Form **990** 

DLN: 93493248012658 OMB No 1545-0047

## **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public

Open to Public

		the Treasur nue Service		Form 990 and its instructions is at <u>www</u>				Open to Public Inspection
A F	or the	2017 ca	lendar year, or tax year beginr	ning 01-01-2017 , and ending 12-3	1-2017			
☐ Ad	ck if ap dress c me cha	-	C Name of organization IN DEFENSE OF ANIMALS			<b>D Employ</b> 68-0008		ification number
☐ Ini	tıal retı	urn	Doing business as					
☐ An	nended		Number and street (or P O box if ma 3010 Kerner Blvd	Il is not delivered to street address) Room/su	ıte	E Telephor	ne numbe	er
□Ар	plicatio	n pending	City or town, state or province, count	ry, and ZIP or foreign postal code		(415) 4	48-004	8
			San Rafael, CA 94901			<b>G</b> Gross re	ceipts \$	3,916,675
			<b>F</b> Name and address of principal MARILYN KROPLICK MD	officer		this a group re	turn for	
			3010 Kerner Blvd San Rafael, CA 94901		<b>Н(b)</b> Ar	ibordinates? re all subordinat	tes	□Yes ☑No □Yes ☑No
<b>I</b> Ta	x-exem	npt status	✓ 501(c)(3)	nsert no ) 4947(a)(1) or 527		cluded? "No," attach a l	lıst (se	
J W	ebsite	e:► www	w idausa org		H(c) G	roup exemption	numbe	r▶
<b>K</b> For	n of org	ganızatıon	Corporation Trust Assoc	lation ☐ Other ►	<b>L</b> Year of f	ormation 1983	<b>M</b> State	e of legal domicile CA
Pa	rt I	Sumi	nary					
Activities & Governance	II I	n Defense		most significant activities nal protection organization dedicated to nere property, and by defending their ri			nd abus	e of anımals by
Š				continued its operations or disposed of m				1 -
<b>ಸ</b> ರ ഗ	1			g body (Part VI, line 1a) the governing body (Part VI, line 1b) .			4	
Atte.	1		, -	endar year 2017 (Part V, line 2a)			5	25
(c)	6	Total num	nber of volunteers (estimate if nece	essary)			6	20
•	1			VIII, column (C), line 12			7a	<u>'</u>
	Ь	Net unrela	ated business taxable income from	Form 990-T, line 34	<u> </u>	 Prior Year	7b	Current Year
	8	Contributi	ions and grants (Part VIII, line 1h)			3,466,4	436	3,607,534
Ravenua	1		• , , , ,			94,2		82,054
٤٩٧٩	10	Investme	nt income (Part VIII, column (A), l	nes 3, 4, and 7d)		33,!	541	30,558
_	1		enue (Part VIII, column (A), lines !			70,2		98,464
			<del>-</del>	t equal Part VIII, column (A), line 12)		3,664,	_	3,818,610
	1		id similar amounts paid (Part IX, co paid to or for members (Part IX, co	, ,,		94,3	308	101,979
S	1			nefits (Part IX, column (A), lines 5–10)		1,237,	718	1,348,493
Expenses	16a	Profession	nal fundraising fees (Part IX, colum	nn (A), line 11e)		66,6		68,000
9	Ь.	Total fundra	aısıng expenses (Part IX, column (D), lın	e 25) ▶457,815				
ū	17	Other exp	enses (Part IX, column (A), lines 1	la-11d, 11f-24e)		1,639,0	045	1,898,399
			enses Add lines 13–17 (must equa			3,037,		3,416,87
× 0	19	Revenue l	less expenses Subtract line 18 fro	m line 12	Beginn	626,7 ning of Current Y		401,739 End of Year
Net Assets or Fund Balances	30 .	Tabal assa	sta (Davit V. Juna 16)			6 405 :	147	7.052.01:
Ass d Ba			ets (Part X, line 16)			6,495,: 387,0		7,052,917 494,22
Fee			s or fund balances Subtract line 2			6,108,0		6,558,68
Pai	t III	Signa	ature Block		<u> </u>			· · ·
know		and belief		ned this return, including accompanying Declaration of preparer (other than offic				
		* * * * * * * * * Signatu	re of officer			2018-09-05 Date		
Sign Here		, -	'N KROPLICK MD President & CEO					
			print name and title					
			rınt/Type preparer's name ouglas W Regalia	Preparer's signature Douglas W Regalia	ate		PTIN P001863	89
Paid						self-employed		
,	pare	· -	rm's name ► Regalia & Associates CP. rm's address ► 103 Town Country Dr St			Firm's EIN ► 68- Phone no (925)		
use	Onl	ıy 📋	Danville, CA 94526			(323)	_ , 555.	
May t	he IRS	3 discuss		n above? (see instructions)				Yes 🗆 No

