TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

December 31, 2014

Prepared for	ANIMALS ASIA FOUNDATION 300 Broadway, Suite 32 San Francisco, CA 94133
Prepared by	BURR PILGER MAYER, INC. 2001 North Main Street, Suite 360 Walnut Creek, CA 94596
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 17, 2015.
	An additional copy of Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.
	Form 990 must be made available for public inspection for a period of three (3) years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules (including Schedule B), as filed with the IRS, except that the names and the addresses of the contributors may be excluded.

Special Instructions

Any organization which fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization which willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2324282

990

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection

Department of the Treasury Internal Revenue Service

and ending A For the 2014 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change ANIMALS ASIA FOUNDATION Name change 31-1802788 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 415-677-9601 300 BROADWAY, SUITE 32 terminated 1,639,402. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAN FRANCISCO, CA 94133 H(a) Is this a group return Applica-F Name and address of principal officer: PAULA BURTON Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.ANIMALSASIA.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2001 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: ADVISING AND PROMOTION OF Governance JUST AND KIND TREATMENT OF ANIMALS IN ASIA. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 2 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) <u>16</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 1,468,187. 1,623,735. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 969. 159. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -3,213.-60,826. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,465,943. 1,563,068. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,350,000. 715,500. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 278,513. 314,883. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 203,901. 240,525. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,832,414. 1,270,908. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -366,471292,160. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 430,529. 722,686. Total assets (Part X, line 16) О. 21 Total liabilities (Part X, line 26) 430. 526. 722,686. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PAULA BURTON, DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature MICHAEL STEPHEN SCHAFFER 08/12/15 P00210063 Paid self-employed Firm's name BURR PILGER MAYER, INC. 26-3839190 Preparer Firm's EIN ▶ Firm's address > 2001 NORTH MAIN STREET, SUITE 360 Use Only WALNUT CREEK, CA 94596 Phone no. (925) 296-1040

X Yes No

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

Form	n 990 (2014) ANIMALS ASIA FOUNDATION	31-1802788 Page 2
	art III Statement of Program Service Accomplishments	. age =
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	ADVISING AND PROMOTION OF THE JUST AND KIND TREATMEN	T OF ANIMALS IN
	ASIA.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	· · ·
	revenue, if any, for each program service reported.	To ourse, and total expenses, and
4a	000 400 715 500	(Revenue \$ 11,926.)
	ANIMALS ASIA PROMOTES COMPASSION AND RESPECT FOR ALL	ANIMALS AND WORKS
	TO BRING ABOUT LONG-TERM CHANGE. WE WORK TO END THE	
	TRADE, WHICH SEES OVER 10,000 BEARS KEPT ON BILE FAR	
	NOW UNDER 2,000 HELD IN VIETNAM.	
4b	(Code:) (Expenses \$ including grants of \$)	(Devenue &
TD	(Code:) (Expenses § including grains or §)	(nevertue \$)
4-		<i>I</i>
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	,	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 980,422.	

Form 990 (2014) ANIMALS ASIA FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		_V
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
и	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		22
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٦,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	<u> </u>	
.5	complete Schedule G, Part III	19		х
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Г	000	(001.4

Form 990 (2014) ANIMALS ASIA FOUND Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
06		250		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	000		X
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

