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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

2015

Open to Public Inspection

A F	or th	e 2015 ca	lendar year, or tax year beginn	ing 01-01-2015 , and ending 12-31-2	015			
		applicable	C Name of organization IN DEFENSE OF ANIMALS			D Emplo	yer identi	ification number
		change				68-00	08936	
∏ Na	me cł	nange	Doing business as					
Init	tial re	turn				E Telepho	one numbe	er
Fin		erminated	Number and street (or P O box if 3010 Kerner Blvd	mail is not delivered to street address) Room/	suite	(415)	448-00	48
_		d return	City or town state or province of	ountry, and ZIP or foreign postal code		(413)	440-00	40
_		on pending	San Rafael, CA 94901	ountry, and ZIP of foreign postal code		<b>G</b> Gross r	eceipts \$ 3	3,815,026
i Abi	plicati	on pending			1			
			F Name and address of pour MARILYN KROPLICK MD	rincipal officer		s this a group subordinates?	return fo	or □Yes ☑No
			3010 Kerner Blvd			re all subordi	nates	r Yes <b>v</b> No
			San Rafael, CA 94901		1	ncluded?		
 <b>т</b> Та	x-exe	empt status	✓ 501(c)(3)	(insert no ) 4947(a)(1) or 527				see instructions)
			w idausa org	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n(c)	Group exempt	ion numb	oer <b>►</b>
		_	Corporation Trust Associa	tion Other ►	<b>L</b> Year	of formation 19	83 <b>M</b> St	tate of legal domicile CA
Ра	rt I		ımary					
		,		on or most significant activities I animal protection organization dedica	ted to end	ng the exploit	ation and	tabuse of animals
				that of mere property, and by defending		_		a abuse of allillials
<u>ခို</u>	.							
룓	.							
Governance	2	Check th	nis box 🛏 if the organization o	discontinued its operations or disposed	of more th	an 25% of its	net asse	ets
			,			ı		
Activities &				ning body (Part VI, line 1a)			3	5
Ħ.				s of the governing body (Part VI, line 1			4	5
ਹੁੰ				n calendar year 2015 (Part V, line 2a)			5	27
⋖			mber of volunteers (estimate if				6	
				Part VIII, column (C), line 12 rom Form 990-T, line 34			7a /	878
	B	ivet uilleit	ated business taxable income i	101111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>	Prior Year	76	Current Year
	8	Contr	ubutions and grants (Part VIII	line 1h)	_	2,934,	344	3,575,251
₫	9			line 2g)		34,	_	103,033
Revenue	10	_	tment income (Part VIII, colur		22,	-	23,173	
æ	11	Other	revenue (Part VIII, column (A	), lines 5, 6d, 8c, 9c, 10c, and 11e)		44,	574	18,046
	12		revenue—add lines 8 through 1	1 (must equal Part VIII, column (A), l	ne	3,036,	178	3,719,503
	42	12)						
	13 14		• • •	rt IX, column (A), lines 1-3) tIX, column (A), line 4)		73,	262	73,895
	15			yee benefits (Part IX, column (A), lines			_	
8	13	5-10		yee benefits (Fart 1X, Column (A), inles	'	1,284,	384	1,204,251
Expenses	<b>16</b> a	Profe:	ssional fundraising fees (Part I	X, column (A), line 11e)		60,	480	60,000
ਨੌ	Ь	Total fu	undraising expenses (Part IX, column	(D), line 25) <b>▶</b> 287,047				
_	17	Other	expenses (Part IX, column (A	), lines 11a-11d, 11f-24e)		1,220,	39	1,528,779
	18			nust equal Part IX, column (A), line 25)		2,638,	_	2,866,925
	19	Rever	nue less expenses Subtract lin	e 18 from line 12	-	398,	013	852,578
Net Assets or Fand Balances					Beginn	ing of Current	Year	End of Year
10 mg	20	Total	assets (Part X, line 16)			5,142,	057	5,832,387
ŽB.	21		liabilities (Part X, line 26)			511,	013	355,783
žĒ	22	Net as	ssets or fund balances Subtrac	ct line 21 from line 20		4,631,	044	5,476,604
	rt II		nature Block					
				xamined this return, including accompa omplete Declaration of preparer (other				
		has any k		omplete Declaration of preparer (other	than onice	i / is buseu oii	411 1111011	nation of which
		<b>k</b>				2015 55 55		
c:		**** Signa	*** ature of officer			2016-06-23 Date		
Sigr Her		'						
	-		ILYN KROPLICK MD President & CEO e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Paid	d		Douglas W Regalia	Douglas W Regalia		self-employed	P0018638	89
Pre		er ⊢	Firm's name Regalia & Associates			Firm's EIN 🕨		
Use	•	1 F	Firm's address ► 103 Town Country D	r Ste K		Phone no (925	) 314-039	U