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Pai	t IIII Statement	of Program Service	e Accomplis	hments		
	Check If Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹
1		organization's mission		•		
		ın Part 1 Line 1, IDAs tuaries in Grenada, Mi			elty investigations, boycotts, grassi	roots activism, and hands-
2	=	, <del>-</del>		- <i>'</i>	hich were not listed on	
	•	r 990-EZ?				🗌 Yes 🗹 No
	,	ese new services on Sci				
3	<del>-</del>	cease conducting, or n	-	changes in how it cond	ucts, any program · · · · · · · · · · · ·	☐ Yes ☑ No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) an		ons are required	to report the amount	largest program services, as meas of grants and allocations to others,	
	(Code	) (Expenses \$	2,120,097	including grants of \$	) (Revenue \$	86,283 )
	See Additional Data					
4b	(Code	) (Expenses \$	144,845	including grants of \$	) (Revenue \$	)
	See Additional Data					
4c	(Code	) (Expenses \$	101,979	including grants of \$	101,979 ) (Revenue \$	)
	See Additional Data					
4d	Other program servi	ces (Describe in Sched	ule O )			
	(Expenses \$	inc	luding grants of	\$	) (Revenue \$	)
4e	Total program serv	vice expenses 🟲	2,366,9	21		

or X as applicable

**Checklist of Required Schedules** 

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11a

11b

11c

11d

11e

11f

12a

13

14a

14b

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Page 3

No

Nο

Nο

No

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Nο

Nο

No

No

Nο

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Nο

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1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . .

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .

**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 . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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Part IV	Checklist of Required Schedules (continued)		
		Yes	No
20a Did th	ne organization operate one or more hospital facilities? If "Ves." complete Schedule H		

**20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . . 20a Νo

Yes

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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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 . . . . . . . . . . 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 If "Yes," 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 

23 24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 20			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	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			
<b>L</b>	this return	2b	Yes	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
3а	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		<u> </u>
· ·	In 165, to fine 3a of 3b, did the organization life Form 6000-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
·	bid the organization receive any randa, an early of maneetry, to pay premiants on a personal benefit contract	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>-</b>		NI-
L	required?	7g		No
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during			
	the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
b	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		No
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	- w 00	<b>0</b> (2017)
			arm <b>00</b>	. roni

	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No	respo	nse to li	nes
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions			
Se	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
	ction A. Governing body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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 3			
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		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a 7b		No
	persons other than the governing body?			
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 Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?  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?	10a 10b	Yes	No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	res	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in</i>	120	165	
	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14 15	Did the organization have a written document retention and destruction policy?	14	Yes	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b	taxable entity during the year?  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	16a		No
	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 AK , AL , AZ , CA , CO , CT , FL , GA , IL , , MN , MS , NC , NH , NJ , NM , NY , OH , C			
18	TN , UT , VA , WA , WI , WV  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  Solve Glory Katz 3010 Kerner Blvd San Rafael, CA 94901 (415) 448-0048			

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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 table to the calendar year ending with or within the organization's table to the calendar year.	ĸ
• 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 <b>current</b> 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	

e List all of the organization's <b>former directo</b> logical organization, more than \$10,000 of reportable co										
List persons in the following order individual trust compensated employees, and former such person		rs, ınstı	itutioi	nal t	rust	ees, c	ffice	ers, key employees	, highest	
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne bo	ox, ι n of	t ch inle: ficer	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
(1) MARILYN KROPLICK MD President & CEO	40 00	Х		х				93,452	0	6,266
(2) Michael Yardegari JD MBA Treasurer	4 00	Х		x				0	0	0
(3) Lisa Levinson Secretary	40 00	Х		х				50,000	0	0
(4) Kathleen Kastner Director	2 00	Х						0	0	0
(E) C 7	2 00									

	6,266	0	0	0	0	 			20 (2017)	<b>90</b> (2017)
										TOTTI 9
	0	0	0	0	0					
	93,452	0	50,000	0	0					
4										
t compensated , ee										
npioyee										
	×	x	x							
itional Trustys										
lual trustee ctor	х	х	х	Х	Х					
ille)	40 00	4 00	40 00 0 00	2 00 0 00	2 00					
	(1) MARILYN KROPLICK MD President & CEO	(2) Michael Yardegari JD MBA Treasurer	(3) Lisa Levinson Secretary	(4) Kathleen Kastner Director	(5) Sammy Zablen Dırector					

Name and Title

compensation from the organization ▶ 0

Part VII

(F)
Estimated

**(E)** Reportable

(D)