Form 990 (2014) ANIMALS ASIA FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1098. Enter 0- if not applicable 1a 3 3 5		Check if Schedule O contains a response or note to any line in this Part V										
b Enter the number of Forms W-26 included in line 1a. Enter 0-If not applicable Did the organization comply with backput withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 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 7 b If at least one is reported on line 2a, did the organization lie all required federal employment tax returns? 2 b If the cagnization have unrelated business gross income of \$1,000 or more during the year? 2 b If If Yes, 1 has a filed a Form 900-T for this year If 1%, 5 to line 30, provided an explanation in Schedule O 3 b If Yes, 1 has a filed a Form 900-T for this year If 1%, 5 to line 30, provided an explanation in Schedule O 3 b If Yes, 2 has a filed a Form 900-T for this year If 1%, 5 to line 30, provided an explanation in Schedule O 3 b If Yes, 3 has a filed a Form 900-T for this year If 1%, 5 to line 30, provided an explanation in Schedule O 3 b If Yes, 3 has the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 c If Yes, 1 to line 5a or 50, did the organization that it was or is a party to a prohibited tax sheller transaction of any contributions that were not tax deductibles a charitable contributions? 5 c If Yes, 1 to line 5a or 50, did the organization in Enormally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 5 c If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitables contributions? 5 c If Yes, 1 did the organization shell were year organization and party to goods and services provided? 5 d If Yes, 2 did the organization shell were year organization shell of the payor and the payor and a shell of the payor and a shell of the payor and a shell of the pay						Yes	No					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) withings to pitze withinsers? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 7 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 b If the same of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 8 b If the same of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 8 b If the same of unity the calendary year, did the organization have uniterest it, 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)? 8 b If Yes, a fine the name of the foreign country. 8 ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 b If we the organization and party to a prohibited at whether transaction at any unitered with the same of the properties of the organization file form 8888 17 8 c If Yes, to line 5a or 5b, did the organization file Form 8889 at 18 and 18			-	3								
gamblingly winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 as greater than 250, you may be required 1 celeral employment tax returns? 2b 1 was 1 least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 1 was 1 least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 1 was 1 least one is reported on line 2a, did the organization file all required federal employment tax returns? 2c variety				0								
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a X 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 A At any time during the calendary 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 At any time the name of the foreign country. ► 5b If "Yes," a fine the name of the foreign country. ► 5c einstructions 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 my time during the tax year? 5c If "Yes," to line 5a of 5b, did the organization file Form 8886-T? 6c If "Yes," to line 5a of 5b, did the organization file Form 8886-T? 6d Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If "Yes," did the organization include with every solicitation an expresses statement that such contributions or grits were not tax deductible? 6c 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? 7c Organizations that may receive deductible contributions under section 170(c). 10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization	С					37						
tilled for the calendary year ending with or within the year covered by this return			i		1c	Λ						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a ingreater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 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 A At any time during the calendary year, did the organization have an interest in, or a signature or or ther authority over, a financial account in a foreign country, (such as a bank account, securities account, or other financial accountry? 5i If "Yes," enter the name of the foreign country. 5ee 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization life Form 8886-17 6a Does the organization review a party that it was or is a party to a prohibited tax shelter transaction? 6b Tyres," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of 55 made party as a contribution of prove of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received any funds, directly or indirectly, to pay premiums on a p	2a			7								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a ID the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 1'Yes, has the file of Form 990 Tor this year? If 'No, ' to fire's 3,000 or more during the year? 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, a foreign country (year) as a bank account, securities account, or other financial accountry? 5a If Yes, ' enter the name of the foreign country. ► 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, ' in line 5a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, ' in line 5a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, ' in line 5a or 50, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If Yes, ' indict the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If Yes, ' indict the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If Yes, ' indict the organization include with every solicitation and spartly for goods and services provided to the payor? 5c If Yes, ' indict the organization include with every solicitation and spartly for yooks and services provided to the payor? 5c If Yes, ' indict the organization include with every solicitation and spartly for yooks and services provided to the payor? 5c If Yes, ' indict the organization include with every solicitation and partly for yooks and services provided to the payor? 5d If Yes						v						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 Did 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 accountry? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization to aprive to a prohibited tax sheller transaction? So Was the organization to aprive to a prohibited tax sheller transaction? So Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? So Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? So Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? So Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? Bo Did the organization relevé a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? To Organizations that many receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made party as a contribution of one and party for goods and services provided to the payor? To Did the organization receive a payment in excess of \$75 made party as a contribution of other payment of the winch it was required to the Form 8282? To Did the organization receive a contribution of organization for payment of the pa	b				2b	Λ						
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							_X_					
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	000	(00 : :					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
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		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6		Х					
7a	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		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
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		X					
Sec	tion 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?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х						
40	in Schedule O how this was done	12c	21	Х					
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13		X					
15		14							
13	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
_	The organization's CEO, Executive Director, or top management official	15a		х					
	Other officers or key employees of the organization	15b		X					
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104							
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶CA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X 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	d finan	cial						
	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:								
	PAULA BURTON - 415-677-9601								
	300 BROADWAY, SUITE 32, SAN FRANCISCO, CA 94133								

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

Y

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)	Ī			C)			(D)	(E)	(F)	
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated	
Name and This	hours per					than is bot		compensation	compensation	amount of	
	week		officer and a director/trustee)					from	from related	other	
	(list any	ector						the	organizations	compensation	
	hours for	or din	a.			ated		organization	(W-2/1099-MISC)	from the	
	related	stee	truste		a	bens		(W-2/1099-MISC)		organization	
	organizations below	al tru	onal		ploye	com ee				and related	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) JILL ROBINSON	0.50	드	드	0	ž	프	프				
CEO		x		X				0.	120,340.	2,450.	
(2) JOHNNY WARHAM	0.50	 							120,0100	2,1300	
BOARD CHAIR	0.00	x		x				0.	0.	0.	
(3) BORIS CHIAO	0.50	 								<u> </u>	
DIRECTOR	40.00	Х						0.	84,854.	2,278.	
(4) TAMARA BOND	1.00									-	
DIRECTOR	24.00	Х						0.	60,154.	2,668.	
(5) GAIL COCHRANE	1.00										
DIRECTOR	0.00	Х						0.	0.	0.	
(6) PAULA BURTON	40.00										
EXECUTIVE DIRECTOR	0.00			Х				94,167.	0.	4,200.	
		-									
		1									
		1									
		1									
		1									
	1										
		1									
		1									
		L	L	L	L	L	L				