Danville, CA 94526

May the IRS discuss this return with the preparer shown above? (see instructions)

0111	770 (201	<i>3</i> /				raye z
Par	t IIII St	atement of Program S	ervice Accomp	lishments		
	Ch	eck if Schedule O contains a	response or note t	o any line in this Parl	:III	<u>√ </u>
1	Briefly de	escribe the organization's mis	ssion			
		ne narrative in Part 1 Line 1, escue through our sanctuarie			, cruelty investigations, boyco n, Africa	etts, grassroots activism,
2		rganization undertake any sig Form 990 or 990-EZ?	ınıfıcant program se	ervices during the year	ar which were not listed on	└Yes └No
	If"Yes,"	describe these new services	on Schedule O			
3	Did the or services?	rganızatıon cease conductıng		nt changes in how it c	onducts, any program	┌Yes ┌No
	If"Yes,"	describe these changes on S	chedule O			
4	expenses		(c)(4) organizations	s are required to repo	hree largest program services rt the amount of grants and al	
4a	(Code	) (Expenses \$	1,847,114	ıncludıng grants of \$	) (Revenue \$	120,201 )
	and litigat	paigns and programs cover animals ion From working to protect the rig in Korea, IDA's campaigns reach fa	hts of America's compa	nion animals, to rescuing	and rehabilitation, public education, p feral goats on Catalina Island, to figl : O	political and consumer advocacy, nting to end the horrific trade in
46	/Codo	) (Eypongos d	182,547	including grants of \$	) (Revenue \$	)
4b	(Code	) (Expenses \$	•		) (Revenue \$ I fought for justice for abused anima	,
	devoid of Americas I pelicans, I	anımal shelters and other vıtal anın Deep South The Sanctuary has sav	nal control services, the ed thousands of animal bears and emus We ei	ongoing work of HAS is b s including dogs, cats, go asure they receive safe tra	eyond critical in providing hope for a ats, sheep, pigs, horses, cows, chicke ansportation away from harm, provid	nimals continuing to suffer in ens, ducks, geese as well as
4-	(Codo	) (Expenses \$	73,895	unalleding grants of d	73,895 ) (Revenue \$	,
<b>4</b> c	(Code	, , , ,	•	including grants of \$	hen contributed financial resources to	)
		ons providing care and protective se		or Amimais identified and t	nen contributed financial resources to	o a number of worthy horipion.
4d	Othern	ogram services (Describe in	Schedule O )			
	(Expens		including grants o	f \$	) (Revenue \$	)
4e	Total pro	ogram service expenses 🕨	2,103,556			

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Par	t 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	140
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 I	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	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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😼	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	
	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	
	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
	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	ı	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	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	
15	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	"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	Yes	
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		No
	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 IV			
		28a		No_
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? If "Yes," complete Schedule M	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? If "Yes," complete Schedule N, Part II	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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?	38	Yes	

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Pai	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		,							
	Chock in Contaction of Contaction of the Contact				Yes	No				
1a	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 gaming (gambling) winnings to prize winners?	o vendo	ors and reportable · · · · · ·	1c	Yes					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	27							
b	If at least one is reported on line 2a, did the organization file all required federal emp Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the y	ear?	3a	Yes					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in Sc	chedule O	3b	Yes					
	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities 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 (FBAR)	k and F	inancial Accounts							
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	ng the t	ax year?	5a		Νo				
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	tax she	lter transaction?	5b		Νo				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable cont			6a	Yes					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?									
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contributive services provided to the payor?			7a		No				
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	ty for v	which it was required to	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year $\dots$	7d	0							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersona	Il benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	onal be	nefit contract?	7f		No				
	If the organization received a contribution of qualified intellectual property, did the o									
h	required?		ne organization file a	7g		No				
	Form 1098-C?		· · · · ·	7h		Νo				
0	Did a donor advised fund maintained by the sponsoring organization have excess but	sıness	holdings at any time							
	during the year?	•		8		Νo				
	Did the sponsoring organization make any taxable distributions under section 4966			9a		No				
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or relative section 501(c)(7) organizations. Enter	ated pe	rson/	9b		Νo				
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b								
_	facilities	100								
11	Section 501(c)(12) organizations. Enter									
	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		Νo				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
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? <b>N</b> additional information the organization must report on Schedule O	l <b>ote.</b> Se	ee the instructions for	13a		No				
b	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	13b								
c	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax	year?		14a		Νo				
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explana	tion in	Schedule O	14h	I	1				