Reportable

Page 8

		hours per week (list any hours for related	ıs b		an of tor/t	fficer trust		a 	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (V 2/1099-MISC)	w-	amount or compens from t organizati	sation the
		organizations below dotted line)		Institutional Trustee	Officei	key employee	Highest compensated emptovee	Former	2,1033 1125,	2,1000 1100,		relate organiza	ed
			<del> </del>	_	<del> </del>	+		igapha			$\perp$		
		-			$\vdash$	+	<del> </del>	$\vdash$					
			<u> </u>	<u> </u>	igspace	$\perp$	<u> </u>	igspace			_		
			<u> </u>	-	$\vdash$	+	┼	$\vdash$			+		
		+			$\vdash$	+	$\vdash$	+					
											$\perp$		
сT	Sub-Total	art VII, Section		· ·	 	•	<b>*</b>		143,452				6,266
2	Total number of individuals (including of reportable compensation from the o			e list	ed a	ibov	e) who	rec	eived more than \$1	100,000			
												Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>									l employee on	3		No
4	For any individual listed on line 1a, is organization and related organizations									n the			
5	Individual					,			-	lividual for	4	+ +	No
_	services rendered to the organization		ete Sch	edule	₃ J fc	or su	ıch per	rson			5		No
1	cction B. Independent Contract  Complete this table for your five higher from the organization Report comper	nest compensate									npens	sation	
	· · · · · ·	(A) and business addre		yea:		11119	WILLI	- VVIC		(B) cription of services		(C) Compen	
				<u> </u>	_	_					$\exists$		

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

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

(C)

Position (do not check more

(B)

Average

Part		I Statement of	Revenue							rage <b>3</b>
		<del></del>		a respo	onse or note to any	line in this Part \	/III .			🗆
				•		<b>(A)</b> Total revenue	Re e f	(B) elated or exempt unction evenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	<b>1</b> a	Federated campaigr	ns	1a				evenue		312-314
nts ints	ı	<b>b</b> Membership dues .		1b						
3ra not	(	c Fundraising events		1c						
S. ( An		<b>d</b> Related organization		1d	<u> </u>					
Giff ilar		e Government grants (co		1e	<u> </u> 					
Si E		F All other contributions,		_ <u></u> -	<u> </u> 					
tio sr S		and similar amounts no above		1f	3,607,534					
Contributions, Gifts, Grants and Other Similar Amounts	١	g Noncash contributio	ns included							
Contr and C		ın lınes 1a-1f \$		830						
S a	h	Total.Add lines 1a-1	f		<u> </u>	3,607,534				
Пе					Business	Code				
ven	2a	Rents, royalties & other					82,054	82,	054	
až.	b									
ΜC€	c									
₹	d									
ran	e									
Program Service Revenue		All other program ser				82,054				
٩		Total.Add lines 2a-2f			<u> </u>	<u> </u>				
		Investment income (ir similar amounts)  .			interest, and other ا	30,	558			30,558
	4 ]	Income from investme	ent of tax-exe	mpt b	ond proceeds	•	0			
	<b>5</b> I	Royalties				•	0			
			(ı) Rea	l	(II) Personal					
	6a	Gross rents		89,820						
	b	Less rental expenses		86,233		-				
		Dantal masses an		2 507		_				
	C	; Rental income or (loss)		3,587						
	d	Net rental income or	r(loss)			Э,	587		3,587	
			(ı) Securit	ties	(II) Other					
	7a	Gross amount from sales of								
		assets other than inventory								
	ь	Less cost or				-				
		other basis and sales expenses								
	c	Gain or (loss)								
		Net gain or (loss) .		•	<b>•</b>	_	0			
a)	8a	Gross income from fu (not including \$		ents of						
n K		contributions reporte			100.400					
eve		See Part IV, line 18 Less direct expenses		a b		_				
F.		: Net income or (loss)			· ·		648			
Other Revenue		Gross income from g	amıng actıvıt		_					
0		See Part IV, line 19		_						
	h	Less direct expenses	•	a b		$\dashv$				
		: Net income or (loss)			les		0			
		Gross sales of invent	ory, less			1				
		returns and allowance	es	a	4,301					
	h	Less cost of goods s	old	b						
		: Net income or (loss)				<b>」</b> ₄,	229	4,229		
		Miscellaneous		mivem	Business Code					
	11	a				1				
	b	)								
	c	:								
	d	All other revenue .								
	е	Total. Add lines 11a-	-11d		•		0			
	12	<b>Total revenue.</b> See	Instructions			2.010	610	96 393	2.503	20.550
						3,818,	DIO	86,283	3,587	30,558 Form <b>990</b> (2017)

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	columns All other org	anizations must comp	olete column (A)	
Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	101,979	101,979		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	143,452	99,762	43,690	
<b>6</b> 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	993,571	658,798	203,321	131,452
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			

125,297

86,173

34,796

61,980

68,000

249,255

27,156

173,750

22,368

62,082

67,063

10,753

31,666

820,739

96,014

53,766

47,040

72,084

3,416,871

820,739

0

0

0

0 67,887

0

0

83,591

57,490

179,921

167,794

15,837

48,054

53,376

7,174

45,291

21,126

656,591

36,903

53,766

35,280

44,188

2,366,921

656,591

27,220

18,720

34,796

61,980

69,334

3,433

3,844

8,482

3,822

2,336

14,748

6,879

56,758

32,772

592,135

14,486

9,963

68,000

27,156

2,523

2,687

5,546

9,865

1,243

7,848

3,661

164,148

2,353

11,760

-4,876

457,815

164,148

Form 990 (2017)

**9** Other employee benefits .

a Management . . .

