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DLN: 93493262000005

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 cal	endar year, or tax year beginni	ng 01-01-2014 , and ending 12-3	31-2014				
		applicable	C Name of organization IN DEFENSE OF ANIMALS				D Emplo	yer iden	ntification number
Add	dress c	hange					68-00	08936	5
∏ Na	me cha	ange	Doing business as						
Ind	tial retu	ım	Number and storet (and D.O. have st		N / + -		E Telepho	ne numl	ber
Fin		mınated	3010 Kerner Blvd	mail is not delivered to street address)	koom/suite		(415)	448-0	048
		return	City or town state or province co	untry, and ZIP or foreign postal code			(110)		<u> </u>
_		n pending	San Rafael, CA 94901	antity, and zir or foreign postar code			G Gross re	eceipts \$	3,162,986
, ,,,,,	pileatio	ii penang		uncupal officer					_
			F Name and address of pr MARILYN KROPLICK MD	incipal officer	H(ıs a group rdınates?	return	for
			3010 Kerner Blvd San Rafael, CA 94901						
			Sali Kalael, CA 94901		H(b) Are a	ıll subordı	nates	┌ Yes 🗸 No
Ta	x-exer	npt status	▼ 501(c)(3)	(insert no) 4947(a)(1) or 527	7			a list	(see instructions)
1 W	ehsit	e• • w/w/	w idausa org			_			
					H(ıp exempt		
		_	Corporation Trust Associat	on Other ►	L	Year of fo	rmation 19	83 M	State of legal domicile CA
Pa	rt I		ımary						
			_	ion or most significant activities al animal protection organization	dedicated to	o endina	the exploi	tation a	and abuse of animals
				that of mere property, and by def					
ĕ									
Ē									
Governance	2	Check t	his box দ if the organization o	liscontinued its operations or disp	oosed of mo	re than 2	5% of its	net as:	sets
	l _								_
8				ning body (Part VI, line 1a)				3	5
Activities &				s of the governing body (Part VI, l n calendar year 2014 (Part V, line				5	5 33
<u>5</u>				necessary)			• •	6	33
•	1			Part VIII, column (C), line 12				7a	687
	1			from Form 990-T, line 34				7b	
						Pric	r Year	'Т	Current Year
	8	Contr	butions and grants (Part VIII,	line 1h)	$ abla$		2,525,5	559	2,934,344
ПE	9	Progra	am service revenue (Part VIII,	line 2g)			23,9	85	34,598
Rayenue	10	Inves	tment income (Part VIII, colum	nn (A), lines 3, 4, and 7d)	· · L		18,8	373	22,662
ш	11), lines 5, 6d, 8c, 9c, 10c, and 11	· —		56,1	.74	44,574
	12		_	1 (must equal Part VIII, column (2,624,5	91	3,036,178
	13			t IX, column (A), lines 1-3)			78,9		73,262
	14			IX, column (A), line 4)	_		·		0
	15			vee benefits (Part IX, column (A),	lines		1,475,2	54	1,284,384
Expenses		5-10	•		\vdash				
₹.	16a			(, column (A), line 11e)	· ·		60,0	000	60,480
ਡ	Ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) •-246,037	— <u> </u>				
	17			, lines 11a-11d, 11f-24e)			1,537,1		1,220,039
	18		·	ust equal Part IX, column (A), line	· -		3,151,2		2,638,165
. 00	19	Rever	nue less expenses Subtract line	e 18 from line 12		Dae-! '-	-526,6	-	398,013
Net Assets or Fund Balances							g of Currei 'ear	ונ	End of Year
sse(20	Total	assets (Part X, line 16)		🗀		4,726,5	84	5,142,057
주 유 교	21						518,8	888	511,013
ž2	22	Netas	ssets or fund balances Subtrac	t line 21 from line 20			4,207,6	96	4,631,044
Pa	rt II	Sign	nature Block						
my k	nowle	dge and		kamined this return, including acc mplete Declaration of preparer (d					
		Ti .				ı			
C :	_	**** Sign	*** ature of officer				015-09-19 ate		
Sigr Her		[]				<i>D</i> (
	-		ILYN KROPLICK MD President & CEO e or print name and title						
			Print/Type preparer's name	Preparer's signature	Date	Che	ck 🗀 ıf	PTIN	
Paid	d	<u> </u>	Douglas W Regalia	Douglas W Regalia		self	-employed	P00186	389
	pare		Firm's name Fregalia & Associates	CPAS			n's EIN 🟲		
	On		Firm's address ► 103 Town Country Dr	Ste K		Pho	ne no (925	314-03	390
		·	Danville, CA 94526						

