

Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code

COPY

OMB No. 1545-0056
Expires 5-31-96

If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully.

A User Fee must be attached to this application.

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

Complete the Procedural Checklist on page 7 of the instructions.

Part I Identification of Applicant

1a Full name of organization (as shown in organizing document) <i>ANIMAL RIGHTS AMERICA, INC.</i>		2 Employer identification number (If none, see instructions.) <i>22-3400696</i>
1b c/o Name (if applicable)		3 Name and telephone number of person to be contacted if additional information is needed <i>(201) 228-7632</i>
1c Address (number, street, and room or suite no.) <i>PO BOX 469 / 29 MOUNTAIN AVENUE</i>		
1d City or town, state, and ZIP code <i>CALDWELL, NJ 07006-9991</i>		4 Month the annual accounting period ends <i>DECEMBER</i>
5 Date incorporated or formed <i>JULY 7, 1995</i>	6 Activity codes (See instructions.) <i>913 603</i>	7 Check here if applying under section: a <input type="checkbox"/> 501(e) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> 501(k)
8 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach an explanation.		
9 Is the organization required to file Form 990 (or Form 990-EZ)? <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach an explanation (see instructions).		
10 Has the organization filed Federal income tax returns or exempt organization information returns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.		

11 Check the box for the type of organization. BE SURE TO ATTACH A CONFORMED COPY OF THE CORRESPONDING DOCUMENTS TO THE APPLICATION BEFORE MAILING (See **Specific Instructions, Part I, Line 11.**) Get Pub. 557, **Tax-Exempt Status for Your Organization, for examples of organizational documents.**

- a ☒ **Corporation**—Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.
- b ☐ **Trust**—Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
- c ☐ **Association**—Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here ☐

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please
Sign
Here

James Cimando
(Signature)

president
(Title or authority of signer)

11/1/95
(Date)

Part II Activities and Operational Information

- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. Do not merely refer to or repeat the language in the organizational document. Describe each activity separately in the order of importance. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

ANIMAL RIGHTS AMERICA WAS FORMED TO LINK
GRASSROOTS ANIMAL RIGHTS GROUPS ACROSS AMERICA.
WE INTEND TO EDUCATE THE GROUPS BY NEWSLETTERS,
OTHER MAILINGS, AND THE INTERNET. THESE ACTIVITIES
WILL SERVE TO EMPOWER THE GROUPS. THROUGH THIS
EMPOWERMENT THE GROUPS WILL BECOME UNIFIED.

- 2 What are or will be the organization's sources of financial support? List in order of size.

GRANTS
MEMBERSHIP CONTRIBUTIONS
FUNDRAISING EVENTS

- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

GRANT REQUESTS, BENEFITS, SWEEPSTAKES

Part II Activities and Operational Information (Continued)**4** Give the following information about the organization's governing body:**a** Names, addresses, and titles of officers, directors, trustees, etc.**b** Annual compensation

ANNE CRIMAUDD 29 MOUNTAIN AVE CALDWELL NJ 07006	PRESIDENT	Ø
ANGI METLER 7 HAVEN ROAD OLD BRIDGE NJ 08857	VICE PRESIDENT	Ø
ANNA CHARLTON PO BOX 146 BRYN MAWR PA 19010	SECRETARY	Ø
JANINE MOTTA 18 McBRIDE ROAD MANALAPAN NJ 07726	TREASURER	Ø

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials?☐ Yes ☒ No

If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See **Specific Instructions, Part II, Line 4d**).☐ Yes ☒ No

If "Yes," explain.

5 Does the organization control or is it controlled by any other organization?☐ Yes ☒ NoIs the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? ☒ Yes ☐ No
If either of these questions is answered "Yes," explain.

ANGI METLER, ANNE CRIMAUDD AND JANINE MOTTA ARE
ON THE BOARD OF TRUSTEES OF THE NEW JERSEY
ANIMAL RIGHTS ALLIANCE - A MEMBER OF ANIMAL RIGHTS AMERICA.

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees?☐ Yes ☒ No

If "Yes," explain fully and identify the other organizations involved.

7 Is the organization financially accountable to any other organization?☐ Yes ☒ No

If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

Part II Activities and Operational Information (Continued)

- 8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If "None," indicate "N/A." *N/A*

- 9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? ☐ Yes ☒ No

- 10a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? ☐ Yes ☒ No

- b Is the organization a party to any leases? ☐ Yes ☒ No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

- 11 Is the organization a membership organization? ☒ Yes ☐ No
If "Yes," complete the following:

- a Describe the organization's membership requirements, and attach a schedule of membership fees and dues.

*ADVOCATES WHO EMBRACE THE ABOLITIONIST PHILOSOPHY OF
ANIMAL RIGHTS — NO MEMBERSHIP FEES ARE PLANNED AT THIS TIME*

- b Describe the organization's present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose. — ATTACHED

WORD OF MOUTH

- c What benefits do (or will) the members receive in exchange for their payment of dues?

SHARING OF EDUCATIONAL RESOURCES

- 12a If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them? ☒ N/A ☐ Yes ☐ No
If "Yes," explain how the charges are determined, and attach a copy of the current fee schedule.

- b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? ☐ N/A ☒ Yes ☐ No
If "Yes," explain how the recipients or beneficiaries are or will be selected.

MEMBERS ONLY

- 13 Does or will the organization attempt to influence legislation? ☐ Yes ☒ No
If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

- 14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? ☐ Yes ☒ No
If "Yes," explain fully.

TAXED TO 516-441-
10/13/95 4991

COPY

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **22-3400696**
OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) ANIMAL RIGHTS AMERICA, INC.	
2 Trade name of business, if different from name in line 1	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) PO BOX 469	5a Business address, if different from address in lines 4a and 4b 29 MOUNTAIN AVENUE
4b City, state, and ZIP code CALDWELL NJ 07006-9991	5b City, state, and ZIP code CALDWELL NJ 07006-5306
6 County and state where principal business is located ESSEX COUNTY, NEW JERSEY	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ JANINE MOTTA 146-52-2979	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> Farmers' cooperative
<input checked="" type="checkbox"/> Other nonprofit organization (specify) EDUCATIONAL	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other (specify) ▶	(enter GEN if applicable)	

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ **NEW JERSEY** State Foreign country

9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ▶ NON-PROFIT	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) **JULY 7, 1995**

11 Enter closing month of accounting year. (See instructions.) **DECEMBER 31**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ **NON-PROFIT EDUCATIONAL ORGANIZATION** (NO ALCOHOL SALE OR DIST.)

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
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17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Name and title (Please type or print clearly.) ▶ **ANGI METLER** **201-228-7632**

Signature ▶ *Angi Metler* Date ▶ **10/13/95**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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