**d** Lobbying . . . .

11 Fees for services (non-employees)

f Investment management fees .

12 Advertising and promotion .13 Office expenses . . . .

14 Information technology

**20** Interest . . . .

15 Royalties .

**17** Travel .

16 Occupancy .

23 Insurance .

a DIRECT MAIL

c RESCUE

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e

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)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O )

b Fees/licenses/bank charges

d Events and sponsorships

e All other expenses

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

10 Payroll taxes .

**b** Legal .

c Accounting

2

3

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

(B) End of year

(A)

Beginning of year

1,336,788

2.091.706

62,220

4.296

107.372

2.169.603

723 162

6,495,147

66,896

241.061

79.121

387.078

6.017.984

6,108,069

6.495.147

90.085

1

2

3

4

5

6

7

8

9

10c

11

12

13

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15

16

17

18

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23

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29

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31

32

33

34

Page **11** 

1,071,595

1.743.789

5,643

0

0

0

0

0

0

0

4.296

119.028

2.679.999

1.428.562

7.052.912

172,817

235.114

86.296

494,227

6.245.095

313,590

6,558,685

7.052.912

Form **990** (2017)

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

Cash-non-interest-bearing . Savings and temporary cash investments . . . Pledges and grants receivable, net . . .

Accounts receivable, net .

3,960,570

1.280.571

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . .

Assets Inventories for sale or use . Prepaid expenses and deferred charges .

10a basis Complete Part VI of Schedule D

10a Land, buildings, and equipment cost or other Less accumulated depreciation 10b Investments—publicly traded securities .

11 Investments—other securities See Part IV, line 11 . 12 13 Investments—program-related See Part IV, line 11 . 14 Intangible assets . . . . . 15 Other assets See Part IV, line 11 . . . . .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

16 17 Accounts payable and accrued expenses 18 Grants payable . . . 19 Deferred revenue . . . . Tax-exempt bond liabilities . . . . . . 20

Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

21 22 persons Complete Part II of Schedule L .

23 Secured mortgages and notes payable to unrelated third parties . . .

Liabilities 24 Unsecured notes and loans payable to unrelated third parties . 25

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)

Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . .

26

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Nο

Nο

Form 990 (2017)

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Schedule O

☐ Separate basis

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

separate basis, consolidated basis, or both

#### **Additional Data**

Software ID: 17005038
Software Version: 2017v2.2

**EIN:** 68-0008936

Name: IN DEFENSE OF ANIMALS

Form 990 (2017)

101111 990 (2017)

Form 990, Part III, Line 4a:

IDA's campaigns and programs cover animals around the world, through investigation, rescue and rehabilitation, public education, political and consumer advocacy, and litigation. From working to protect the rights of America's companion animals, to rescuing feral goats on Catalina Island, to fighting to end the horrific trade in dog meat in Korea. IDA's campaigns reach far and wide See additional comments on Schedule O

Project HopeSince 1993, IDAs Hope Animal Sanctuary (HAS) has rescued, provided refuge, and fought for justice for abused animals in rural Mississippi. In a region devoid of animal shelters and other vital animal control services, the ongoing work of HAS is beyond critical in providing hope for animals continuing to suffer in Americas Deep South. The Sanctuary has saved thousands of animals including dogs, cats, goats, sheep, pigs, horses, cows, chickens, ducks, geese as well as pelicans, lizards, turtles,

lions, tigers, pumas, bears and emus. We ensure they receive safe transportation away from harm, provide them with veterinary care, spay and neuter, good food and fresh

Form 990, Part III, Line 4b:

water, and a lot of love and kindness (continued on Schedule O)

Form 990, Part III, Line 4c: Grants Paid During the year ended December 31, 2017, In Defense of Animals identified and then contributed financial resources to a number of worthy nonprofit organizations providing care and protective services to animals

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493248012658
SCI	H <b>ED</b> m 99	ULE A		Public (	Charity Staturganization is a sect	ion 501(c)(3) o mpt charitable	organization or trust.	ort	2017
		f the Treasury	▶ Inf	ormation abou	► Attach to Form It Schedule A (Form www.irs.q			ections is at	Open to Public Inspection
Nam	e of th	<del>nie service</del> <b>he organiza</b> OF ANIMALS	tion					Employer identific	ation number
Da	T	Doncon	ion Dublic	Charity State	re (All arganization	a must samala	to this part ) (	68-0008936	
	rt I rganiz				<b>us</b> (All organization it is (For lines 1 thro			see instructions.	
1		A church. c	onvention of	churches, or as	sociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).	
2		•		·	1)(A)(ii). (Attach Sch				
						•	• •		
3		·	•	•	/ice organization desc			•	
4		name, city,	and state _		ed in conjunction with				
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive				ped in <b>section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7	✓	_		mally receives ( <b>vi).</b> (Complete	a substantıal part of ıt Part II )	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust desc	ribed in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	ies related to income and	o its éxempt fun unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (le mplete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ition organize	ed and operated	l exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported:	organizations of	l exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a	e purposes of one or )(3). Check the box
а		<b>Type I.</b> A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		<b>Type II.</b> A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally		supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	ally integrated The organization	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the II		pe I, Type II, Type II	functionally
f	Enter			ion-functionally I organizations	integrated supporting	organizacion			
g				_	pported organization(	s)			
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota							1		