✓ Yes ☐ No

) (Revenue \$

4d

(Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses ►

including grants of \$

2,126,376

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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, Part III	5		No
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 "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a 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^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
l1	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	Yes	
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	Yes	
C	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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	Yes	
L 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	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	Yes	
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	Yes	
L9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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			1
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	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		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		厂_
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 20 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
	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			Ti.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	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		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?	5c 6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
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	-		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	\vdash	103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	io Cod	No
36	ection b. Policies (This Section B requests information about policies not required by the Internal R	event	Yes	No No
102	Did the organization have local chapters, branches, or affiliates?	10a	Yes	140
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104	162	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		l	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA , IL , NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request 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, address, and telephone number of the person who possesses the organization's books and records
 - **►**Glory Katz
 - 3010 Kerner Blvd
 - San Rafael, CA 94901 (415) 448-0048

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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, or 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) A verage hours per week (list any hours	more pers	(C) sition (do not che than one box, ui on is both an off a director/trust			k, unle 1 offic	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) MARILYN KROPLICK MD	40 00	x		х				93,452	0	2,660
President & CEO	0 00							55,152	_	
(2) Mıchael Yardegarı JD MBA	4 00								_	_
Treasurer	0 00	X		Х				0	0	0
(3) Lisa Levinson Secretary	4 00	х		х				0	0	0
(4) Rhona Leibof 	2 00	х						0	0	0
(5) Sammy Zablen Director	2 00	х						0	0	0

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is l	ne l both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	۰		
С	Total from continuation sheets to Part VII, Section A	►		
d	Total (add lines 1b and 1c)	►	93,452	2,660

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

	, ,	,
(A) Name and business address	(B) Description of services	(C) Compensation
Direct Mail Systems 12450 Automobile Blvd Clearwater, FL 33762	Consulting Services	139,924

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

Form 99			_					Page 9
Part V	7111	Statement of Check of Schedu	f Revenue ule O contains a respon	se or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>~</u>	1a	Federated camp	paigns 1a					
ant	ь	Membership du	es 1b					
وق	c	Fundraising eve	ents 1c					
Gifts, Grants ilar Amounts	d	Related organiz	ations 1d					
m.e	e	Government grants	s (contributions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	2,934,344				
ntrib d Ott	g	1a-1f \$	ons included in lines	6,013	2 024 244			
<u>ပြု မြေ</u>	h	Total. Add lines	s 1a-1f	· · · · •	2,934,344			
e E	3-	MATURIC LICT DENI	FAI	Business Code				
even	2a b	MAILING LIST RENT Rents, royalties & c			9,196	9,196		
or GE	°	- Invalues & C	other———		25,402	25,402		
ir vic	d							
B =	e							
Program Serwoe Revenue	f	All other progra	ım service revenue					
Š	g	Total. Add lines	 		34,598			
	3	Investment inc	ome (ıncludıng dıvıdend	ds, interest,	·			22.662
	4		ar amounts) tment of tax-exempt bond p		22,662			22,662
	5	Royalties		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0			
			(ı) Real	(II) Personal				
	6a	Gross rents	89,735					
	b	Less rental expenses	89,048					
	c	Rental income or (loss)	687					
	d	Net rental incor	me or (loss)		687		687	
	 7a	Gross amount	(ı) Securities	(II) Other				
	/ a	from sales of assets other than inventory						
	b	Less cost or other basis and						
	c	sales expenses Gaın or (loss)						
	d		s)		0			
e e	8a	Gross income frevents (not incl	rom fundraising	· .				
Other Revenue		\$of contributions See Part IV, lin	reported on line 1c)					
<u>.</u>			a	42,974				
돌	b c		penses b loss) from fundraising e	28,751	14,223			
_			rom gaming activities	sventes : . p	,			
			a					
			penses b	utios	0			
		Gross sales of returns and allo		/iues				
		4110	a	38,673				
			oods sold b	9,009				
	C		loss) from sales of inve		29,664	29,664		
	11a	Miscellaneous	s revenue	Business Code				
	ь							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	🕨	0			
	12	Total revenue.	See Instructions		3,036,178	64,262	687	22,662