Pai	Tt VII Section A. Officers, Directors, Trus	tees, Key Em	ployees, and Highest Compensated Employees (continued)											
	(A) Name and title	tees, Key Em (B) Average hours per week (list any hours for related organizations below line)	tee or director oppo oppo	not c	Pos heck	c) sition more erson		one th an stee)	(D) Reportable compensation from the	es (continued) (E) Reportable compensatio from related organization (W-2/1099-MIS	on d is	Esti amo o comp fro organ	m the nizatio relate	of ion ion on
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 94,167. 265,34 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ■									0. 48.	11	, 59	0.		
3 4 5 Sec 1	3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors											X X		
	Name and business Total number of independent contractors (i			mite		tho	ose li	ster	Description of s		C	ompens	sation	
_	\$100,000 of compensation from the organi		iot III	ше	u tO	1110	0	siec	above, who received n	IOIE IIIAII		- 0	00 (0	

		Check if Schedule O conta	ains a response	or note to any lin	ne in this Part VIII			
				·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
ar our	b	Membership dues	1b					
s, C	С	Fundraising events	1c	56,002.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
	е	Government grants (contributi	ions) 1e					
	f	All other contributions, gifts, grant	ts, and					
		similar amounts not included above	/e 1f 1 ,	567,733.				
함	g	Noncash contributions included in lines	1a-1f: \$					
<u>ဒိ ဧ</u>	h	Total. Add lines 1a-1f		>	1,623,735.			
				Business Code				
9	2 a							
Program Service Revenue	b							
o Se	С							
ran ev	d							
og F	е							
۵ ا	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f	<u></u>	>				
	3	Investment income (including	dividends, inter-	est, and	4.50			4.50
		other similar amounts)			159.			159.
	4	Income from investment of tax	k-exempt bond p	oroceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
en		Net gain or (loss)Gross income from fundraising	g events (not	>				
		including \$ 56,0	02. of					
Şe		contributions reported on line						
ē		Part IV, line 18		0.				
Other Rever		Less: direct expenses		72,752.	70 750			70 750
		Net income or (loss) from fund	-	_	-72,752.			-72,752.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less		15,508.				
		and allowances		3,582.				
		Less: cost of goods sold			11 026	11,926.		
ŀ	С	Net income or (loss) from sale:			11,926.	11,940.		
ł	44 -	Miscellaneous Revenu	<u>e</u>	Business Code				
	11 a							
	b							
	q	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			1,563,068.	11,926.	0.	-72,593.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any line in	this Part IX								
	Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) (D) (D) (D) (D) (D) (D) (D										
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations		СХРСПОСО	general expenses	СХРОПОСО						
-	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	715,500.	715,500.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	98,367.	39,347.	19,673.	39,347.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	171,603.	68,641.	34,321.	68,641.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	20,098.	8,039.	4,020.	8,039.						
10	Payroll taxes	24,815.	9,926.	4,963.	9,926.						
11	Fees for services (non-employees):										
а	Management										
b	Legal										
С	Accounting										
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	` '	4	4								
	column (A) amount, list line 11g expenses on Sch 0.)	15,762.	14,802.	320.	640.						
12	Advertising and promotion	35,248.	35,248.	4 0.70	46.616						
13	Office expenses	32,867.	11,351.	4,870.	16,646.						
14	Information technology										
15	Royalties	10.000	2 600	4 000	2 600						
16	Occupancy	12,000.	3,600.	4,800.	3,600.						
17	Travel	30,737.	9,221.		21,516.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates	603.	181.	2/1	181.						
22	Depreciation, depletion, and amortization	003.	101.	241.	101.						
23	Insurance Other expanses Itemize expanses not sourced										
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line										
	24e amount exceeds 10% of line 25, column (A)										
_	amount, list line 24e expenses on Schedule 0.) POSTAGE	75,407.	22,622.	7,541.	45,244.						
a	PUBLICATIONS	37,716.	18,858.	7,341.	18,858.						
b	PROMOTION COST	33,244.	17,282.	1,011.	14,951.						
C	CYBERSOURCE/BBMS/ESG CH	20,717.	11,202.	20,717.	14,331.						
d		-53,776.	5,804.	8,290.	-67,870.						
e 25	All other expenses	1,270,908.	980,422.	110,767.	179,719.						
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	1,210,900.	700,422.	110,707•	117,117.						
26	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	. 🗀										
40004	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2014)						