10

11

organization

instructions

supported organization

Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) Total support. Add lines 7 through

12 Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 Schedule A, Part II, line 14

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

16,229,482

931,072

86 910 %

89 410 %

▶ ☑

12

14

Schedule A (Form 990 or 990-EZ) 2017

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and

-	membership fees received (Do not include any "unusual grant")	2,525,559	2,934,344	3,575,251	3,466,436	3,607,534	16,109,124
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	2,525,559	2,934,344	3,575,251	3,466,436	3,607,534	2,004,363
	line 1 that exceeds 2% of the						

	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,004,363
6	<b>Public support.</b> Subtract line 5 from line 4						14,104,761
9	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
7	Amounts from line 4	2,525,559	2,934,344	3,575,251	3,466,436	3,607,534	16,109,124
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,873	22,662	23,173	24,541	30,558	119,807

6	<b>Public support.</b> Subtract line 5 from line 4						14,104,761
-	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	<b>(e)</b> 2017	(f)Total
7	Amounts from line 4	2,525,559	2,934,344	3,575,251	3,466,436	3,607,534	16,109,124
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,873	22,662	23,173	24,541	30,558	119,807
9	Net income from unrelated business						

13 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,

16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2017. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2016. 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 gualifies as a publicly

	from line 4						14,104,701
9	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f)Total
7	Amounts from line 4	2,525,559	2,934,344	3,575,251	3,466,436	3,607,534	16,109,124
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,873	22,662	23,173	24,541	30,558	119,807
9	Net income from unrelated business activities, whether or not the business is regularly carried on	551					551

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and <b>stop here</b>			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

If "No," describe in <b>Part VI</b> how the supported organizations are de	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	İ	
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)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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		

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		
	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			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

С	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	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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		

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	cnecked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	the cked 12a or 12b in Part I, answer (b) and (c) below  id 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 uppervised by or in connection with its supported organizations id the organization support any foreign supported organization that does not have an IRS determination under sections 01(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  ind the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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			
		4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $1/0(c)(2)(B)$ 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 <b>Part VI</b> , 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		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

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 I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	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		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 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		
S	ection D. All Type III Supporting Organizations			
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		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		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
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		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

(B) Current Year

(optional)

**Current Year** 

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5

7

8

1 2

3

4 5

6

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount 1 1a

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors 2

(explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6

6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8

3

7

Schedule A (Form 990 or 990-EZ) 2017

Section C - Distributable Amount

Minimum Asset Amount (add line 7 to line 6) Adjusted net income for prior year (from Section A, line 8, Column A)

Enter 85% of line 1

2

Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3

temporary reduction (see instructions)

instructions)

4 5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>	
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in <b>Part VI</b> ) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions		
9	Distributable amount for 2017 from Section C, line 6		
10	10 Line 8 amount divided by Line 9 amount		

8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions	sive (provide		
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

details in <b>Part VI</b> ) See instructions					
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
	(i)	(i) (ii) Underdistributions			

9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			_
d From 2015			

e From 2016. . . . . . f Total of lines 3a through e

**d** Excess from 2016. . . . e Excess from 2017. . . . .

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		
8 Breakdown of line 7		
a Excess from 2013		
<b>b</b> Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

#### **Additional Data**

Software ID: 17005038
Software Version: 2017v2.2

EIN: 68-0008936

Name: IN DEFENSE OF ANIMALS

Page 8

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990,

DLN: 93493248012658 OMB No 1545-0047

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** IN DEFENSE OF ANIMALS 68-0008936 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Assets included in Form 990, Part X

Schedule D (Form 990) 2017

Cat No 52283D

 $\boldsymbol{d}$  Equipment .