Part IX Statement of Functional Expenses

<u> </u>	on 301(c)(3) and 301(c)(4) organizations must complete an columns An				
	Check if Schedule O contains a response or note to any line in this	Part IX	 (B)		<u> </u> (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	16,607	16,607		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	56,655	56,655		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	96,112	62,473	24,028	9,611
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			
7	Other salaries and wages	890,990	805,565	45,548	39,877
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	195,093	172,294	13,178	9,621
10	Payroll taxes	102,189	89,926	7,153	5,110
11	Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
а	Management	0			
ь	Legal	32,129		32,129	
c	Accounting	46,415		46,415	
d	Lobbying	0		,	
e	Professional fundraising services See Part IV, line 17	60,480			60,480
f	Investment management fees	0			00,100
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	113,106	112,510	596	
12	Advertising and promotion	21,351	21,351		
13	Office expenses	29,718	22,289	 	2,971
14	Information technology	28,273	24,880	1,979	1,414
15	Royalties	0		2,3.3	1,.1.
16	Occupancy	67,292	59,217	4,710	3,365
17	Travel	68,322	64,744	3,578	3,303
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	04,744	3,370	
19	Conferences, conventions, and meetings	0			
20	Interest	14,034	10,525	3,509	
21	Payments to affiliates	0	10,323	3,303	
22	Depreciation, depletion, and amortization	78,035	68,671	5,462	3,902
23	Insurance	25,997	22,877	1,820	1,300
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)	23,331	22,011	1,020	1,500
а	DIRECT MAIL	344,369	241,059		103,310
b	RESCUE	257,443	257,443		
c	Fees/licenses/bank charges	88,948	28,665	60,283	
d	Postage and Shipping	39,761	34,990	2,783	1,988
e	All other expenses	-35,154	-46,365	6,103	5,108
25	Total functional expenses. Add lines 1 through 24e	2,638,165	2,126,376	263,732	248,057
26	Joint costs. Complete this line only if the 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)	352,811	246,968		105,843
		•			

Part X Balance Sheet

	rt X	Check if Schedule O contains a response or note to any line in t	hıs Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		410,106	1	973,028
	2	Savings and temporary cash investments		1,190,323	2	1,039,865
	3	Pledges and grants receivable, net		22,369	3	21,635
	4	Accounts receivable, net			4	0
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	rt II of	еу	5	0
ste	6	Loans and other receivables from other disqualified persons (a: 4958(f)(1)), persons described in section 4958(c)(3)(B), and cand sponsoring organizations of section 501(c)(9) voluntary erorganizations (see instructions) Complete Part II of Schedule I	contributing employe nployees' beneficiar	rs	6	0
Assets	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use		8,929	_	14,831
	9	Prepaid expenses and deferred charges		33,290		43,941
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1	·		
	ь	Less accumulated depreciation	10b 1,054,	956 2,058,704	10c	2.009.226
	11	Investments—publicly traded securities	, ,	, ,	11	0
	12	Investments—other securities See Part IV, line 11		1,002,863		1,039,531
	13	Investments—program-related See Part IV, line 11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11			15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		4,726,584		5,142,057
	17	Accounts payable and accrued expenses		59,065		73,493
	18	Grants payable		35,555	18	,
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Sche			21	
Liabilities	22	Loans and other payables to current and former officers, directively employees, highest compensated employees, and disquality		21		
æ		persons Complete Part II of Schedule L			22	
Ĭ	23	Secured mortgages and notes payable to unrelated third partie		392,375	23	375,013
	24	Unsecured notes and loans payable to unrelated third parties			24	_
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa				
		D		67,448		62,507
	26	Total liabilities. Add lines 17 through 25		518,888	26	511,013
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	▽ and complete			
lan L	27	Unrestricted net assets		4,054,745	27	4,473,505
е В	28	Temporarily restricted net assets		152,951	28	157,539
핃	29	Permanently restricted net assets			29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ► ┌ and			
8	30	Capital stock or trust principal, or current funds			30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Ą	32	Retained earnings, endowment, accumulated income, or other f	unds		32	
Net S	33	Total net assets or fund balances		4,207,696	33	4,631,044
_	34	Total liabilities and net assets/fund balances		4,726,584	34	5,142,057