Se	ction 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 5			
	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 1b 5			
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		No
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		Νο
6	Did the organization have members or stockholders?	6		N o
7a	7a		No	
b	more members of 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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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)			
16a	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	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			

State the name, address, and telephone number of the person who possesses the organization's books and records FGlory Katz 3010 Kerner Blvd San Rafael, CA 94901 (415) 448-0048

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

Check if Schedule O contains a response or note to any line in this Part VII .

#### 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

- ◆ 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) Average hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec k, unle n offic rustee	ess er e)	(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 President & CEO	40 00	x		х				93,452	0	2,069
(2) Mıchael Yardegarı JD MBA Treasurer	4 00	х		х				0	0	0
(3) Lisa Levinson Secretary	4 00	х		х				44,167	0	9,029
(4) Rhona Leibof  Director	2 00	x						0	0	0
(5) Sammy Zablen Director	2 00	х						0	0	0
										Form <b>990</b> (2015)

art VII	Section A. Officers	, Directors,	Trustees,	Key	<b>Employ</b>	ees,	and Hig	ghest Com	pensated Em	ploye	es (	continued
---------	---------------------	--------------	-----------	-----	---------------	------	---------	-----------	-------------	-------	------	-----------

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han d on is l	one I both	box, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	С	(F) Estima mount of ompens from t	ited f other ation he
		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)		ganızatı relate organıza	ed
							1						
							+						
							+						
							-						
1b	Sub-Total			•			<b>I</b>	•		•			
c d	Total from continuation sheet Total (add lines 1b and 1c) .				•	•	.		137,619				11,098
	Total number of individuals (in					licto		ايد ( د		L			11,000
2	\$100,000 of reportable compo						u abov	e) wi	no received more ti	1411			
												Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If "Yes," complete</i> 5					key •	emplo	yee, •	or highest compen		3		No
4	For any individual listed on lin organization and related organ individual									uch			
_				· ·		• on •	· ·		alated organization		4		Νo
5	Did any person listed on line 1 services rendered to the organ										5		Νo
										_			
	ection B. Independent Co	ntractors											

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	C	Consulting Services	150,353
12450 Automobile Blvd Clearwater, FL 33762			

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

Part V	Ш	Statement o						_
		Check if Schedu	ile O contains a respon	se or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512-514
v	1a	Federated camp	paigns 1a					
E E	b	Membership du	es <b>1b</b>					
Grants mounts	С	Fundraising eve	ents 1c					
Giffs, illar A	d	Related organiz						
ja [	e	Government grants						
ons, Gifts, Grants Similar Amounts	-			2.575.254				
iệ iệi	f	similar amounts no	ons, gifts, grants, and <b>1f</b> t included above	3,575,251				
tributio Other	g	Noncash contribution	ons included in lines					
Contributions, and Other Sim	h		31a-1f		3,575,251			
				Business Code				
Ĭ.	2a	MAILING LIST RENT	Γ <b>A</b> L		15,680	15,680		
E E	b	Rents, royalties & o	other		87,353	87,353		
Program Serwce Revenue	С							
	d							
S =	е							
Ž <u>a</u>	f	All other progra	m service revenue					
Š.	g	Total. Add lines	 		103,033			
	3		ome (including dividend					22.47
			aramounts)	_	23,173			23,17
	4 5		tment of tax-exempt bond p		0			
	Э	Royalties	(ı) Real	(II) Personal	Ű			
	6a	Gross rents	90,154	(II) I CISOIIII				
		Loss roptol	89,276					
	b	Less rental expenses	·					
	С	Rental income or (loss)	878					
	d	Net rental incor	me or (loss)		878		878	
	<b>7</b> -	Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory						
	b	Less cost or other basis and						
		sales expenses						
	c d	Gain or (loss)	s)		0			
eune	8a		rom fundraising					
Other Revenue			reported on line 1c) e 18 a					
≢∣	b	Less direct exp	penses b					
	С		loss) from fundraising e	events 🛌	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b	Less direct exp	penses b					
			loss) from gaming activ	/ities <mark>▶</mark> -	0			
	10a	Gross sales of i						
		recurs allu allo	wances . a	23,415				
	b	Less cost of go	oods sold <b>b</b>	6,247				
			loss) from sales of inve		17,168	17,168		
		Miscellaneous	Revenue	Business Code				
	11a							
	b							
	С							
	d		ıe [					
	е		:11a-11d	· · · • [	0			
	12	Total revenue.	See Instructions	· · · •	3,719,503	120,201	878	23,17

