Form	990-EZ	

## **Short Form**

OMB No. 1545-1150

2018

**Open to Public** Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.	
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► Go to www.irs.gov/Form990EZ for instructions and the latest	information.
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		of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest inform	ation.		Inspection
AF	or the	2018 calenda	ar year, or tax year beginning July 1 , 2018, and ending		June 3	) , 20 19
Bc	heck if ap	pplicable:	C Name of organization ?	D Emp	loyer id	entification number 🛛 👔
A	Address c	change	Romanial League in Defense of Animals		3	2-0176929
1	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address) ? Room/suite	E Tele	ohone n	
	nitial retu		PO Box 4674		41	0-353-5505
		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro		mption
	Amended Applicatio	n pending	Crofton MD 21114		nber I	·
_		ting Method:		Check	► 🗸	f the organization is <b>not</b>
	/ebsite	0	rolda.org/usa/			ach Schedule B
			eck only one) – ✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	•		D-EZ, or 990-PF).
			Corporation □ Trust □ Association □ Other	<b>(</b> -		, ,
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets		
			5500,000 or more, file Form 990 instead of Form 990-EZ		► ¢	
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see th	e instru	ctions	for Part I) 👔
			the organization used Schedule O to respond to any question in this Part			
?	1		ons, gifts, grants, and similar amounts received		1	100,224
?	2		ervice revenue including government fees and contracts		2	100,224
?	3	-	ip dues and assessments		3	
?	4	Investment	•		4	
	5a		punt from sale of assets other than inventory		-	
	b		or other basis and sales expenses			
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	
	6		d fundraising events:			
	a	-	ome from gaming (attach Schedule G if greater than			
e	u	\$15,000) .				
Revenue	b		me from fundraising events (not including \$ of contributions)	วทร		
ev	-		aising events reported on line 1) (attach Schedule G if the			
ш			ch gross income and contributions exceeds \$15,000) 6b			
	с		t expenses from gaming and fundraising events 6c			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract		
	_	line 6c)			6d	
	7a	Gross sale	s of inventory, less returns and allowances			
	b		of goods sold			
	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	•	nue (describe in Schedule O)		8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	100,224
	10		I similar amounts paid (list in Schedule O)		10	33,974
	11		aid to or for members		11	00,014
ş	12		ther compensation, and employee benefits <b>2</b>		12	
Expenses	13		al fees and other payments to independent contractors 2		13	25,619
bei	14		y, rent, utilities, and maintenance		14	
Ă	15		ublications, postage, and shipping		15	56,610
	16		enses (describe in Schedule O) 👔		16	2,375
	17	-	enses. Add lines 10 through 16		17	118,578
<i>(</i> ^	18		(deficit) for the year (Subtract line 17 from line 9)		18	-18,354
ëte	19		or fund balances at beginning of year (from line 27, column (A)) (must agr		-	
Ass			r figure reported on prior year's return)		19	21,488
Net Assets	20	-	nges in net assets or fund balances (explain in Schedule O)		20	21,400
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	3,134
For			ion Act Notice, see the separate instructions. Cat. No. 10642			Form <b>990-EZ</b> (2018)