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3.0	36,178
2	Total expenses (must equal Part IX, column (A), line 25)	2			538,165
3	Revenue less expenses Subtract line 2 from line 1				
		3			398,013
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4.2	207,696
5	Net unrealized gains (losses) on investments	5			25,335
6	Donated services and use of facilities	6			· ·
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4.6	531,044
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ 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 oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		ne organization OF ANIMALS					Employer identification number			
III DEI	LIIJL	OT ANTITALS					68-0008936			
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this p	oart.) See instruction	ns.		
The	rganı	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)			
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).			
2	Γ	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)					
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1)	(A)(iii).			
4	Γ	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	lescribed in se	ction 170(b)(1)(A)(iii). Enter the		
5	Γ	An organization opera		nefit of a college or uni	versity owned o	r operated by	a governmental unıt d	escribed in		
		section 170(b)(1)(A)	(iv). (Complete	e Part II)						
6	Г	A federal, state, or loc	al government	t or governmental unit	described in se	ection 170(b)(1	L)(A)(v).			
7	굣	An organization that n described in section 1	•	· · · · · · · · · · · · · · · · · · ·		om a governme	ental unit or from the g	general public		
8	Γ	A community trust de		· · · · · · · · · · · · · · · · · · ·	•	tII)				
9	Γ	An organization that n	ormally receiv	es (1) more than 331	1/3% of its supp	ort from contri	butions, membership	fees, and gross		
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of		
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses		
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)			
10	Γ	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ty See sectio i	n 509(a)(4).			
11	Γ	An organization organ	organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of							
							tion 509(a)(2) See section 509(a)(3). Check			
_	_	the box in lines 11a th Type I. A supporting of	-			_		· -		
а	'	supported organization organization	n(s) the power	to regularly appoint o	r elect a majori					
b	Г	Type II. A supporting				with its suppo	rted organization(s), l	by having control or		
					n the same persons that control or manage the supported organization(s) You					
	_	must complete Part I	•				1.6			
С	ı	Type III functionally is supported organization	_		•			grated with, its		
d	Г							ianization(s) that is		
	•	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement.								
	_	(see instructions) Yo	•	•	•					
е	ı	Check this box if the c					s a Type I, Type II, T	ype III functionally		
f		integrated, or Type II: Enter the number of si								
g		Provide the following i								
9			ormation ab		24 (10)(0)					
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of		
organization			organızatıon	listed in your	governing	monetary support	other support (see			
		(described on lines document?		nt?	(see instructions)	ınstructions)				
				1-9 above or IRC section (see						
				instructions))						
					Yes	No				

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.)

S	ection A. Public Support	•	•		, ,	,	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,486,867	4,195,463	3,036,875	2,525,559	2,934,344	15,179,108
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						0
4	to the organization without charge Total. Add lines 1 through 3	2,486,867	4,195,463	3,036,875	2,525,559	2,934,344	15,179,108
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						1,278,596
	on line 1 that exceeds 2% of the amount shown on line 11, column						
6	(f) Public support. Subtract line 5 from line 4						13,900,512
	ection B. Total Support						
Cal	endar year (or fiscal year beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	A mounts from line 4	2,486,867	4,195,463	3,036,875	2,525,559	2,934,344	15,179,108
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	25,374	22,059	43,769	18,873	22,662	132,737
9	Net income from unrelated business activities, whether or not the business is regularly carried on				551		551
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support Add lines 7 through 10						15,312,396
12	Gross receipts from related activiti	es, etc (see insti	ructions)			12	670,592
13	First five years. If the Form 990 is organization, check this box and st	_					· —
S	ection C. Computation of Pub	olic Support P	ercentage				
14	Public support percentage for 2014	(lıne 6, column ((f) divided by line	11, column (f))		14	90 780 %
15	Public support percentage for 2013	Schedule A, Par	t II, line 14			15	90 900 %
16a	33 1/3% support test—2014. If the and stop here. The organization qua				ine 14 is 33 1/3%	% or more, check t	his box
	33 1/3% support test—2013. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization meeorganization	n qualifies as a pu — 2014. If the orga tion meets the "fa	iblicly supported anization did not d acts-and-circums	organization check a box on lin tances" test, che	ne 13, 16a, or 16 eck this box and s	b, and line 14 stop here. Explain	▶ ┌
b 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part VI how the organiza supported organization Private foundation. If the organizations	nization meets the tion meets the "fa	e "facts-and-circi acts-and-circums	umstances" test, tances" test The	check this box a e organization qua	nd stop here. alıfıes as a publıcl	