#### Part IX Statement of Functional Expenses

Par	t IX Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiza	ations must com	plete column (A )	
	Check if Schedule O contains a response or note to any line in t	hıs Part IX		<del></del>	<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,001	8,001		
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	65,894	65,894		
4	Benefits paid to or for members	0	00,000		
5	Compensation of current officers, directors, trustees, and key employees	165,281	96,078	53,233	15,970
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	849,836	639,411	163,505	46,920
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	89,745	65,024	19,161	5,560
10	Payroll taxes	99,389	72,011	21,221	6,157
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	54,491	54,491		
c	Accounting	54,219		54,219	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	60,000			60,000
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	215,795	200,780	15,015	
12	Advertising and promotion	19,024	19,024		
13	Office expenses	15,892	11,538	3,369	985
14	Information technology	29,071	21,105	6,163	1,803
15	Royalties	0			
16	Occupancy	68,497	49,729	14,521	4,247
17	Travel	78,275	55,361	18,430	4,484
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	12,663	9,497	3,166	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	79,355	57,612	16,823	4,920
23	Insurance	27,082	19,661	5,742	1,679
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)				
а	DIRECT MAIL	513,135	416,450		96,685
b	RESCUE	203,301	203,301		_
c	Fees/licenses/bank charges	107,659	47,291	60,235	133
d	Postage and Shipping	35,963	26,109	7,624	2,230
e	All other expenses	14,357	-34,812	13,895	35,274
25	Total functional expenses. Add lines 1 through 24e	2,866,925	2,103,556	476,322	287,047
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)				<u> </u>
		586,332	410,432		175,900

Part X Balance Sheet

		Check if Schedule O contains a response or note to any lir	ne in th	s Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			973,028	1	1,694,244
	2	Savings and temporary cash investments	1,039,865	2	1,075,929		
	3	Pledges and grants receivable, net	21,635	3	48,954		
	4	Accounts receivable, net				4	0
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Schedule L	ompĺet				
ets	6	Loans and other receivables from other disqualified personation 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see inst	c)(3)(E section	5), and 501(c)(9)		6	0
Assets	_	Nahara and Isana massumble mak				7	0
	7	Notes and loans receivable, net			14,831	<del>-</del>	14,831
	8	Inventories for sale or use			43,941	8 9	47,828
	9	Prepaid expenses and deferred charges	 I	 I	43,941	9	47,828
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,102,789			
	b	Less accumulated depreciation	10b	1,134,311	2,009,226	10c	1,968,478
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11 .	1,039,531	12	982,123		
	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)			5,142,057	16	5,832,387
	17	Accounts payable and accrued expenses			73,493	17	30,300
	18	Grants payable				18	
	19	Deferred revenue	•			19	
	20	Tax-exempt bond liabilities		20			
- 10	21	Escrow or custodial account liability Complete Part IV o	of Sche	dule D		21	
"iabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di					
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third	parties		375,013	23	246,716
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D					
					62,507	25	78,767
	26	Total liabilities. Add lines 17 through 25			511,013	26	355,783
S D		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► 「	and complete			
Ë	27	Unrestricted net assets			4,473,505	27	5,368,053
<u>평</u>	28	Temporarily restricted net assets			157,539	-	108,551
ts or Fund Balance	29	Permanently restricted net assets			,	29	,
		Organizations that do not follow SFAS 117 (ASC 958), cl		re ▶ □ and			
		complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment	fund			31	
AS	32	Retained earnings, endowment, accumulated income, or	other fu	nds		32	
Net	33	Total net assets or fund balances			4,631,044	33	5,476,604
2	34	Total liabilities and net assets/fund balances			5,142,057	34	5,832,387

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,7	719,503
2	Total expenses (must equal Part IX, column (A), line 25)	2		2 .8	366,925
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			31,044
5	Net unrealized gains (losses) on investments	5			-7,018
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		5,4	176,604
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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				
ь	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				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh of the audit, review, or compilation of its financial statements and selection of an independent accountant?		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?	e	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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OMB No 1545-0047