Sche	dule D (Form 990) 2017							Page <b>2</b>
Par	t IIII Organizations Main	taining Collections	of Art, Histo	rical Trea	asures, o	r Other Simila	ır Assets (co	ntınued)
3	Using the organization's acquisitems (check all that apply)	tion, accession, and othe	r records, chec	k any of the	e following t	that are a signific	ant use of its c	:ollection
а	Public exhibition		d		oan or exch	ange programs		
b	Scholarly research		е	□ o	ther			
С	Preservation for future ge	enerations						
4	Provide a description of the org Part XIII	anızatıon's collections an	d explain how t	they further	the organiz	zation's exempt p	ourpose in	
5	During the year, did the organizassets to be sold to raise funds						☐ Yes	□ No
Pa	rt IV Escrow and Custod Complete if the organ X, line 21.	ial Arrangements. nization answered "Ye	s" on Form 99	90, Part IV	', line 9, o	r reported an a		rm 990, Part
1a	Is the organization an agent, tr	ustee, custodian or other	ıntermediary f	or contribut	ions or oth	er assets not		_
	ıncluded on Form 990, Part X?						∐ Yes	∐ No
ь	If "Yes," explain the arrangeme	ent in Part XIII and comp	lete the followi	ng table			Amount	
c	Beginning balance			.9		1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an	amount on Form 990, Pa	art X, line 21, fo	or escrow or	custodial a	account liability?	☐ Yes	 □ No
b	TE "Vaa " avalava blaa awaanaana	at a Dout VIII. Charle ha				d in Dank VIII		
	If "Yes," explain the arrangement <b>Findowment Funds.</b>	Complete if the organ						<u>.                                    </u>
- (-	Endowment Funds.	(a)Curre		Prior year		ears back (d)Thr		e)Four years back
1a	Beginning of year balance		, (2	<b>7</b>	(3) /	<u> </u>	20 / 201 2 2021 (	27. 04. 704.0 240.1
b	Contributions							
С	Net investment earnings, gains,	and losses						
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percenta	ge of the current year en	d balance (line	1g, column	(a)) held a	is		
а	Board designated or quasi-endo	wment <b>&gt;</b>						
b	Permanent endowment <b>&gt;</b>							
С	Temporarily restricted endowm	ent ▶						
	The percentages on lines 2a, 2b	o, and 2c should equal 10	00%					
3а	Are there endowment funds not organization by	: in the possession of the	organization th	nat are held	and admin	istered for the		Yes No
	(i) unrelated organizations .						3a(	
	(ii) related organizations .			hadida DO			3a(i	
ь 4	If "Yes" on 3a(II), are the related Describe in Part XIII the intend	_					3b	<u>'                                    </u>
			on a endowmer	it lullus				
e		nization answered "Ye:	s" on Form 99	90, Part IV	', line 11a	. See Form 990	), Part X, line	10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or oth			cumulated depreciat		) Book value
_		(iiii asanone)			754			
	Land			1,055,7		270	120	1,055,754
	Buildings			1,250,2			,139	871,101
С	Leasehold improvements			502,0	วช0	356	,533	145,547

77,919

529,678

2,679,999

480,323

64,576

558,242 594,254

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

Part VII	<b>Investments—Other Securities.</b> Complete if the o See Form 990, Part X, line 12.	rgan	ızatıon ansv	vered "Yes" on Form !	990, Par	t IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met Cost or end	hod of va of-year n	
	al derivatives				-	
(3)Other	Trield equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	nn (b) must equal Form 990, Part X, col (B) line 12 )	•	1,428,562			
Part VIII	<b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on Form	1 991	D, Part IV, lı	ne 11c. See Form 990	O, Part X	, lıne 13.
	(a) Description of investment	(b	) Book value	(c) Met Cost or end	hod of va of-year n	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. Complete if the organization answered 'Ye	<b>▶</b>	Form 990 Pa	urt IV line 11d. See Forn	n 990 Pa	rt X line 15
	(a) Description					(b) Book value
(1)						
(2)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	ımn (b) must equal Form 990, Part X, col (B) line 15 )				. •	
Part X	<b>Other Liabilities.</b> Complete if the organization answ See Form 990, Part X, line 25.					.1f.
1.	(a) Description of liability		(b) B	ook value		
· ·	roll liabilities			86,296		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)			1			
(9)						
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25 )	,	<u> </u>	86,296		
	or uncertain tax positions In Part XIII, provide the text of the o's liability for uncertain tax positions under FIN 48 (ASC 740)					

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b b 2c c

2a

2a 2b

2c

2d

4a

4b

Explanation

52.464

11,832

4c

2e

3

4c

5

Page 4

3,655,814

834,635

997,431

3,818,610

3,428,703

11,832

3,416,871

3.416.871

Schedule D (Form 990) 2017

2,821,179

d 2d 782.171 2e e 3

3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 997,431

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

4b

Add lines **4a** and **4b** . . . . . . . .

b c

5 Part XII

Net unrealized gains (losses) on investments . . . .

Schedule D (Form 990) 2017

Part XI

а

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

**Supplemental Information** 

Add lines 2a through 2d . . . . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Page <b>5</b>	Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info	
	Explanation	Return Reference	

Schedule D (Form 990) 2017

### **Additional Data**

**Software ID:** 17005038 **Software Version:** 2017v2.2

EIN: 68-0008936

Name: IN DEFENSE OF ANIMALS

# Supplemental Information

Return Re	eference	Explanation
Part X FIN48 Fo	ootnote	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 separa tes 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, 2017 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.

