Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

B Creeck representation D Employer Identification number	A For the 2011 calendar		2011 calenda	year, or tax year beginning July 4, , 2011, and ending		_	July 3,	, 20	12			
Name charges Part	B Check if appl		pplicable:	C Name of organization				D Emp	loyer ident	ification numbe	er	
Name charges Part	Address change			Romanian League in Defense of Animals	als				32-0176929			
Terrinated Chy or town, state or country, and 2iP + 4 F Group Exemption F Gro	Н		-	Number and street (or P.O. box, if mail is not d	elivered to street address)		Room/suite	E Telep	ohone numb	oer		
Aprecident return Aprecident return Application promoting Application promoting Application promoting Application promoting Application promoting Application Applica				POB 40	POB 40				360-678-1057			
Application personing Greenbank, WA 98263-0040 March personing Accounting Methods: Clash Accounts Other (specify) H Check If the organization is not a section 509(s) Jave-exempt status (check only one) If the organization is not a section 509(s) Sport on the person Jave-exempt status (check only one) If the organization is not a section 509(s) Sport on the person Jave-exempt status (check only one) If the organization is not a section 509(s) Sport on the person Jave-exempt status (check only one) If the organization is not a section 509(s) Sport on the person Jave-exempt status (check only one) If the organization is not a section 509(s) Sport on the person Jave-exempt status (check only one) If the organization is not a section 509(s) Sport on the person Jave-exempt status (check only one) If the organization of the person Jave-exempt status (check only one) If the organization of the person Jave-exempt status (check only one) If the organization of the person Jave-exempt status (check only one) If the organization is not a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-Ez or Form 9	H			City or town, state or country, and ZIP + 4	City or town, state or country, and ZIP + 4				F Group Exemption			
Vebsite: ►				Greenbank, WA 98253-0040				Nun	Number ►			
Tar-exempt status (check only one)	G	Account	ting Method:	✓ Cash	fy) ▶		Н	Check	▶ ☑ if th	e organization	n is not	
Check	ı	Websit	te: ►					required	required to attach Schedule B			
not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25c, column (E) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 49,124.47 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assests other than inventory 5 Less: cost or other basis and sales expenses C Gain or (loss) from sale of assests other than inventory (Subtract line 5b from line 5a) 5 Gross income from gaming (attach Schedule G if greater than \$15,000) C Less: direct expenses from gaming and fundraising events 6 d Net income or (loss) from gaming and fundraising events 6 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances 7 b Less: cost of goods sold 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 49,124.47 10 Grants and similar amounts paid (list in Schedule O) 10 19,872.18 11 Professional fees and other payments to independent contractors 11 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (deficit) for the year (Subtract line 17 from line 9) 17 Total expenses. Add lines	J .	Tax-exen	npt status (che	eck only one) — 🔽 501(c)(3) 🗌 501(c) () ◀ (insert no.) ☐ 4947	'(a)(1) or	<u>527</u>	(Form 9	90, 990-E	Z, or 990-PF).		
the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, oclumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received	K	Check •	▶ ☐ if the	e organization is not a section 509(a)(3) sup	porting organization or a s	section (527 organizat	ion and it	ts gross re	ceipts are nor	mally	
Part		not mor	e than \$50,00	0. A Form 990-EZ or Form 990 return is no	ot required though Form 9	990-N (e	-postcard) m	ay be rec	quired (see	e instructions).	. But if	
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Check if the organization used Schedule O to respond to any question in this Part I 1					·			-				
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received		line 25, c	olumn (B) belo	ow) are \$500,000 or more, file Form 990 instead	ad of Form 990-EZ				▶ \$			
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Program service revenue including government fees and contracts 2			Check if	the organization used Schedule O t	to respond to any que	estion i	n this Part	Ι			. \square	
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5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses		3	Membersh	ip dues and assessments					3			
b Less: cost or other basis and sales expenses .		4	Investment	t income					4			
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\$15,000) . 6a \$6 Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . 6b \$6 Less: direct expenses from gaming and fundraising events . 6c \$7 A Gross sales of inventory, less returns and allowances . 7a \$8 Cher revenue (describe in Schedule O) . 7b \$9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 9 \$10 Grants and similar amounts paid (list in Schedule O) . 10 \$11 Benefits paid to or for members . 11 \$12 Salaries, other compensation, and employee benefits . 12 \$13 Professional fees and other payments to independent contractors . 13 \$14 Occupancy, rent, utilities, and maintenance . 14 \$15 Printing, publications, postage, and shipping . 15 \$16 Other expenses (describe in Schedule O) . 16 \$17 Total expenses. Add lines 10 through 16 . 17 \$18 Excess or (deficit) for the year (Subtract line 17 from line 9) \$19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . 19 \$8,765.21 \$19 Other changes in net assets or fund balances (explain in Schedule O) . 20 \$11 Net assets or fund balances at end of year. Combine lines 18 through 20 . 21 \$11 1,567.91		6	_	_								
sum of such gross income and contributions exceeds \$15,000) . 6b 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	Revenue					1						
sum of such gross income and contributions exceeds \$15,000) . 6b 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		Ь	Gross inco	ome from fundraising events (not inclu	dina \$		contributio	ns	-			
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line 6c) Gd Fa Gross sales of inventory, less returns and allowances Ta Fa Fa Fa Fa Fa Fa Fa		С	Less: direc	t expenses from gaming and fundrais	sing events	6c						
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b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at end of year. Combine lines 18 through 20 11,567.91			line 6c) .						6d			
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . ▶ 9 49,124.47 10 Grants and similar amounts paid (list in Schedule O)		С	Gross prof	it or (loss) from sales of inventory (Sub	otract line 7b from line	7a) .			7c			
10 Grants and similar amounts paid (list in Schedule O) 10 19,872.18 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 22,524.57 16 Other expenses (describe in Schedule O) 16 3,924.02 17 Total expenses. Add lines 10 through 16 17 46,322.77 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 8,765.21 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 11,567.91		8										
Benefits paid to or for members		_							9	49,	,124.47	
Salaries, other compensation, and employee benefits	Expenses				-					19,	,872.18	
Professional fees and other payments to independent contractors												
16 Other expenses (describe in Schedule O)		12							-			
16 Other expenses (describe in Schedule O)		13										
16 Other expenses (describe in Schedule O)		14										
Total expenses. Add lines 10 through 16		. .0										
18 Excess or (deficit) for the year (Subtract line 17 from line 9)									-			
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	_									46,	,322.77	
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		20		=	·				-		F07.01	
	_		·							11, orm QQN_F7	(2011)	