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2013 Schedule A, Part III, line 17

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity			
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493262000005

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	me of the organization DEFENSE OF ANIMALS	Employer identification number					
				0008936			
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990,	Part IV, line 6.		•			
	Total number at and of user	(a) Donor advised funds		(b) Funds and other account	:s		
	Total number at end of year						
	Aggregate value of contributions to (during year)						
	Aggregate value of grants from (during year)						
	Aggregate value at end of year			L			
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the organization or the organization of	ganization's exclusive legal control?		☐ Yes ☐	No		
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?	t of the donor or donor advisor, or for	any othe	r purpose Yes 「	No		
aı	t II Conservation Easements. Complete if	the organization answered "Yes'	' to Forn	n 990, Part IV, line 7.			
	Purpose(s) of conservation easements held by the orgation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of Preservation of	a certifie	ically important land area d historic structure			
	easement on the last day of the tax year	qualified conservation contribution i	ii tile loili	ii oi a conservation			
				Held at the End of the Yo	ear		
a	Total number of conservation easements		2a				
•	Total acreage restricted by conservation easements		2b				
	Number of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c				
	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d				
	Number of conservation easements modified, transferre	ed, released, extinguished, or termina	ated by th	ne organization during			
	the tax year 🛌						
	Number of states where property subject to conservation	on easement is located ►					
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?		andling of	violations, and	- No		
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation eas	ements o	during the year			
	A mount of expenses incurred in monitoring, inspecting	and enforcing conservation easema	nte durin	g the year			
	► \$, and emoreing conservation easeme	iits duiiii	g the year			
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?) above satisfy the requirements of s	ection 17		_ No		
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	footnote to the organization's financ					
ar	Complete if the organization answered "Ye		s, or Ot	her Similar Assets.			
a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reverse held for public exhibition, education	n, or rese	arch in furtherance of public			
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its revenus held for public exhibition, educatio	ıe statem	ent and balance sheet			
	(i) Revenue included in Form 990, Part VIII, line 1			- \$			
	(ii) Assets included in Form 990, Part X			► \$			
	If the organization received or held works of art, historic following amounts required to be reported under SFAS:						
3	Revenue included in Form 990, Part VIII, line 1			► \$			
b	Assets included in Form 990, Part X						
-	ASSELS INCIDURED III FUIIII 330, PAIL A			▶ \$			

