TX 76023	\$10,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 14 _	NONCASH CONTRIBUTIONS LESS THAN \$5,000  P.O. BOX 637, HIGHWAY 114  BOYD, TX 76023-0637	\$6,120.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 15 _	CASH CONTRIBUTIONS LESS THAN \$5,000  P.O. BOX 637, HIGHWAY 114  BOYD, TX 76023-0637	\$147,104.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(0)	/ -I\
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II if there is
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	Name, address, and ZIP + 4	\$ (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Employer identification number 75-2283460

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9_	MEAT		
		\$ <u>8,176.</u>	_07/01/2012
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10_	MEAT, PRODUCE, AND BAKED GOODS		
		\$\$.	_07/01/2012
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	PRODUCE		
		\$6,000.	_07/01/2012
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12	PRODUCE		
		\$\$,000.	_07/01/2012
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14_	PRODUCE, DOGLOO, BEAR SPRAY, MEAT, WATER HOSE, POST INSULATORS, AND GIFT SHOP ITEMS	  \$6,120.	_07/01/2012
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization INTERNATIONAL EXOTIC ANIMAL SANCTUARY

Employer iden

Employer identification number 75-2283460

that t	otal more than \$1,000 for the yea	<ul><li>r. Complete columns (a) tl</li></ul>	section 501(c)(7), (8), or (10) organizations nrough (e) and the following line entry.
contri	rganizations completing Part III, ento butions of <b>\$1,000 or less</b> for the ye Iuplicate copies of Part III if additiona	ear. (Enter this information	eligious, charitable, etc., once. See instructions.) ►\$
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee
) No.	(h) Durnoss of gift	(a) Hap of wife	(d) Description of how sift is held
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a	(e) Transfer of gift	Relationship of transferor to transferee
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and a		Relationship of transferor to transferee
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization INTERNATIONAL EXOTIC ANIMAL SANCTUARY 75-2283460 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Assets included in Form 990, Part X

Schedule D (Form 990) 2012

 Schedule D (Form 990) 2012
 Page 2

Par	t III Organizations Maintaining Colle	ections of	Art,	Histo	rical 7	Treasu	res,	or Ot	her Simil	ar Asse	ets (con	tinu	<u>ed)</u>
3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and ot	her r	ecords,	, check	any o	f the	follow	ing that a	re a sigr	nificant us	se o	f its
_	Public exhibition				Loop	r ovob	2000	progra	<b>~</b> 0				
a			d			or excha							
b	Scholarly research Preservation for future generations		е		Other								
C	Provide a description of the organization's	collections	and a	ovolojo	how t	hov fur	thor	the or	anization'	ovomn	t nurnocc	. in	Dort
4	XIII.	Collections	anu e	zxpiaiii	110W t	ney rui	uiei	the or	gariizations	exemp	i puipose	; 111	ган
5	During the year, did the organization solicit	or rossive de	notio	no of o	rt biota	rical tr		roo or	athar aimile				
5	assets to be sold to raise funds rather than to									_	Yes		No
Par	t IV Escrow and Custodial Arranger										_	Part	
ıaı	line 9, or reported an amount on					jainzai	1011 6	answei	cu ics	10 1 0111	1 330, 1	art	١٧,
	mio o, or reported air amount on	1 01111 000,	ı uıt	71, 11110	,								
1a	Is the organization an agent, trustee, custodi	ian or other	intern	nediary	for co	ntributi	ons d	or other	assets not	•			
	included on Form 990, Part X?			-						_	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and comple	te the	follow	ing tab	le:				L			,
-	geg								Aı	mount			
С	Beginning balance						1c						
d	Additions during the year												
е	Distributions during the year												
f	Ending balance												
2a	Did the organization include an amount on F										Yes		No
	If "Yes," explain the arrangement in Part XIII.												
Par	t V Endowment Funds. Complete if	the organiz	zatior	n answ	ered '	'Yes" t	o Fo	rm 990	), Part IV,	line 10.			
	<b>(a)</b> Cui	rrent year	(b)	<b>)</b> Prior ye	ear	<b>(c)</b> Tw	o year	s back	(d) Three ye	ears back	(e) Four y	ears b	oack
1a	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains,												
	and losses												
	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the cur			ance (li	ine 1g,	column	(a))	held as	:				
a	Board designated or quasi-endowment ▶		%										
С	Temporarily restricted endowment												
2-	The percentages in lines 2a, 2b, and 2c show												
Ja	Are there endowment funds not in the posse	ession of the	e orga	anizatio	n that	are nei	a and	a admir	listered for	tne	[v		
	organization by:  (i) unrelated organizations										3a(i)	es	No
	(ii) related organizations												
h	If "Yes" to 3a(ii), are the related organization:										3a(ii) 3b		
4	Describe in Part XIII the intended uses of the		•								30		
	t VI Land, Buildings, and Equipment.												
Гаі	Description of property							(2) 1			N D l · · - l ·		
	Description of property	(a) Cost or o (investm		sis (t	•	r other ba ther)	ISIS		cumulated eciation	(0	<b>i)</b> Book valu	е	
1a	Land					326,85	56.				32	6,8	56.
b	Buildings					83,05		1	69,027.			<del>4</del> ,0	
С	Leasehold improvements								• 1				
d	Equipment				1	.87,39	8.	1	75,570.		1	1,8	28.
е	Other					69,47	_		27,151.				19.
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form	990, I	Part X,									28.