## **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.

**2015** 

Open to Public

Inspection

**Employer identification number** Name of the organization IN DEFENSE OF ANIMALS 68-0008936 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. 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) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) 🟲 1 Gifts, grants, contributions, and 4,195,463 3,036,875 2,525,559 2,934,344 3,575,251 16,267,492 membership fees received (Do not include any unusual grants ) 2 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 O to the organization without charge 4,195,463 3,036,875 2,525,559 2,934,344 3,575,251 16,267,492 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 1,425,756 on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 14,841,736 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 4,195,463 3,036,875 2,525,559 2,934,344 3,575,251 16,267,492 Amounts from line 4 Gross income from interest. dividends, payments received on 22,059 43,769 18,873 22,662 23,173 130,536 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or 551 551 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 0 capital assets (Explain in Part VI) Total support. Add lines 7 16,398,579 through 10 12 Gross receipts from related activities, etc (see instructions) 12 714,472 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. Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 90 510 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 90 780 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported  $\vdash$ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning 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 nurnose 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, 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 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 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 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

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

## 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

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V )		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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		ı
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	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		ı
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	4b		
c	by or in connection with its supported organizations.  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 $(2)$ ?  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	<b>Type I or Type II only.</b> 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		ı
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 <b>Part VI</b> .	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 <b>Part VI</b> .	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? If "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI</b> .	9c		
0a	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		l
	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		<u> </u>
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		

Pai	Supporting Organizations (continued)			
Se	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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
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 <b>Part VI identify those supported organizations and explain</b> 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		
Ŀ	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 <b>Part VI</b> 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	Parent of Supported Organizations Answer (a) and (b) below.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

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

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·				
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furth excess of income from activity	A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3 Administrative expenses paid to accomplish exemp							
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval re	quired)						
6 Other distributions (describe in Part VI) See instru	uctions						
7 Total annual distributions. Add lines 1 through 6							
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide					
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015				
1 Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2015							
<b>d</b> From 2013							
e From 2014							
f Total of lines 3a through e							
<b>g</b> Applied to underdistributions of prior years							
<b>h</b> Applied to 2015 distributable amount							
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7							
\$							
a Applied to underdistributions of prior years							
<b>b</b> Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7							
<b>c</b> Excess from 2013							
<b>d</b> From 2014							
<b>e</b> From 2015							

### 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	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493175006496

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

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

**Supplemental Financial Statements** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	me of the organization DEFENSE OF ANIMALS		Employer identification number
.19 L	/CLENSE OF MINIMES		68-0008936
Pa		Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds or Accounts.
		(a) Donor advised funds	(b)Funds and other accounts
	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		
	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advised <b>Yes No</b>
	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?		
аI	rt III Conservation Easements. Comple	ete if the organization answered "Yes" o	on Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by th  Preservation of land for public use (e g , recre  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization	ation or education)  Preservation of a	n historically important land area certified historic structure the form of a conservation
	easement on the last day of the tax year		
	Tabal sumban of a manufacture and		Held at the End of the Year
a	Total number of conservation easements	ante	24
b -	Total acreage restricted by conservation easeme Number of conservation easements on a certified		2b
d d	Number of conservation easements included in (c	` '	2c
u	historic structure listed in the National Register	2) acquired after 0/17/00, and not on a	2d
	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminat	ed by the organization during the
	tax year 🛌		
	Number of states where property subject to cons	ervation easement is located ►	
	Does the organization have a written policy regar violations, and enforcement of the conservation e		dling of Yes No
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing conservation easements during the
	Amount of expenses incurred in monitoring, inspe	acting handling of wolations, and enforcing o	concervation eacoments during the year
	► \$	seeing, nanding of violations, and emoreing c	conservation easements during the year
	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of se	ction 170(h)(4) <b>Yes No</b>
	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	of the footnote to the organization's financia	
ar		tions of Art, Historical Treasures,	or Other Similar Assets.
a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education,	statement and balance sheet
(	i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
		•	
(1	i) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, I following amounts required to be reported under S		
a	Revenue included on Form 990, Part VIII, line 1		<b>►</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