Part	Organizations Maintaining Collections of Art, H	isto	rie	cal T	reasu	res, or Ot	he	r Similar Asso	ets (co	ontinued)
3	Using the organization's acquisition, accession, and other records, collection items (check all that apply)	chec	k a	•		-		significant use o	fıts	
а	Public exhibition d	Г	_	Loan	orexc	hange progra	ms			
b	Scholarly research	· 「	_	Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's collections and explain h Part XIII	iow th	ney	/ furth	er the o	organization'	sex	empt purpose in		
5	During the year, did the organization solicit or receive donations of								Yes	□ No
Par	assets to be sold to raise funds rather than to be maintained as par t IV Escrow and Custodial Arrangements. Complete							<u> </u>		1 110
	Part IV, line 9, or reported an amount on Form 990,	Part	X	<u>, line</u>	21.					
1a	Is the organization an agent, trustee, custodian or other intermedia included on Form 990, Part X?				utions	or other asse	ets i	not	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XIII and complete the foll	owing	g t	able				Amo		
С	Regioning halance						1c	Amo	unt	
d	Additions during the year					_	Ld			
e e	Additions during the year					<u> </u>	Lu Le			
f	Distributions during the year					<u> </u>	Le 1f			
' 2a	Ending balance Did the organization include an amount on Form 990, Part X, line 21	1 for		Crow	or cust			hility2 F	Yes	
∠a h								•	163	, 140
Do	If "Yes," explain the arrangement in Part XIII Check here if the extended to the complete of the organization are								• •	<u>'</u>
Ра		(b) Pric							e)Four y	ears back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year end balance ($\!$	lıne 1	g,	colun	nn (a))	held as				
а	Board designated or quasi-endowment ▶									
b	Permanent endowment -									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%									
3a	Are there endowment funds not in the possession of the organizatio	n tha	t a	re hel	d and a	dmınıstered	for	the		
	organization by (i) unrelated organizations							3a(i)	Yes	No
	(ii) related organizations	•	•				•	3a(ii)		
b	If "Yes" to $3a(II)$, are the related organizations listed as required on	n Sch	ed	ule R?	· . · .			3b	1	<u> </u>
4	Describe in Part XIII the intended uses of the organization's endow	/ment	t fu	ınds						
Par	Land, Buildings, and Equipment. Complete if the 11a. See Form 990, Part X, line 10.	orga	an	ızatıo	n ansv	wered 'Yes'	to	Form 990, Part	IV, lı	ne
	Description of property				r other stment)	(b)Cost or ot basis (other		(c) Accumulated depreciation	(d) Bo	ook value
1a	and	\top				777,	754			777,754
Ь	Buildings					1,240,	240	283,736		956,504
	easehold improvements					479,	675	287,535		192,140
d i	Equipment					507,	786	426,723		81,063
	Other					58,	727	56,962		1,765
Tota	. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, co	olumn	(E	3), line	10(c).)			►		2,009,226
								Schedule D (Form 9	90) 2014

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,039,531	
Part VIII Investments—Program Related. See Form 990, Part X, line 13.	Complete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organiza	tion answered 'Vas' to Form 990	Part IV June 11 d See Form 990 Part V June 15
	scription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) lin	e <i>15.)</i>	
Part X Other Liabilities. Complete if the or		
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.	ganızatıon answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability		
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	ganızatıon answered 'Yes' to	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	

Part	XI Reconciliation of R	Revenue per Audited Financial Statements With Reven	ue per Retu	irn Complete if
		wered 'Yes' to Form 990, Part IV, line 12a.	<u> </u>	
1	· -	er support per audited financial statements	1	3,183,733
2		ut not on Form 990, Part VIII, line 12		
а			,335	
b		facilities		
C		ts		
d) <u>2d</u> 462,	,066	
e	_			487,401
3			. 3	2,696,332
4		90, Part VIII, line 12, but not on line 1		
а	·	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	,846	
С				339,846
5		d 4c. (This must equal Form 990, Part I, line 12)		3,036,178
Part		Expenses per Audited Financial Statements With Expense of Yes' to Form 990, Part IV, line 12a.	nses per Re	turn. Complete
1		er audited financial statements	1	2,764,973
2		ut not on Form 990, Part IX, line 25		<u> </u>
а		facilities		
b	Prior year adjustments			
С				
d		- 1	,808	
e	·		, 2e	126,808
3	-		. 3	2,638,165
4		90, Part IX, line 25, but not on line 1:	. -	2/000/200
a		luded on Form 990, Part VIII, line 7b 4a		
b) 4b		
c	•		. 4c	
5		and 4c. (This must equal Form 990, Part I, line 18)		2,638,165
	XIII Supplemental In		• •	2,030,103
Provi Part \	de the descriptions required fo	r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b a I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this pa		ny additional
	Return Reference	Explanation		
Part XI amoun	I, Line 2d Other revenue ts included in F/S but not ed on form 990	Income TaxesFinancial statement presentation follows the recomme Taxes Under ASC 740, the Agency is required to report information tax positions taken by the Agency and requires a two-step process measurement. The first step is determining whether a tax position in the second step is measuring a tax position that meets the recognit believes that the Agency has adequately evaluated its current tax p as of December 31, 2014 the Agency does not have any uncertaint or an accrual for a tax liability would be necessary. The Agency has Internal Revenue Service and the State of California that it qualifies Section 501(c)(3) of the Internal Revenue Code and Section 23701 Taxation Code. The exemptions are subject to periodic review by the authorities and management is confident that the Agency continues statutes in order to qualify for continued tax exemption status. The unrelated business income (such as sublease rental income) requiring returns under federal and state statutes. Under such conditions, the the applicable taxes. Net assets released from restrictions \$335258 Cost of goods sold \$28751 Expenses reflected on Form 990-T \$89048.	n regarding its that separates as met the receion threshold least positions and hetax positions for tax-exemped of the Califor taxing all for	exposure to various recognition from ognition threshold, Management as concluded that or which a reserve cation from the t status under rnia Revenue and tate taxing ederal and state to file separate tax lates and accrues
Part XI amoun	I, Line 4b Other revenue ts included on 990 but not ed in F/S	Temp Restricted Contributions \$339846		
	II, Line 2d Other expenses sses per audited F/S	Cost of goods sold \$9009 Fundraising Expenses \$28751 Expenses \$89048	reflected on F	orm 990-T