Schedule D (Form 990) 2012

Page 3 Schedule D (Form 990) 2012

Part VII	Investments - Other Securities. See F	Form 990, Part X, Iine	± 12.	
	(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuat Cost or end-of-year mark	
	al derivatives			
	-held equity interests			
<u>(A)</u>				
<del>(B)</del>		+		
(D)				
(E)				
<del>\-</del> / (F)				
`-´ (G)				
(H)				
(l)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		Form 990, Part X, line	<del>)</del> 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X,	line 15.		
	(a	a) Description		(b) Book value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities. See Form 990, Part	X, line 25.		
1.	(a) Description of liability	(b) Book value		
	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.	.) ▶		
	ASC 740) Footnote. In Part XIII, provide the text		ganization's financial statements that re	eports the organization's
`				· ~ ~

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

Schedule D (Form 990) 2012 Page **4** 

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	<u> </u>	- r ago 1
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	
a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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  4a		
b	Other (Describe in Part XIII.)		
		4c	
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	5	
Part			
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	
– a	Departed convices and use of facilities		
b	Prior year adjustments 2b		
C	Other losses 20		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part		<u> </u>	
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	√. line	s 1b and 2b:
Part V,	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		
inform	ation.		

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

# SCHEDULE M (Form 990)

# **Noncash Contributions**

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

► Attach to Form 990.

OMB No. 1545-0047

2012

Open To Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

75-2283460

INTERNATIONAL EXOTIC ANIMAL SANCTUARY

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o		,	_
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles	X	1.	2,860.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
4.5	contribution - Other							
15	Real estate - Residential				<del>                                     </del>			
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	X	7.	132,276.	COST			
19 20	Food inventory  Drugs and medical supplies	21	<i>,</i> ,	132,270.	CODI			
21	Taxidermy				-			
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(_ATCH_1)		12.	2,161.				
26	Other ►()			,				
27	Other ►()							
28	Other ►()							-
29	Number of Forms 8283 received	bv the orga	nization during the tax ve	ar for contributions for				
	which the organization completed I	-			29			
	· ·	•	,				Yes	No
30 a	During the year, did the organization	tion receive	by contribution any prope	erty reported in Part I, line	s 1-28 that			
	it must hold for at least three yea							
	used for exempt purposes for the e		period?			30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a	•		-				
	contributions?					31		X
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a	) is checked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012) Page **2** 

Part II Suppleme

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

#### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GIFT SHOP MERCHANDISE	X	7.	761.	COST
EQUIPMENT AND SUPPLIES	X	5.	1,400.	COST
TOTALS	-	12.	2,161.	

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Employer identification number

75-2283460

Name of the organization

INTERNATIONAL EXOTIC ANIMAL SANCTUARY

STATEMENT 1:

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE RETURN IS REVIEWED BY A DESIGNATED MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12: THE CONFLICT OF INTEREST POLICY IS REVIEWED REGULARLY BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: IT IS THE POLICY OF THE INTERNATIONAL EXOTIC ANIMAL SANCTUARY THAT ALL COMPENSATION PAID BY THE ORGANIZATION IS REASONABLE BASED UPON A REVIEW OF COMPARABILITY INFORMATION AND REQUIRES THE APPROPRIATE APPROVAL.

FORM 990 PART VI, SECTION C, LINE 19: NO DOCUMENTS AVAILABLE TO THE PUBLIC. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

STATEMENT 2

FORM 990, PART XI, LINE 5 AND 8

UNREALIZED LOSS ON INVESTMENTS: \$35.

PRIOR PERIOD ADJUSTMENT: \$128

Schedule O (Form 990 or 990-EZ) 2012 Page 2

Name of the organization		Employer identification number	_
INTERNATIONAL EXOTIC ANIMAL SANCTUARY		75-2283460	
	ATT	CACHMENT 1	
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD			
GROSS SALES LESS RETURNS AND ALLOWANCES	•	14,694.	
INVENTORY AT BEGINNING OF YEAR		891.	
PURCHASES		6,939.	
SALARIES AND WAGES	•		
OTHER COSTS	•		
SUBTOTAL		7,830.	
MINUS ENDING INVENTORY	•	1,652.	
COST OF GOODS SOLD	• =	6,178.	
	ATTA	ACHMENT 2	_
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES			
		ENDING	
DESCRIPTION		BOOK VALUE	
PREPAID FOOD EXPENSE			

TOTALS

### ATTACHMENT 3

### FORM 990, PART VIII - CONTRIBUTIONS

NAME AND ADDRESS	DATE	FEDERATED CAMPAIGNS	MEMBERSHIP DUES	FUNDRAISINGEVENTS	RELATED ORGANIZATIONS	GOVERNMENT  GRANTS	ALL OTHER CONTRIBUTIONS
ESTATE OF EDWARD P. BROWN, JR. 5656 MILTON STREET, STE 940 DALLAS, TX 75206	08/03/2012						19,700.
LOUIS DORFMAN 9909 PRESTON RD DALLAS, TX 75230	07/13/2012						81,500.
STEMMONS FOUNDATION P.O. BOX 143127 IRVING, TX 75014	11/09/2012						20,000.
THE FRANKLIN PHILANTHROPIC FOUNDATION 180 NORTH STETSON AVE STE 1940 CHICAGO, IL 60601	10/22/2012						10,000.
THE AEITH AND MATTIE STEVENSON FDN 952 ECHO LANE, STE 115 HOUSTON, TX 77024	12/12/2012						5,000.
JAMES A "BUDDY" DAVIDSON FOUNDATION PO BOX 494 MIDLAND, TX 79702-0494	09/24/2012						5,000.
GEORGE TALBOT PO BOX 1119 JUSTIN, TX 76247	12/31/2012						5,000.
THE CLEVELAND FOUNDATION 1422 EUCLID AVE., STE # 1300 CLEVELAND, OH 44115-2001	01/20/2012						9,591.