Part II	Organizations Maintaining (continued)	Collections of A	rt, His	storica	Trea	asures,	or Ot	her Similar A	ssets	
	sing the organization's acquisition, acc ollection items (check all that apply)	ession, and other rec	ords, ch	·		_		-	e of its	
а Г	Public exhibition		d	┌ Lo	an or	exchange	progra	ms		
Ь ┌	Scholarly research		e		ther					
с Г	Preservation for future generations									
	rovide a description of the organization' art XIII	's collections and exp	olaın hov	w they fu	rther t	he organız	atıon's	exempt purpose	ın	
as	uring the year, did the organization soli ssets to be sold to raise funds rather th								┌ No	
Part I	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, Pa	rt IV,	line 9, o	r repo	orted an amoun	t on Forr	n 990,
	the organization an agent, trustee, cus cluded on Form 990, Part X?	stodian or other inter	mediary	for cont	rıbutıo	ns or othe	rasse	ts not <b>Yes</b>	┌ No	
b	If "Yes," explain the arrangement in P	art XIII and complet	e the fol	llowing ta	ble			Am	ount	
c	Beginning balance					I	<b>1</b> c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
<b>2a</b> Di	id the organization include an amount o	n Form 990 Part X	line 21	for escr	w or c	l Istodial a	ccount	liability? <b>F Ves</b>	□ No	
<b></b>	ia the organization merade an amount o	111 om 550,1 are x,1	mic Li,	101 05010	,,,,,	ustourur u	ccount	masmey , res	, 110	
b <sub>If</sub>	"Yes," explain the arrangement in Part	VIII Chack hara ift	he evnl	anation k	ac ha	en provide	d in Da	rt VIII		Г
Part \										<u> </u>
rait	Endowniene i ands. Compie	(a)Current year		nor year				d)Three years back	(e)Four ye	ars back
La B	eginning of year balance	(=,====================================	(- ): :	,	1	,		,	(-): / -	
	ontributions									
	et investment earnings, gains, and osses									
<b>d</b> G	rants or scholarships									
	ther expenditures for facilities nd programs									
f A	dministrative expenses									
	nd of year balance									
- <b>2</b> Pr	rovide the estimated percentage of the	current vear end bala	ance (lır	ne 1a. co	lumn (	a)) held as				
	oard designated or quasi-endowment 🕨	•	,	3,	,	,,				
	ermanent endowment 🗠									
<b>c</b> T 6	emporarily restricted endowment F he percentages on lines 2a, 2b, and 2c	should equal 100%								
<b>3a</b> Aı	re there endowment funds not in the pos ganization by		nızatıon	that are	held a	nd admınıs	tered	for the	Yes	No
	) unrelated organizations							За		
(ii	i) related organizations							3a	(ii)	
	"Yes" on 3a(II), are the related organiz							3	b	
	escribe in Part XIII the intended uses (		endowm	ent fund:	S					
Part \			F 0	00 D-	L TV / I	44- 6	·	000 D V	l 10	
	Complete if the organization a  Description of property	answered Yes to		(a) ost or othe	r basıs	(b) Cost or oth	er basıs	Accumulated		k value
				(ınvestme	ent)	(othe	<del>'</del>		+	
	nd		•				787,754		_	787,754
	ldings		· · —			<u> </u>	250,240	<del>                                     </del>		934,703
	asehold improvements		·				490,582	<del>                                     </del>		179,042
•	uipment		·  -				515,486	<u> </u>	+	66,979
e Oth	ner		1				58 727	58 72	/ I	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,968,478

See Form 990, Part X, line 12.  (a) Description of security or category	m,	(b)Book value	(c)Method of valuation
(including name of security)	ıy	(b)book value	Cost or end-of-year market value
1)Financial derivatives			
2)Closely-held equity interests 3)Other			
3)0 thei			
			+
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>P</b>	982,123	
Part VIII Investments—Program Related.			
Complete if the organization answere	ed 'Yes' on Form 990,	Part IV, line 11c. <sub>Se</sub>	e Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
	<u> </u>		
	tion anawarad 'Vac' on Fr	000 Danie 11 1	14 500 500 000 000 000 000
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization		orm 990, Part IV, line 1	1d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	tion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization (a) Des	tion answered 'Yes' on Fo		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	tion answered 'Yes' on Forestription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	tion answered 'Yes' on Forestription  e 15.)  rganization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	tion answered 'Yes' on Forestription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	tion answered 'Yes' on Forestription  e 15.)  rganization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	tion answered 'Yes' on Forestription  e 15.)  rganization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	tion answered 'Yes' on Forestription  e 15.)  rganization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	e 15.)  rganization answered  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes	e 15.)  rganization answered  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.)  rganization answered  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.)  rganization answered  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.)  rganization answered  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.)  rganization answered  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.)  rganization answered  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	e 15.)  rganization answered  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.)  rganization answered  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.)  rganization answered  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.)  rganization answered  (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15.)  rganization answered  (b) Book value		(b) Book value

2,866,925

	(		, age
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	3,856,995
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments   2a   -7,018		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	570,272
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,286,723
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		· · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b 432,780		
С	Add lines <b>4a</b> and <b>4b</b>	4c	432,780
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	3,719,503
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,962,448
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	95,523
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,866,925
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	

#### Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . .