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493262000005

Inspection

OMB No 1545-0047

Open to Public

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization IN DEFENSE OF ANIMALS

(a) Pagion

Employer identification number

68-0008936

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria

No

- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	offices in the region	employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(†) Total expenditures for and investments in region
(1) Africa	1	1	sanctuary for chimpanzees	lifelong care chimps	283,347
(2) India	1	1	Defending animal rights	Rescue shelters	53,684
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I	2	2			337,031
c Totals (add lines 3a and 3b)	2	2			337,031

(b) Number of (c) Number of (d) Activities conducted in (a) If activity listed in (d) is (f) Total expenditures

Fe				inizations or Entitions beived more than \$5,0		•	3		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		A frica	Anımal Help	283,347	Checks			Cash
(2)		India	Anımal Help	53,684	Checks			Cash
(3)								
(4)								
2				sted above that are r ee or counsel has pro					2
3	Enter total nun	nber of other	organizations or e	ntities					

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	ি	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US	Once grants are approved, recipient organization must sign letter of agreement stating the terms of grant and reporting schedule. A budget is prepared in advance of all internation all work. Local organizations working in the designated foreign countries provide ongoing reports regarding progress of work. Financial and Narrative Reports are required at least one at the end of the project period. IDA's Program Grants Manager handles the documentation for such reporting. Expenditures are made against budget amounts and analyzed continuously by US-based management. Discussions, e-mails, and other techniques of communication are employed to ensure that funds are utilized according to the original intent. Accomplishments are documented in writing and submitted to the head office.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 3f - Method of Accounting	Cash basis method of accounting is utilized

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part II, Line 1 - Method of Accounting	Cash basis method of accounting is utilized