### ATTACHMENT 3 (CONT'D)

### FORM 990, PART VIII - CONTRIBUTIONS

NAME AND ADDRESS	DATE	FEDERATED  CAMPAIGNS	MEMBERSHIP DUES	FUNDRAISINGEVENTS	RELATED ORGANIZATIONS	GOVERNMENT <u>GRANTS</u>	ALL OTHER CONTRIBUTIONS
PREFCO DISTRIBUTION, LLC 1190 WEST LOOP NORTH HOUSTON, TX 77055	07/01/2012						8,176.
WALMART #5312 3851 AIRPORT FWY FORT WORTH, TX 76111	07/01/2012						102,000.
MARKETPLACE 200 WEST ROCK ISLAND BOYD, TX 76023	07/01/2012						6,000.
BROOKSHIRE'S 1203 HWY 380 BRIDGEPORT, TX 76426	07/01/2012						15,000.
RICHARD GILBRETH PO BOX 33 BOYD, TX 76023	07/01/2012						10,000.
NONCASH CONTRIBUTIONS LESS THAN \$5,000 P.O. BOX 637, HIGHWAY 114 BOYD, TX 76023-0637	07/01/2012						6,120.
CASH CONTRIBUTIONS LESS THAN \$5,000 P.O. BOX 637, HIGHWAY 114 BOYD, TX 76023-0637	07/01/2012						147,104.
TOTALS							450,191.

ATTACHMENT 3
V 12-7F DORFMAN PAGE 34

# Form **4562**

# **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number 75-2283460

<u>I</u>	NTERNATIONAL EXOTIC	! ANIMAL SA	NCTUAR	Z						75-2283460
Busi	ness or activity to which this form relates									
G	ENERAL DEPRECIATION	Г								
Pa	rt I Election To Expense Ce	rtain Property U	nder Secti	on 179						
	Note: If you have any list	ted property, com	plete Part	V before	уои со	mple	ete Part I.			
1	Maximum amount (see instructions)								1	
2	Total cost of section 179 property pla								2	
3	Threshold cost of section 179 proper				ns)				3	
4 5	Reduction in limitation. Subtract line Dollar limitation for tax year. Subtract line 4 from separately, see instructions		0 If married filing						5	
6	(a) Description			(b) Cost (bu				ed cost		
7	Listed property. Enter the amount from									
8	Total elected cost of section 179 pro								8	
9	Tentative deduction. Enter the smalle	r of line 5 or line 8							9	
10	Carryover of disallowed deduction from	om line 13 of your 20	11 Form 4562						10	
11	Business income limitation. Enter the								11	
12	Section 179 expense deduction. Add	lines 9 and 10, but of	do not enter n	nore than li	ne 11 .				12	
13	Carryover of disallowed deduction to	2013. Add lines 9 ar	nd 10, less line	12	. ▶	13				
Not	e: Do not use Part II or Part III below for	listed property. Instea	ad, use Part V	•						
Pa	rt    Special Depreciation A	llowance and Ot	her Depred	ciation (D	o not in	clude	e listed prope	erty. <b>)</b> (	See ii	nstructions.)
14	Special depreciation allowance for	r qualified property	(other tha	n listed	property)	) pla	ced in servic	е		
	during the tax year (see instructions)								14	5,968
15	Property subject to section 168(f)(1)	election							15	
16	Other depreciation (including ACRS)								16	
Pa	rt    MACRS Depreciation (D	o not include liste	d property.)	(See inst	ructions.	)				
				tion A						
17	MACRS deductions for assets placed	l in service in tax yea	rs beginning b	efore 2012					17	35,619
18	If you are electing to group any a	ssets placed in ser	vice during t	he tax ye	ar into d	one o	r more gener	al		
	asset accounts, check here									
	Section B - Assets						General Dep	recia	ion S	ystem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/involverse in	estment use	(d) Reco		(e) Convention	(f) M	ethod	(g) Depreciation deduction
19a	3-year property	SEE								
b	5-year property	DETAIL								
	7-year property			5,965.	7.0	00	HY	20	0DB	852.
d	I 10-year property									
е	15-year property									
f	20-year property									
g	25-year property				25 yrs	S.		S	/L	
h	Residential rental				27.5 y	rs.	MM	S	/L	
	property				27.5 y	rs.	MM	S	/L	
i	Nonresidential real				39 yrs	s.	MM	S	/L	
	property						MM	S	/L	
	Section C - Assets P	laced in Service D	uring 2012	Tax Year	Using t	he A	Iternative De	preci	ation	System
20a	Class life							S	/L	
b	12-year				12 yrs	s.		S	/L	
	40-year				40 yrs	S.	MM	S	/L	
Pa	rt IV Summary (See instruction	ons.)								
21	Listed property. Enter amount from lin	ne 28							21	
22	Total. Add amounts from line 12, lin	-								
	and on the appropriate lines of your re					s			22	42,439
23	For assets shown above and place									
	portion of the basis attributable to sec	ction 263A costs				23				