Form 990-EZ (2011) Page 2 Part II **Balance Sheets.** (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 8,765.21 **22** 22 Cash, savings, and investments 11,567.91 23 23 Land and buildings 24 Other assets (describe in Schedule O) 24 25 Total assets . 8,765.2 25 11,567.91 26 Total liabilities (describe in Schedule O) 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III.) Expenses Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others.) persons benefited, and other relevant information for each program title. Improvements to Romanian League in Defense of Animals shelters in Galati, Romania. (ROLDA Foundation is Romanian charity #18416340, file #108.02.2006 at the Galati Court of Justice.) 19,872.18) If this amount includes foreign grants, check here 28a (Grants \$ 19,872,18 Expenses of volunteer recruitment & educational work done in U.S. on behalf of ROLDA by volunteer Shannon McCabe. 29a) If this amount includes foreign grants, check here 1,449.64 30) If this amount includes foreign grants, check here 30a Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a 32 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Title and average compensation contributions to employee (e) Estimated amount of (a) Name and address hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation President, 40+ hours Dana Costin, Feroviarilor St. 16, week B1.C2, Ap. 18, 800563, Galati, Romania U.S. trustee, 4 hours/ Merritt Clifton, 2260 North Bluff, Greenbank, WA 98253 week

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a / If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ; section 4912 ► ; section 4955 ► section 4911 ► Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b / Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed. ► WA 41 **42a** The organization's books are in care of ► Merritt Clifton Telephone no. ► 360=678-1057 Located at ► 2260 North Bluff, Greenbank, WA ZIP + 4 ▶ 98253 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

Form 99	90-EZ (2	011)							Page 4
46	Did tl	he organization engage, directly or in	directly, in political c	ampaign activities	on behalf o	of or in opposit	tion	Yes	No
	to ca	andidates for public office? If "Yes," o	complete Schedule C	C, Part I			. 46	6	
Part		Section 501(c)(3) organizations						ection	
		501(c)(3) organizations and section	on 4947(a)(1) none	xempt charitable t	rusts mu	st answer qu	estions	47–49)b
		and 52, and complete the tables	for lines 50 and 51			·			
		Check if the organization used Sch			this Part	VI			
		oneon ii are organization acca cor	100010	to any quodion ii	r timo r art	• • • • • • • • • • • • • • • • • • • •		Ves	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elect	tion in effe	act during the	tax	103	140
71		If "Yes," complete Schedule C, Part				_		,	
	-	· ·				. 47		-	
48		organization a school as described in					. 48		
49a		id the organization make any transfers to an exempt non-charitable related organization?							
b		es," was the related organization a se				-			
50				sated employees (other than officers, directors,					
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the org	janization.	If there is non	e, enter '	'None.	"
			(b) Title and average	(c) Reportable		ealth benefits,			
	(a) N	ame and address of each employee paid more than \$100,000	hours per week	compensation		ions to employee			
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MIS		ans, and deferred			
Nicola						,			
None									
	T-4-1		\$100 000						
f		number of other employees paid over				-			
51		plete this table for the organization's			nt contrac	tors who each	n receive	d more	e thai
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."					
(a)	Name a	and address of each independent contractor pai	id more than \$100,000	(b) Type of s	ervice	(c)) Compens	ation	
		· · · · · · · · · · · · · · · · · · ·							
None									
				1					
				1					
				+					
				-					
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶				
52	Did tl	he organization complete Schedule A	? Note: All section 5	01(c)(3) organizatio	ns and 49	47(a)(1)			
		xempt charitable trusts must attach a				. , . ,	▶ ✓ Ye	es 🗌	No
Under n	penalties	of perjury, I declare that I have examined this r	eturn, including accompan	ving schedules and state	ments, and to	the best of my kr	nowledge a	and belie	f it is
		d complete. Declaration of preparer (other than						50	.,
		<u> </u>							
Sign		Signature of officer				Date			
		, Oignature of Officer							
Here		Type or print serve and 100							
		Type or print name and title	- In		<u> </u>		1		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check] if PTIN		
Prep	arer						yed		
Use		Firm's name ▶		Firm's EIN ▶	ı's EIN ▶				
- 3 - C	Unity	Firm's address ▶				Phone no.			
May tl	he IRS	discuss this return with the preparer	shown above? See	instructions			► □ Y6	25	No