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DLN: 93493262000005

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number**

IN DEFENSE OF ANIMALS Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e 🔽 Solicitation of non-government grants Solicitation of government grants ✓ Internet and email solicitations ▼ Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 Paul Seigel Fund Raising Νo 55,000 4957 Cross Poin Oldsmar, FL 34677 Fund Raising Νo 5,480 Dan Madden 707 B Street Petuluma, CA 94952 60,480 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		more than \$15,000 of fundr events with gross receipts g				
			(a) Event #1 Events	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(6)
₽	1	Gross receipts	42,974	4		42,974
Revenue	2	Less Contributions	,			<u> </u>
8	3	Gross income (line 1				+
		minus line 2)	42,974	4		42,974
	4	Cash prizes				<u> </u>
မွာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				<u> </u>
찚	7	Food and beverages .				
Direct	8	Entertainment				
à	9	Other direct expenses .	28,75	1		28,751
	10	Direct expense summary Add lin	es 4 through 9 in columr	(d)		(28,751)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)		14,223
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>*</u>	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
₽ E	4	Rent/facility costs				ļ
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	☐ Yes	┌ Yes	│ Yes	_
	7	Direct expense summary Add line	s 2 through 5 in column (d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)		
9 a b	Ist	ter the state(s) in which the organiza the organization licensed to conduct No," explain	t gaming activities in eac	h of these states?		「Yes 「No
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	· · Fyes F No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity		
	formed to administer charitable gaming	J ²		Г _{Yes} Г	— No
13	Indicate the percentage of gaming acti		1 1	,	
а	The organization's facility		13a		%
b	An outside facility				%
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records		
	Name ▶				
	Address ►				
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming		
154				┌ Yes 「	– _{No}
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the		
С	If "Yes," enter name and address of the	e third party			
	Name ►				
	Address 🏲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🕨 \$		······		
	Description of services provided				
	Director/officer	_ Employee	☐ Independent contractor		
17	Mandatory distributions				
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to		
	retain the state gaming license?			Γ _{Yes} [Γ _{No}
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent		
	ın the organization's own exempt activi		·		
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr		
	Return Reference		Explanation		

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493262000005

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
IN DEFENSE OF ANIMALS

Employer identification number

68-0008936

Return Reference	Explanation
Client Note 1	Client Note 1 - Property, Equipment and Leasehold Improvements

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 IN SUMMARY, IN DEFENSE OF ANIMALS PROTECTS THE RIGHTS, HABITATS AND WELFARE OF ANIMALS THROUGH A COMBINATION OF EDUCATION, LOBBYING, BOYCOTTING AND DIRECT ACTION CAMPAIGNING OTHER PROGRAM SERVICES 5 Continuation of discussion from Form 990, Page 2, Part 4 all DA works trielessly on these projects * Anti-Vivisection End Animal experimentation, seek alternatives Educate the general public about unnecessary animal experiments * Fur Educate the public about the cruelty of the fur industry, here in the US and in Korea and China Organizer for annual Fur Free Friday international day of protest against the fur trade Holds rallies in San Francisco, Los Angeles & Portland in November each year * Investigations Work with law enforcement on cruelty cases to bring justice to companion animals and to farm animals in rural Mississippi Investigate conditions of Elephants in zoos across the states, and is committed to end suffering for Elephants in zoos and circuses Strives to relocate elephants to sanctuarise when ever possible * Sanctuary Provide sanctions for rescued and abused animals and give lifetime care when needed, in the US and abroad Support IDA Hope Animal Sanctuary in Grenada MS & support IDA Africa Sanaga-Yong Chimpanizee Rescue Center for orphaned chimpanizees deep in the forest of Cameroon Additionally, IDA provides veterinary care for the street dogs of Mumbal Over the years, IDA has won some precedent setting victories for our animal friends, both here at home, and around the world. They include * Closing down what once was the largest experimental center for chimpanizees in the world, the hideous Coulston Foundation in doing so, hundreds of chimpanizees were freed from the horrors of vivisection * Creating a chimpanizee sanctuary and education center in the West African Republic of Cameroon, providing a safe haven for severely abused adult chimpanizees and for babies orphaned by a thriving bushmeat trade * Closing down New York University's gruesome crack occaine experiments on monke

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL THE FORM IS THEN REVIEWED BYTHE ORGANIZATION'S MANAGEMENT AND AT LEAST ONE MEMBER OF THE BOARD OF DIRECTORS THIS GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY A REPRESENTATIVE OF MANAGEMENT OR THE BOARD AUTHORIZES THE FINAL FORM 990 WHICH IS THEN E-FILED WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY THE EXECUTIVE DIRECTOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL PERIODICALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	COMPENSATION OF OTHER HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES IS REVIEWED PERIODICALLY BY MEMBERS OF MANAGEMENT EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGALFILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC TAX RETURNS ARE POSTED ANNUALLY TOWWW GUIDESTAR ORG (WHERE THEY ARE AVAILABLE FOR VIEWING AS ELECTRONIC COPIES) AND ARE ALSO AVAILABLE AT THE ORGANIZATION'S OFFICE IN SAN RAFAEL, CALIFORNIA (FOR A PHYSICAL INSPECTION)