75-2283460

Page 2

Form 4562 (2012)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

25 26 27 27 28	Do you have evidenc  (a)  Type of property (list vehicles first)  Special depreciation year and used more the	(b)  Date placed in service					-		24b If "\		•	_		Yes	X No
25 26 27 27	Type of property (list vehicles first)  Special depreciation year and used more the	Date placed in service	Business/												
25 26 27 27	vehicles first)  Special depreciation year and used more the	in service			(-I)		(e)		(f)	(	g)	(1	h)	(	(i)
27	year and used more the	allowance for qual	percentage	Cost	( <b>d)</b> or other ba	:-	sis for depo siness/inv use only	estment	Recovery period	Met	hod/ ention	Depre	ciation action	Elected	d section cost
27	-										25				
28		han 50% in a qualifie													
28			9	6											
28			9	6											
28			9	6											
28	Property used 50% or	r less in a qualified bu	siness use:							•					
28 29			9,	6						S/L -					
28 29			9	6						S/L -					
28 29			9,	6						S/L -					
29	Add amounts in colur	mn (h), lines 25 thro	ugh 27. Ente	r here a	nd on lin	e 21, pa	ge 1				28				
	Add amounts in colur	mn (i), line 26. Enter	here and on I	ine 7, p	age 1 .								. 29		
			Sectio	n B - I	Informa	ation c	n Use	of Ve	hicles						
	plete this section for												rovided	vehicles	s to you
empl	loyees, first answer the	e questions in Sectio	n C to see if y	ou mee	t an exc	eption to	comple	eting th	nis section	for those	e vehicle	S.			
				-	a)		b)		(c)		d)		e)		(f)
	Total business/investhe year (do not inclu			Vehi	icle 1	Veh	icle 2	Ve	ehicle 3	Veh	icle 4	Vehi	icle 5	Veh	icle 6
	Total commuting mile		·												
	Total other person														
	driven	`	,												
	Total miles driven														
	30 through 32														
	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	•													
	Was the vehicle														
	than 5% owner or rela														
		le available for													
	use?		•												
		ction C - Questic	•	plove	rs Who	Provi	de Ve	hicles	for Use	bv Th	eir Em	plovee	25		
Ans	wer these question									•				vho <b>are</b>	e not
	e than 5% owners o						3					, , ,	, , , , ,		
37	Do you maintain	a written policy	statement t	hat nr	ohibits	all ner	sonal	use o	f vehicles	s inclu	dina co	mmutin	a by	Yes	No
	your employees?									o,o.u	anig oc		g, <b>~</b> ,		Х
38	Do you maintain a	written policy state	ement that p	rohibits	s persor	nal use	of vehi	cles, e	except co	mmuting	, by yo	ur empl	oyees?		
	See the instructions for	or vehicles used by c	orporate offic	ers, dire	ectors, or	r 1% or r	nore ow	ners							X
39	Do you treat all use of	f vehicles by employe	es as persona	ıl use?											X
40	Do you provide n	nore than five ve	ehicles to	your e	mployee	s, obta	ain info	ormatic	on from						
	use of the vehicles, ar	nd retain the informa	tion received?												X
41	Do you meet the re	quirements concern	ing qualified	autom	obile de	monstra	ation us	e? (See	e instructi	ons.)					X
	Note: If your answer t	o 37, 38, 39, 40, or	41 is "Yes," do	not co	mplete S	Section L	3 for the	covere	ed vehicles						
Pai	rt VI Amortizati	ion													
	(a) Description o	f costs	(b) Date amorti	zation	۸۳	(c) nortizable	amount		(d) Code se		Amortiz perio	zation	Amortiza	(f)	hio voor
			begins				amount				percer		- mortiZa		yeai
42	Amortization of cost	s that begins durin	g your 2012	tax ye	ear (see	instruct	ions):								
43	Amortization of costs	that began before y	our 2012 tax	ear .								43			

**Description of Property** 

GENERAL DEPRECIATION

	Date placed in	Unadjusted Cost	Bus.	179 exp. reduction	Basis	Basis for	Beginning Accumulated	Ending Accumulated	Me-		,	ACRS		Current-year 179	Current-year
Asset description	service	or basis	%	in basis	Reduction	depreciation	1	depreciation		Conv.	Life	class		expense	depreciation
TRACTOR SHED	01/01/1990	750.	100.000			750.	750.	750.	200DB				7		
KITCHEN	11/19/1993		100.000			17,214.	17,214.	17,214.	200DB				10		
BUILDING/LANDSCAPI	01/01/1994	142,067.	100.000			142,067.	69,033.	72,676.	SL	MM			39		3,643
GUESTHOUSE - BUILD	01/24/1995	20,744.	100.000			20,744.	8,778.	9,310.	SL	MM			39		532
VOLUNTEER REC ROOM	03/10/1995	35,181.	100.000			35,181.	14,883.	15,785.	SL	MM			39		902
CLINIC	09/29/1995	89,567.	100.000			89,567.	37,897.	40,193.	SL	MM			39		2,296
GUEST HOUSE IMPROV	05/06/1996	225.	100.000			225.	93.	99.	SL	MM			39		6
BUILDING IMPROVEME	07/02/2001	4,050.	100.000			4,050.	1,092.	1,196.	SL	MM			39		104
BUILDING IMPROVEME	12/31/2001	2,500.	100.000			2,500.	640.	704.	SL	MM			39		64
APARTMENTS FOR INT	12/30/2004	70,754.	100.000			70,754.	12,774.	14,588.	SL	MM			39		1,814
WELL/WELL HOUSE	06/01/1992	3,700.	100.000			3,700.	3,700.	3,700.	200DB	MQ			10		
GUESTHOUSE - FURNI	01/24/1995	7,940.	100.000			7,940.	7,940.	7,940.	200DB	HY			7		
WATER WELL	07/06/2001	7,500.	100.000			7,500.	7,500.	7,500.	200DB	HY			10		
WATER WELL	08/20/2001	3,640.	100.000			3,640.	3,638.	3,638.	200DB	HY			10		
TRACTOR	01/01/1990	5,000.	100.000			5,000.	5,000.	5,000.	200DB	НУ			7		
EQUIPMENT	01/01/1994	4,245.	100.000			4,245.	4,245.	4,245.	200DB	НУ			7		
JOHN DEER GATORS	03/16/1995		100.000			8,426.	8,426.	8,426.	200DB				7		
JOHN DEER 4X2 GATO	03/30/1995		100.000			4,213.	4,213.	4,213.	200DB				7		
25-GALLON SPRAYER	04/28/1995		100.000			380.	380.	380.					7		
Less: Retired Assets															
Subtotals															
Listed Property								l							
Lance Detired Assets															
Less: Retired Assets			-												
Subtotals			-												
TOTALS															
AMORTIZATION	Date	Cost						Ending	I						
	placed in	or					Accumulated	Accumulated							Current-year
Asset description	service	basis	-				amortization	amortization	Code	Life					amortization
			-												