orm	990-EZ (2018)					
Ра	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this I	Part II....		🗆
	5	· ·		(A) Beginning of year		) End of year
22	Cash, savings, and investments		-	32,878	22	14,52
23				32,070	23	14,52
	Land and buildings				-	
24	Other assets (describe in Schedule O)		· · · · · ·  _		24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	32,878	27	14,52
Par	t III Statement of Program Service Accom	plishments (see th	e instructions for P			,
	Check if the organization used Schedule			,		Expenses
Nha	t is the organization's primary exempt purpose?				(Requir	ed for section
						3) and 501(c)(4)
	cribe the organization's program service accomplis				organiz	ations; optional for
	neasured by expenses. In a clear and concise m		e services provided	, the number of		1
bers	ons benefited, and other relevant information for ea					
28	Activities of ROLDA in Galati Romania running 2 anin	nal shelters as well a	is spaying, neutering	and adoption		
	programs					
?	(Grants \$) If this amount	includes foreign gra	ants, check here .	► 🗌	28a	33,97
29	ROLDA Foundation file #1846340 #108.02.2006 at Gal					,-
	(Oriente ¢	includes familia	nto obseliber-	·····		
~~	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	🕨 🗋	29a	
30						
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	► 🗌	30a	
31	· · · · · · · · · · · · · · · · · · ·		ants, check here		30a	
31	Other program services (describe in Schedule O)					
	Other program services (describe in Schedule O) (Grants \$ ) If this amount	includes foreign gra	ants, check here	· · · · · ·	31a	33.07
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra hrough 31a)	ants, check here		31a 32	
32	Other program services (describe in Schedule O)         (Grants \$)       ) If this amount         Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a)	ants, check here .	· · · · · · · · · · · · · · · · · · ·	31a 32	·
32	Other program services (describe in Schedule O)         (Grants \$)       ) If this amount         Total program service expenses (add lines 28a t)	includes foreign gra hrough 31a) <b>Employees</b> (list eacl O to respond to a	ants, check here	· · · · · · · · · · · · · · · · · · ·	31a 32	ons for Part IV)
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	includes foreign gra hrough 31a) . <b>Employees</b> (list each O to respond to a (b) Average	ants, check here .	· · · · · · · · · · · · · · · · · · ·	<b>31a</b> <b>32</b> nstructio	ons for Part IV)
32	Other program services (describe in Schedule O)         (Grants \$)       ) If this amount         Total program service expenses (add lines 28a t         t IV       List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a) . <b>Employees</b> (list each O to respond to an (b) Average hours per week	none even if not comp ny question in this I (c) Reportable 2 compensation (Forms W-2/1099-MISC)		<b>31a</b> <b>32</b> nstructio  ee (e) Es oth	ons for Part IV)
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	includes foreign gra hrough 31a) . <b>Employees</b> (list each O to respond to a (b) Average	ants, check here . n one even if not comp ny question in this I (c) Reportable ? compensation		<b>31a</b> <b>32</b> nstructio  ee (e) Es oth	ons for Part IV)
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		90-EZ (2018)			age <b>3</b>	5
	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
				Yes	No	•
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	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 change on Schedule O. See instructions	34		V	. ?
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	•
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		v v	-
	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 37a	)			
	b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		~	[
		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~	?
	b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved       38b         Section 501(c)(7) organizations. Enter:       39a	-			
	a b	Gross receipts, included on line 9, for public use of club facilities	-			
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		~	?
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	
	41	List the states with which a copy of this return is filed  CA				-
	b	Located at $\blacktriangleright$ ZIP + 4 $\blacktriangleright$ 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)? If "Yes," enter the name of the foreign country $\blacktriangleright$	42b	Yes	No V	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ►	42c		~	-
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.		_
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~	
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c		/	[
		explanation in Schedule O	44d		1	-
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		~	[
		meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		V	

Form	990-EZ	(2018)
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Page 4 No

V ?

			Yes
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition		
	to candidates for public office? If "Yes," complete Schedule C, Part I	46	

Part VI	Section 501(c)(3)	Organizations Only

All section 501(c)(3) organizations must answer	questions 47-49b and 52	, and complete the	tables for lines
50 and 51.			

	Check if the organization used Schedule O to respond to any question in this Part VI				
			Yes	No	
47	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	47		~	?
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~	?
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~	
b	If "Yes," was the related organization a section 527 organization?	49b		~	
		· .		<del></del>	

50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key
	employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . 🕨

Complete this table for the organization's five highest compensated independent contractors who each received more than 51 \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
	-	
	_	
	_	
	_	
<ul> <li>d Total number of other independent contractors each receiving</li> <li>52 Did the organization complete Schedule A? Note: All se</li> </ul>		nust attach a

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

completed Schedule A . . . . . . . . . . . .

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Mary M Paska, Treasurer			Date		
1	Type or print name and title					
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN
Use Only				Firm's EIN ►		
				Phone no.		
May the IRS discuss this return with the preparer shown above? See instructions						