Supplemental Information					
Return Reference	Explanation				
	Net assets released from restrictions \$773926 Cost of goods sold \$72 Special Events Expenses \$11760 Form 990-T Net Income per books \$-3587				

upplemental Information				
Return Reference	Explanation			
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Temp Restricted Contributions \$997431			

\_

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d Other expenses and losses per audited F/S	Cost of goods sold \$72 Special Events Expenses \$11760

SCHEDULE	F Sta	tement of	Activities (	Outside the Uni	ted States	OMB No 1545-0047
(Form 990) ► Comp		nplete if the organiz	zation answered "' ► Attach t		2017 Open to Public Inspection	
Name of the or	ganization				Employer ide	entification number
IN DEFENSE OF	ANIMALS				68-0008936	
	<b>eneral Informatio</b> orm 990, Part IV, lir		Outside the U	Jnited States. Comple	te if the organization	answered "Yes" to
1 For gra	ntmakers. Does the	organization mail	ntaın records to	substantiate the amount	of its grants and	
	, -	• ,	e grants or assis	stance, and the selection	criteria used	
to award	the grants or assista	ance?				☑ Yes 🗌 No
	ntmakers. Describe the United States	ın Part V the orga	anızatıon's proce	dures for monitoring the	use of its grants and o	ther assistance
<b>3</b> Activites	per Region (The follow	ving Part I, line 3 t	able can be dupli	cated if additional space is	needed )	
	(a) Region	(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)	program service, describe specific type of	
See Add'l	Data			regiony		
<b>3a</b> Sub-total		1	. 1			215,650
<b>b</b> Total from Part I	continuation sheets to					
			<b>+</b>			215,650

Cat No 50082W Schedule F (Form 990) 2017

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III can be du Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV,
		+					appraisal, other
		1					
		+ +					
		+ +					
		1					
		+					

Schedule F (Form 990) 2017					
Par	t 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)	☐Yes	<b>☑</b> No		
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)	□Yes	<b>☑</b> No		
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐Yes	<b>☑</b> No		
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)	☐Yes	<b>☑</b> No		
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	<b>☑</b> No		
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	<b>☑</b> No		

Schedule F (Form 990) 2017 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). Return Reference Explanation Part I, Line 2 -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 international work. Local organizations working in the designated foreign Grantmakers countries provide ongoing reports regarding progress of work. Financial and Narrative Reports are required at least once Explanation For Monitoring Use of at the end of the project period IDA's Program Grants Manager handles the documentation for such reporting Funds Outside US 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

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

' Pan

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

Par

#### **Additional Data**

India

 Software ID:
 17005038

 Software Version:
 2017v2.2

 EIN:
 68-0008936

 Name:
 IN DEFENSE OF ANIMALS

Form 990 Schedule	F Part I - Activit	ies Outside The	United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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	(f) Total expenditures for region
Africa	0	0	Defending animal rights	Anımal care	144,845

1 Defending animal rights

Rescue shelters

69,805

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program reaion services, grants to service(s) in region region recipients located in the region) Canada 0 Defending animal rights 1.000 Animal Care

DLN: 93493248012658 OMB No 1545-0047 **Supplemental Information Regarding** SCHEDULE G (Form 990 or 990-EZ) **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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization IN DEFENSE OF ANIMALS 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 Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events ☐ In-person solicitations 2a 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? ☑ Yes ☐ No 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 (iii) Did (v) Amount paid to (ii) Activity (iv) Gross receipts (vi) Amount paid to fundraiser have or entity (fundraiser) (or retained by) from activity (or retained by) custody or fundraiser listed in organization control of col (i) contributions? No Yes Total 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

Cat No 50083H

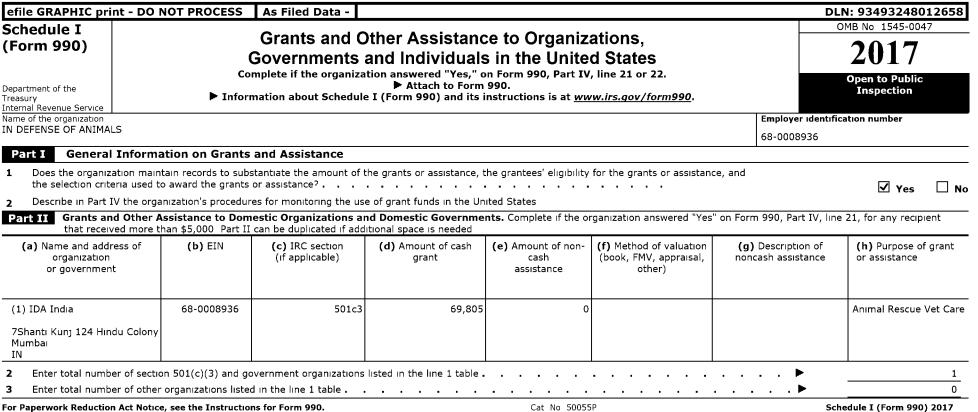
Schedule G (Form 990 or 990-EZ) 2017

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **Events** (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 102,408 102,408 2 Less Contributions. 3 Gross income (line 1 minus 102,408 102,408 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment **9** Other direct expenses 11,760 11,760 **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 11,760 11 Net income summary Subtract line 10 from line 3, column (d) . . . . . 90,648 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities \_ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain \_