2012

\*Assets Retired JSA 2X9024 1.000

**Description of Property** 

GENERAL DEPRECIATION

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS	MA CRS class	Current-year 179 expense	Current-year depreciation
LIGHTING FOR FENCE	11/15/1995	243.	100.000	III basis	reduction	243.	243.		200DB		LIIC	Olass	7	СХРСПОС	deprediation
CHAIN SAW & BLADE	01/21/1997	752.	100.000			752.	752.		200DB				7		
HOES AND RAKES FOR	02/21/1997	713.	100.000			713.	713.		200DB				7		
GARDEN TRACTOR	04/03/1997	1,699.	100.000			1,699.	1,699.		200DB				7		
RADIO FOR OFFICE	06/12/1997	290.	100.000			290.	290.	290.	200DB				7		
TILT MOWER TRAILER	06/27/1997	219.	100.000			219.	219.		200DB	НУ			7		
LAWN GRASS BLOWER	07/10/1997	375.	100.000			375.	375.	375.	200DB	НУ			7		
REFRIGERATOR	08/21/1997	159.	100.000			159.	159.	159.	200DB	НУ			7		
TIME CLOCK	10/30/1997	360.	100.000			360.	360.	360.	200DB	НҮ			7		
WASHER AND DRYER	01/16/1997	910.	100.000			910.	910.	910.	200DB	НҮ			7		
AIR CONDITIONER	01/16/1997	700.	100.000			700.	700.	700.	200DB	нч			7		
EQUIPMENT	06/16/1999	726.	100.000			726.	726.	726.	200DB	MQ			7		
EQUIPMENT	12/01/1999	1,568.	100.000			1,568.	1,568.	1,568.	200DB	MQ			7		
GATOR	03/10/1999	9,342.	100.000			9,342.	9,342.	9,342.	200DB	MQ			7		
DELL COMPUTE	03/06/2000	3,566.	100.000			3,566.	3,566.	3,566.	200DB	HY			7		
JOHN DEER GATOR	06/12/2000	3,983.	100.000			3,983.	3,983.	3,983.	200DB	HY			7		
AIR CONDITIONER FO	08/19/2000	547.	100.000			547.	547.	547.	200DB	HY			7		
TOOLS AND PARTS	08/21/2000	1,028.	100.000			1,028.	1,028.	1,028.	200DB	HY			7		
MISTING SYSTEM	06/08/2000	6,335.	100.000			6,335.	6,335.	6,335.	200DB	HY			7		
Less: Retired Assets			_												
Subtotals															
Listed Property							<u>.</u>								
Less: Retired Assets			_												
Subtotals			_												
TOTALS															
AMORTIZATION															
	Date placed in	Cost or					Accumulated	Ending Accumulated							Current-year
Asset description	service	basis					amortization	amortization	Code	Life					amortization
			-												
			-												
			-												
TOTALS															