Return Reference	Explanation
Part X FIN48 Footnote	Income TaxesFinancial statement presentation follows the recommendations of ASC 740, Income Taxes Under ASC 740, the Agency is required to report information regarding its exposure to various tax positions taken by the Agency and requires a two-step process that separates recognition from measurement. The first step is determining whether a tax position has met the recognition threshold, the second step is measuring a tax position that meets the recognition threshold. Management believes that the Agency has adequately evaluated its current tax positions and has concluded that as of December 31, 2015 the Agency does not have any uncertain tax positions for which a reserve or an accrual for a tax liability would be necessary. The Agency has received notification from the Internal Revenue Service and the State of California that it qualifies for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and Section 23701d of the California Revenue and Taxation Code. The exemptions are subject to periodic review by the federal and state taxing authorities and management is confident that the Agency continues to satisfy all federal and state statutes in order to qualify for continued tax exemption status. The Agency may periodically receive unrelated business income (such as sublease rental income) requiring the Agency to file separate tax returns under federal and state statutes. Under such conditions, the Agency calculates and accrues the applicable taxes.
Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	Net assets released from restrictions \$481767 Cost of goods sold \$6247 Fundraising Expenses \$0 Expenses reflected on Form 990-T \$89276
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Temp Restricted Contributions \$432780
Part XII, Line 2d Other expenses and losses per audited F/S	Cost of goods sold \$6247 Fundraising Expenses \$0 Expenses reflected on Form 990-T \$89276
-	

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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2015

OMB No 1545-0047

**SCHEDULE F** (Form 990)

Department of the Treasury

Internal Revenue Service

**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.

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

Open to Public **Inspection** 

Name of the organization				Employer ident	ification number			
IN DEFENSE OF ANIMALS				68-0008936				
Part I General Information Complete if the organic			he United States. orm 990, Part IV, line	14b.				
For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2 For grantmakers. Describe assistance outside the Unit		ganızatıon's p	rocedures for monitori	ng the use of its grant	s and other			
3 Activites per Region (The follo	owing Part I, line :	3 table can be d	uplicated if additional spa	ace is needed )				
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of 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	<b>(f)</b> Total expenditures for and investments in region			
(1) Africa	1		sanctuary for chimpanzees	lifelong care chimps	325,85			
( 2) India	1	1	Defending animal rights	Rescue shelters	51,81			
(3) Korea	0	0	Defending animal rights	Rescue shelters	14,08			
(4)								
( 5)								
3a Sub-total b Total from continuation sheets to Part I		2			391,74			
c Totals (add lines 3a and 3b)	2	2			391,74			

1	(a) Name of organization	(b) IRS code section and EIN (if	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV,
(	1)	applicable)		Anımal Help		Checks			appraisal, othe Cash
(	2)			Anımal Help		Checks			Cash
(	3)								
(	4)								
2						ities by the foreign co o1(c)(3) equivalency l			2
3	Enter total nu	mber of other or	ganızatıons or er	tities				•	

Schedule F (Form 990) 2015

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	Part III can be duplicated if additional space is needed.									
(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)										
				I .						

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the 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)	Γ	Yes	V	No
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)	Γ	Yes	্	Νo
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	모	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)	Γ	Yes	V	Νo
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	굣	Νo
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	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 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 on note at the end of the project period. IDA's Program Grants Manager handles the documentation on 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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## **SCHEDULE G** (Form 990 or 990-EZ)

Name of the organization IN DEFENSE OF ANIMALS

Department of the Treasury Internal Revenue Service

**Fundraising or Gaming Activities** Complete if the organization answered "Yes" on 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.

**Supplemental Information Regarding** 

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

**Employer identification number** 

▼ Special fundraising events

68-0008936

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I 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
- Internet and email solicitations Solicitation of government grants
- Phone solicitations
- 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 individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			<b>•</b>			