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entity $^{\circ}$ ?	′	□Yes	□No	
13	Indicate the percentage of gaming acti	vity conducted in				
а	The organization's facility		13a			%
b	An outside facility		13b			%
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books a	nd records			
	Name ►					
	Address >					
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No	
b		evenue received by the organization > \$a the third party > \$	nd the			
c	If "Yes," enter name and address of the	e third party				
	Name •					
	Address ▶					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ▶ \$					
	Description of services provided ►					
	☐ Director/officer	☐ Employee ☐ Independent contractor				
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or sp ties during the tax year $ ightharpoonup$ \$	ent			
Pai	t IV Supplemental Information	n. Provide the explanations required by Part I, line 2b, colubrations, 16, and 17b, as applicable. Also provide any additional				 s).
	Return Reference	Explanation				

Schedule G (Form 990 or 990-EZ) 2017



Schedule I (Form 990) 2017						Page <b>2</b>
Part IIII Grants and Other Ass Part III can be duplicated				anization answered "Yes"	s" on Form 990, Part IV, line 22	
(a) Type of grant or assista	ance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)			-			
Part IV Supplemental I	Informatic	on. Provide the inf	ormation required in	Part I, line 2; Part III	I, column (b); and any other a	additional information.
Return Reference	Explanatio	on				
Grantmaker's Description of How Grants are Used	In Defense of Animals requires periodic reporting from recipient organizations to ensure that the funds were utilized according to the original intention					

efile GRAPHIC print - DO NOT PROCESS As Filed D				DLN:	93493248012658
SCHEDULE O (Form 990 or 990- EZ)  Supplemental Information to Form 990 or 99  Complete to provide information for responses to specific question 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 instruction  www.irs.gov/form990.			ons on n.	2017 Open to Public Inspection	
Name of the organization IN DEFENSE OF ANIMALS  990 Schedule O, Supplemental Information  Employer id 68-0008936			fication number		
Return Reference			Explanation		
Client Note 1	Client Note 1 - Property, Equipment and Leasehold Improvements		Land \$ 777,754 Improvements  nd \$73,377 for the		

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, P age 2, Part 4alDA works trelessly on these projects * Anti-Vivisection End Animal experi mentation, 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 agains t the fur trade Holds rallies in San Francisco, Los Angeles & Portland in November each y ear * Investigations Work with law enforcement on cruelty cases to bring justice to compa nion 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 ci rcuses. Strives to relocate elephants to sanctuaries when ever possible * Sanctuary Provi de sanctions for rescued and abused animals and give lifetime care when needed, in the U.S. and abroad Support IDA Hope Animal Sanctuary in Grenada MS & support IDA Africa Sanaga- Yong Chimpanzee Rescue Center for orphaned chimpanzees deep in the forest of Cameroon. Add itionally, IDA provides veterinary care for the street dogs of Mumbai Over the years, IDA has won some precedent setting victories for our animal friends, both here at home, and ar ound the world. They include * Closing down what once was the largest experimental center for chimpanzees in the world, the hideous Coulston Foundation. In doing so, hundreds of ch impanzees were freed from the horrors of vivisection * Creating a chimpanzee sanctuary and education center in the West African Republic of Cameroon, providing a safe haven for sev erely abused adult chimpanzees and for babies orphaned by a thriving bushmeat trade * Closing down New York University's gruesome crack cocaine experiments o

Return

Reference	, in the second
Form 990, Part III, Line 4d Other Program Services Description	uccessfully prevented horrific bone breaking experiments on 120 retired racing greyhounds * Conducting undercover investigations that exposed the cruelties of the puppy mill indust ry rescuing thousands of starving and abused animals, and developing a 64-acre abused animal sanctuary in rural Mississippi OTHER PROGRAM SERVICES 6 Project Hope (Continuation of discussion from Form 990, Page 2, Part 4b)HAS also conducts undercover investigations, coordinates raids with local law enforcement, and ultimately rescues animals suffering f rom starvation, disease, violent abuse and extreme neglect. From rescues involving animals suffering at the mercy of puppy mill operators, animal collectors, animal dealers and dog fighting rings (where emaciated dogs with swollen and bleeding heads were tightly bound to chains), to the rescue of exotic species, farm animals, and companion animals in trouble, we are there. We also go the distance to provide the necessary evidence to ensure every abuser is prosecuted to the fullest extent of the law. We do so despite death threats and acts of physical violence against us. We do so for the animals

Explanation

THEN F-FILED WITH THE INTERNAL REVENUE SERVICE

# Return Reference Explanation Form 990. FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL THE FORM IS THEN REVIEWED BYTHE

Part VI, Line 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 SOLUTION'S FILL REVIEW THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S

990 Review FULL REVIEW, 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

Return Reference	Explanation
12c 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 ORGANIZATION'S POLICIES AND PROCEDURES

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

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

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGALFILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BYTAX 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

Return
Reference
Other
Changes In

Net Assets
Or Fund
Balances Other
Decreases