2012

\*Assets Retired JSA 2X9024 1.000

**Description of Property** 

GENERAL DEPRECIATION

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
MILLER WELDER	01/10/2000	2,501.	100.000	III baoio	rtoddotion	2,501.	2,501.	2,501.	200DE		Liio	GIGGG	7	охронос	doprodiation
PUMPS	07/13/2000	569.	100.000			569.	569.	569.	200DE				7		
PUMPS	03/21/2000	700.	100.000			700.	700.	700.	200DE				7		
MISTING SYSTEM	10/17/2000	1,371.	100.000			1,371.	1,371.	1,371.	200DE				7		
KAWASAKI MULE	09/01/2000	6,914.	100.000			6,914.	6,914.	6,914.	200DE				7		
PUMPS	03/10/2001	532.	100.000			532.	532.	532.	200DE				7		
WALK-IN FREEZER	07/03/2001	5,466.	100.000			5,466.	5,466.	5,466.	200DE				7		
MOWER	03/28/2001	472.	100.000			472.	472.	472.	200DE				7		
SPRAYER	05/14/2001	300.	100.000			300.	300.	300.	200DE				7		
WALK-IN FREEZER	07/03/2001	5,465.	100.000			5,465.	5,465.	5,465.	200DE				7		
TOOLS AND PARTS	06/21/2001	110.	100.000			110.	110.	110.	200DE				7		
WATER WELL	06/05/2001	3,000.	100.000			3,000.	2,903.	2,903.	200DE				7		
WATER WELL	11/23/1998	8,973.	100.000			8,973.	8,973.	8,973.	200DE				7		
FILTER SYSTEM	02/03/1998	825.	100.000			825.	825.	825.	200DE				7		
4-WHEEL VEHICLE	12/23/2003	7,844.	100.000			7,844.	7,844.	7,844.	200DE				7		
WELDER'S BOBCAT	12/23/2003	1,981.	100.000			1,981.	1,981.	1,981.	200DE	- ~			7		
POOL PUMPS (16)	05/25/2004	652.	100.000		326.	326.	326.	326.	200DE				7		
2006 KAWASAKI MULE	01/20/2006	10,447.	100.000			10,447.	10,447.	10,447.	200DE				5		
KOMATSU DOZER	11/05/2007	12,822.	100.000			12,822.	11,594.	12,822.	200DE				5		1,22
Less: Retired Assets	•													<b>'</b>	_,
Subtotals			-												
Listed Property						1	•	'							
· ,															
Less: Retired Assets															
Subtotals															
TOTALS															
AMORTIZATION		1		1	1	I.	1	1							
	Date	Cost						Ending							Cume-t ····
Asset description	placed in service	or basis					Accumulated amortization	Accumulated amortization	Code	Life					Current-year amortization
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			-												
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TOTALS															

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\*Assets Retired JSA 2X9024 1.000

**Description of Property** 

GENERAL DEPRECIATION

Asset description	placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Accumulated	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	CRS	Current-year 179 expense	Current-year depreciation
2007 JOHN DEERE TS	07/27/2007	5,405.	100.000	III basis	reduction	5,405.	5,024.	5,405.	200DB		LIIC	Ciass	5	СХРСПЗС	381
2 TRAILERS	01/14/2008	1,700.	100.000			1,700.	1,450.	1,637.	200DB				5		187
TANKS AND PUMPS FO	08/27/2008	·	100.000			3,418.	2,722.	3,108.	200DB	_~			5		386
HEAT PUMP FOR APAR	01/03/2008		100.000			2,500.	2,132.	2,407.	200DB				5		275
DELL COMPUTER - CA	01/03/2008		100.000			1,406.	1,257.	1,406.	200DB	-~			5		149
WALK IN COOLER	12/31/2008		100.000			2,600.	2,020.	2,304.	200DB				5		284
1995 FORD RANGER	01/27/2010	3,650.	100.000			3,650.	2,227.	2,796.	200DB				5		569
TEKK RADIO	05/10/2010	112.	100.000			112.	62.	82.	200DB				5		20
DRYER	08/30/2010	298.	100.000			298.	146.	207.	200DB				5		61
LAND	01/01/1983		100.000			250.	110.	207.	ZOODE	rig					
LAND	11/12/1999		100.000												
LAND	01/01/2001		100.000												
LAND27 ACRES	01/01/2001		100.000												
SIMBA I'S CAGE	06/15/1988	2,800.	100.000			2,800.	2,800.	2,800.	200DB	НҮ			7		
TASSER'S TIGER	06/15/1988		100.000			2,200.	2,200.	2,200.	200DB				7		
RANI	06/15/1989		100.000			5,000.	5,000.	5,000.	200DB				7		
MAKEEM'	06/15/1989		100.000			2,800.	2,800.	2,800.	200DB				7		
RIPPY'S	06/15/1989	2,000.	100.000			2,000.	2,000.	2,000.	200DB				7		
CHARLIE'S CAGE	06/15/1990		100.000			5,500.	5,500.	5,500.	200DB				7		
Less: Retired Assets		3,300.	100.000			3,300.	3,300.	3,300.	120006	ol ui l					
Subtotals															
Listed Property														1	
<u> </u>															
Lance Datired Appare															
Less: Retired Assets			-						1						
Subtotals			-												
TOTALS							1								
AMORTIZATION	Date	Cost						Ending							
Asset description	placed in service	or basis					Accumulated amortization	Accumulated amortization	Code	Life				-	Current-year amortization
			-												
											-				

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\*Assets Retired JSA 2X9024 1.000