3 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

CA.IL.NY

Schedule G	(Form 990 or 990-E2) 2015 Pag
Part II	Fundraising Events.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of
	fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross
	receipts greater than \$5,000

	receipts greater than \$5,000	<b>.</b>			
		(a)Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col <b>(c)</b> )
φ					
Revenue	<b>1</b> Gross receipts				
_	<b>2</b> Less Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
မွာ	6 Rent/facility costs				
Expenses	<b>7</b> Food and beverages				
ă	8 Entertainment				
Drea	<b>9</b> Other direct expenses				
à	10 Direct expense summary Add lines 4	4 through 9 ın column (d	1)		
	<b>11</b> Net income summary Subtract line 1	.0 from line 3, column (d	d)		
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	e 19, or reported mor	re than \$15,000 on
Revenue		(a)Bıngo	(b)P ull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
-Se	2 Cash prizes				
bens	3 Noncash prizes				
Direct Expense	4 Rent/facility costs				
<u>D</u>					
	5 Other direct expenses				
	6 Volunteerlabor	<ul><li>✓ Yes</li></ul>	│	<ul><li>✓ Yes</li></ul>	
	7 Direct expense summary Add lines	2 through 5 in column (	1)	<u> </u>	
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)	<del>.</del>	
9 a	Enter the state(s) in which the organiza Is the organization licensed to conduct				─────────────────────────────────────
b	If "No," explain				
					I
10a	Were any of the organization's gaming l				「Yes 「No
b	If "Yes," explain				

Schedule	G (Form	990	or 990-EZ)	201

Page	3
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L1	Does the organization conduct gaming	activities with nonmember	ers?	Yes   N	0
12	Is the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnership or other entit	ty	
	formed to administer charitable gaming	g?		┌Yes ┌N	0
13	Indicate the percentage of gaming acti	ıvıty conducted ın			
а	The organization's facility			13a	%
b	An outside facility			13b	%
<b>L4</b>	Enter the name and address of the pers	son who prepares the orga	anızatıon's gamıng/specıal events books	s and records	
	Name 🟲				
	Address ►				
.5a	Does the organization have a contract				
	revenue?			┌Yes ┌N	0
b	If "Yes," enter the amount of gaming re	evenue received by the or	ganızatıon 🟲 \$ a	and the	
	amount of gaming revenue retained by	the third party 🟲 \$			
c	If "Yes," enter name and address of th	e thırd party			
	Name 🟲				
	Address ►				
L <b>6</b>	Gaming manager information				
	Name 🕨				
	Gaming manager compensation * \$				
	Description of services provided				
	Director/officer	Employee	☐ Independent contractor		
.7	Mandatory distributions				
а	Is the organization required under stat	e law to make charitable o	distributions from the gaming proceeds t	to	
	retain the state gaming license?			ΓYes ΓΝ	0
b	Enter the amount of distributions requi	red under state law distril	buted to other exempt organizations or s	spent	
	in the organization's own exempt activ				
Pai	rt IV Supplemental Information	<b>on.</b> Provide the explar 5b, 15c, 16, and 17b, a	nations required by Part I, line 2b, one applicable. Also complete this pa		); and
	Return Reference		Explanation		
		•			

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Schedule I

DLN: 93493175006496

OMB No 1545-0047

Employer identification number

2015

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## Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

N DEFENSE OF ANIMALS						6	58-0008936	
Part I General Inform	nation on Grants	and Assistance				<u> </u>		
<ul> <li>Does the organization main the selection criteria used</li> <li>Describe in Part IV the organization</li> </ul>	to award the grants ganızatıon's procedu	or assistance? res for monitoring the i		United States				√ Yes ┌ เ
			<b>omestic Governments.</b> ( dditional space is needd		ızatıon answered "Yes" (	on Form 9	90, Part IV, line	21, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		escription of ish assistance	(h) Purpose of grant or assistance
(1) FARM 10101 Ashburton Lane Bethesda, MD 20817	52-1302627	501(c)(3)	5,500	0				Annual AR education conference
2 Enter total number of sect	ıon 501(c)(3) and go	vernment organization	s listed in the line 1 tal	ole			🕨	1

Enter total number of other organizations listed in the line 1 table.

Grants are Used

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22	<u>:</u>
Part III can be duplicated if additional space is needed	

(a)Type of grant or assistan	ice	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
		·				
Part IV Supplemental I	Informa	<b>tion.</b> Provide the info	ormation required in F	Part I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.
Return Reference	Explanat	ion				

Grantmaker's Description of How In Defense of Animals requires periodic reporting from recipient organizations to ensure that the funds were utilized according to the original intention

Schedule I (Form 990) 2015

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**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

OMB No 1545-0047

2015

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Name of the organization IN DEFENSE OF ANIMALS	Employer identification number
IN DELENGE OF ANIMALS	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
	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 ORGANIZATIONS 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 FOR A PHYSICAL INSPECTION AT THE ORGANIZATION'S OFFICE IN SAN RAFAEL, CALIFORNIA