**Description of Property** 

GENERAL DEPRECIATION

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
RON'S	06/15/1990		100.000	545.6	- rougonon	4,000.	4,000.	4,000.	200DE			0.000	7	одрооо	aop. co.ao
1ST JAGGIE	06/15/1990	2,500.	100.000			2,500.	2,500.	2,500.	200DE				7		
FENCING	06/15/1991	7,000.	100.000			7,000.	7,000.	7,000.	200DE				7		
WHUFFER'S CAGE	06/15/1991	·	100.000			5,000.	5,000.	5,000.	200DE				7		
SASHA'S CAGE	06/15/1991	4,500.	100.000			4,500.	4,500.	4,500.	200DE				7		
3 T'S CAGE	04/15/1992	12,300.	100.000			12,300.	12,300.	12,300.	200DE				7		
KASHMERE AND LAXMI	11/01/1992	9,000.	100.000			9,000.	9,000.	9,000.	200DE				7		
SAMSON	10/01/1992	5,500.	100.000			5,500.	5,500.	5,500.	200DE	MQ			7		
ZA	05/01/1992		100.000			4,500.	4,500.	4,500.	200DE	MQ			7		
IMPROVEMENTS	11/01/1990		100.000			2,000.	2,000.	2,000.	200DE				7		
TURBO	02/01/1993	4,351.	100.000			4,351.	4,351.	4,351.	200DE	НҮ			7		
JAGGIE	02/01/1993		100.000			1,400.	1,400.	1,400.	200DE				7		
LEXUS	03/01/1993	5,850.	100.000			5,850.	5,850.	5,850.	200DE	НҮ			7		
DAKOTA	11/01/1993	3,000.	100.000			3,000.	3,000.	3,000.	200DE	НҮ			7		
ABBEY	11/01/1993	1,500.	100.000			1,500.	1,500.	1,500.	200DE	НҮ			7		
SIMBA I	11/01/1993	4,438.	100.000			4,438.	4,438.	4,438.	200DE	НҮ			7		
ENCLOSURES	01/01/1994	87,032.	100.000			87,032.	87,032.	87,032.	200DE	НҮ			7		
LAND IMPROVEMENTS'	01/01/1995	18,460.	100.000			18,460.	18,460.	18,460.	DB		5.000				
GEDI	12/22/1995	5,001.	100.000			5,001.	5,001.	5,001.	200DE	НҮ			7		
Less: Retired Assets									,						
Subtotals															
Listed Property															
Less: Retired Assets	<u></u> .														
Subtotals															
TOTALS															
AMORTIZATION															
A 4	Date placed in	Cost or					Accumulated	Ending Accumulated	0	1:7					Current-year
Asset description	service	basis					amortization	amortization	Code	Life					amortization
			-												
TOTALS			-											-	

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\*Assets Retired JSA 2X9024 1.000

**Description of Property** 

GENERAL DEPRECIATION

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
ONYX HOUSE	11/10/1995		100.000			4,517.	4,517.	4,517.	200DB				7		•
BRUNO	03/21/1995	19,650.	100.000			19,650.	19,650.	19,650.	200DB				7		
SHASTA	12/05/1995	1,215.	100.000			1,215.	1,215.	1,215.	200DB				7		
SABRINA	05/30/1995	·	100.000			34,759.	34,759.	34,759.	200DB				7		
SNOW LEOPARD	02/21/1995		100.000			10,567.	10,567.	10,567.	200DB	НҮ			7		
PONCHO	09/22/1995		100.000			5,248.	5,248.	5,248.	200DB	НҮ			7		
SIMBA II'S ENCLOSU	09/01/1996	14,365.	100.000			14,365.	14,365.	14,365.	200DB	НҮ			7		
SHEBA'S ENCLOSURE	11/23/1996	3,400.	100.000			3,400.	3,400.	3,400.	200DB	НҮ			7		
NOEL'S POOL	04/19/1996		100.000			588.	588.	588.	200DB	HY			7		
LAND IMPROVEMENTS	10/26/1996	24,345.	100.000			24,345.	23,621.	23,621.	DB		15.000				
KATRINA'S ENCLOSUR	06/01/1997	12,238.	100.000			12,238.	12,238.	12,238.	200DB	НҮ			7		
NALA & KURU'S ENCL	06/01/1997		100.000			6,991.	6,991.	6,991.	200DB				7		
TAZ'S ENCLOSURE	06/01/1997		100.000			3,604.	3,604.	3,604.	200DB				7		
ENCLOSURES	06/01/1998		100.000			62,705.	62,705.	62,705.	200DB	HY			7		
ENCLOSURES	07/01/1998	69,515.	100.000			69,515.	69,515.	69,515.	200DB	HY			7		
BRUNO'S ENCLOSURE	12/31/1999	62,408.	100.000			62,408.	62,408.	62,408.	200DB	MQ			7		
HOUSE	10/24/2000	748.	100.000			748.	748.	748.	200DB	HY			7		
HOUSE	10/11/2000	792.	100.000			792.	792.	792.	200DB				7		
JAGGIE HABITAT	06/30/2000	9,256.	100.000			9,256.	9,256.	9,256.	200DB	HY			7		
Less: Retired Assets															
Subtotals															
Listed Property															
Less: Retired Assets															
Subtotals															
TOTALS															
AMORTIZATION															
	Date placed in	Cost or					Accumulated	Ending Accumulated							Current-year
Asset description	service	basis					amortization	amortization	Code	Life	9				amortization
			-												
			-												
TOTALS	1		-												

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**Description of Property** 

GENERAL	DEPRECIATION

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS	MA CRS class	Current-year 179 expense	Current-year depreciation
CAT PERCHES	05/02/2001		100.000			516.	516.	516.	200DB				7		
GOLIATH HABITAT	06/30/2001	5,185.	100.000			5,185.	5,185.	5,185.	200DB				7		
FENCE (GENE'S)	06/01/1997	3,512.	100.000			3,512.	3,512.	3,512.	200DB				7		
FENCE	04/06/1993	·	100.000			29,820.	29,820.	29,820.	200DB				7		
FENCING	07/01/1998		100.000			5,811.	5,811.	5,811.	200DB				7		
ENCLOSURES	02/25/2002		100.000			2,072.	2,072.	2,072.	200DB				7		
CHEETAH ENCLOSURE	12/02/2003	1,757.	100.000			1,757.	1,757.	1,757.	200DB				7		
ZIPPY PEN CONSTRUC	12/29/2008	4,708.	100.000			4,708.	2,968.	3,441.	200DB				7		473.
HABITATS 2009	12/31/2009		100.000			2,196.	1,115.	1,424.	200DB	~			7		309.
HABITATS 2010	12/31/2010		100.000			1,124.	350.	571.	200DB				7		221.
BEAR HABITAT	12/31/2007	117,857.	100.000			117,857.	88,273.	98,562.	200DB				7		10,289.
BEAR HABITAT 2008	12/31/2008		100.000			66,295.	41,792.	48,448.	200DB	MQ			7		6,656.
BEAR HABITAT 2009	12/31/2009		100.000			10,763.	5,467.	6,980.	200DB				7		1,513.
BEAR HABITAT 2010	12/31/2010		100.000			16,550.	5,151.	8,408.	200DB				7		3,257.
CEMENT FIGURES (9)	09/13/1995	1,148.	100.000			1,148.	1,148.	1,148.	200DB				10		
BUILD POD	03/12/1996	578.	100.000			578.	578.	578.	200DB	НҮ			7		
FURNITURE/FIXTURES	01/01/1994	655.	100.000			655.	655.	655.	200DB	НҮ			7		
FURNITURE - PICNIC	03/10/1995	518.	100.000			518.	518.	518.	200DB				7		
FRAMED ART (10)	10/04/1995	408.	100.000			408.	408.	408.	200DB	НҮ			7		
Less: Retired Assets															
Subtotals															
Listed Property															
Less: Retired Assets															
Subtotals															
TOTALS			-												
AMORTIZATION															
	Date	Cost					A a a u ma u la t = -l	Ending							Current-year
Asset description	placed in service	or basis					amortization	Accumulated amortization	Code	Life					amortization
TOTALS	<u> </u>														

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**Description of Property** 

GENERAL DEPRECIATION

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
SIGNS AND LETTERS	11/14/1995	222.	100.000			222.	222.	222.	200DB				7		
LAMPS (2)	03/18/1996	133.	100.000			133.	133.	133.	200DB				7		
FOUNTAIN	05/30/1998	880.	100.000			880.	880.	880.	200DB	НҮ			7		
INTERN FURNITURE	03/19/2002	1,357.	100.000			1,357.	1,357.	1,357.	200DB	HY			7		
WEBSITE	06/30/2000	16,764.	100.000			16,764.	16,764.	16,764.	SL		3.000				
WEBSITE	06/30/2000	11,650.	100.000			11,650.	11,650.	11,650.	SL		3.000				
REFRIGERATOR	01/31/2011	1,700.	100.000		1,700.				200DB	НҮ			7		
CHAINSAW	03/01/2011	369.	100.000		369.				200DB	HY			7		
DELL COMPUTER	06/02/2011	78.	100.000		78.				200DB	HY			5		
DELL COMPUTER	07/26/2011	1,384.	100.000		1,384.				200DB	HY			5		
GATOR	12/30/2011	5,966.	100.000		5,966.				200DB	HY			5		
EQUIPMENT	03/17/2011	395.	100.000		395.				200DB	HY			7		
MISTER SYSTEM PUMP	06/12/2011	1,697.	100.000		1,697.				200DB	HY			7		
HABITATS 2011	07/01/2011	3,671.	100.000		3,671.				200DB	HY			7		
LAND	02/17/2011	400.	100.000			400.									
LAND	10/25/2011	90,236.	100.000			90,236.									
BENCH	07/22/2011	78.	100.000		78.				200DB	HY			7		
LAND ROVER DISCOVE	07/20/2011	3,680.	100.000		3,680.				200DB	HY			5		
RAKE FOR ROADS	02/28/2012	500.	100.000		250.	250.		36.	200DB	HY			7		36.
Less: Retired Assets									1						
Subtotals															
Listed Property	ı		Г	1											
Less: Retired Assets			_						1						
Subtotals															
TOTALS															
AMORTIZATION	Data	04													
	Date placed in	Cost or					Accumulated	Ending Accumulated							Current-year
Asset description	service	basis	_				amortization	amortization	Code	Life	<u> </u>			_	amortization
			-												
			-												
			-												
			-												
			-												
TOTALS															

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\*Assets Retired JSA 2X9024 1.000

**Description of Property** 

GENERAL DEPRECIATION
DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
ELECT FENCE TESTER	03/28/2012		100.000		21.	21.		3.					7	,	3
WEED EATER	06/16/2012	280.	100.000		140.	140.		20.	200DE				7		20
EQUIPMENT	06/25/2012		100.000		122.	121.		17.	200DE				7		17
EQUIPMENT	07/27/2012		100.000		2.	2.			200DE				7		
BEAR HABITAT 2012	07/01/2012	3,864.	100.000		1,932.	1,932.		276.	200DE				7		276
HABITAT 2012	03/01/2012	2,742.	100.000		1,371.	1,371.		196.	200DE	НҮ			7		196
EQUIPMENT	07/01/2012	4,260.	100.000		2,130.	2,130.		304.	200DE	НУ			7		304
Less: Retired Assets									1						
Subtotals		1,768,475.			25,312.	1,506,943.	1,109,965.	1,146,436.							36,471
Listed Property							T	I				1			
Less: Retired Assets			-						1						
Subtotals			-												
AMORTIZATION		1,768,475.			25,312.	1,506,943.	1,109,965.	1,146,436.							36,471
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life					Current-year amortization
TOTALS															

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