Form 990 (2014) Part X | Balance Sheet

Pai	TΑ	Balance Sneet					
		Check if Schedule O contains a response or not	te to any li	ne in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1				312,412.	1	294,036.
	2	Savings and temporary cash investments				2	303,998.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			46,135.	4	57,559.
	5	Loans and other receivables from current and for	ormer offic	ers, directors,			
		trustees, key employees, and highest compensation	ated empl	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied perso	ons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(B)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			7		
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,000.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		6,706.			
	b	Less: accumulated depreciation		5,658.	305.	10c	1,048.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		E0 (EE	14	66.045	
	15	Other assets. See Part IV, line 11		70,677.	15	66,045.	
	16	Total assets. Add lines 1 through 15 (must equ			430,529.	16	722,686.
	17	Accounts payable and accrued expenses		3.	17	0.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee	•				
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	,	·			
		Schedule D		3.	25	0.	
	26	Total liabilities. Add lines 17 through 25			٥.	26	0.
		Organizations that follow SFAS 117 (ASC 958		here Land			
ces		complete lines 27 through 29, and lines 33 an				0=	
a	27	Unrestricted net assets				27	
Fund Balances	28	Temporarily restricted net assets				28	
pur	29	•		-hl		29	
		Organizations that do not follow SFAS 117 (A	SC 958),	cneck nere			
s or	200	and complete lines 30 through 34.			0.	00	0.
set	30	Capital stock or trust principal, or current funds			0.	30	0.
Net Assets	31	Paid-in or capital surplus, or land, building, or ed			430,526.	31 32	722,686.
Ne.	32	Retained earnings, endowment, accumulated in			430,526.	33	722,686.
	33	Total liabilities and not assets/fund balances			430,520.		722,686.
	34	Total liabilities and net assets/fund balances			- 30,343.	34	122,000.

Form **990** (2014)

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

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

Form 990 (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ANIMALS ASIA FOUNDATION

Employer identification number 31-1802788

Pai	t I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.						
he o	organi	zation is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)							
1		A church, convention of ch)(A)(i).						
2		A school described in sect i											
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiz					-	the hospital's name.					
		city, and state:	· ·	,			(,					
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in					
_		section 170(b)(1)(A)(iv). (C		,		, ,							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
	37												
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	• •	(1)(A)(vi). (Complete Par	t II.)								
9		An organization that norma				contributio	ons membership fees a	nd gross receipts from					
		activities related to its exen	•	•	-			-					
		income and unrelated busin	•	•				-					
		See section 509(a)(2). (Cor		(least coolier or relainy in				a					
10		An organization organized a		ively to test for public sa	afetv. See	section 50	9(a)(4).						
11		An organization organized a	•	•	•			e purposes of one or					
		more publicly supported or	•	•	-		•						
		lines 11a through 11d that	~										
а		Type I. A supporting orga	• •			•		giving					
		the supported organization	•	•	•								
		organization. You must o						•					
b		Type II. A supporting org	-		tion with it	s supporte	ed organization(s), by ha	ving					
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	entrol or manage the sup	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.	•								
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)					
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness					
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi:	zation.							
f	Ente	r the number of supported o	organizations										
g	Prov	ide the following information	about the supporte										
	(i	Name of supported	(ii) EIN		(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of					
		organization		(described on lines 1-9 above or IRC section	governing of	document?	support (see Instructions)	other support (see Instructions)					
				(see instructions))	Yes	No	mondono)	inotractions)					
ota													

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	784,136.	891,141.	1916537.	1468187.	1623735.	6683736.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			1011	11111	1.600=0=	4400-04
4	Total. Add lines 1 through 3	784,136.	891,141.	1916537.	1468187.	1623735.	6683736.
5	The portion of total contributions						
	by 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,						4545040
	column (f)						1547040.
	Public support. Subtract line 5 from line 4.						5136696.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010 784,136.	(b) 2011 891,141.	(c) 2012 1916537.	(d) 2013 1468187.	(e) 2014 1623735.	(f) Total 6683736.
	Amounts from line 4	704,130.	031,141.	1910337.	1400107.	1043/33.	0003730.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	512.	613.	876.	969.	159.	3,129.
•	and income from similar sources	314.	013.	070.	909.	139.	3,149.
9	Net income from unrelated business						
	activities, whether or not the	10,388.	54,566.	8,133.			73,087.
40	business is regularly carried on	10,300.	34,300.	0,133.			73,007.
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						6759952.
		oto (coo instructi	one)			12	22,995.
12	First five years. If the Form 990 is fo	•	,	d fourth or fifth to			22,3331
13	organization, check this box and stop		•		•		ightharpoonup
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (column (f))		14	75.99 %
						15	71.03 %
	5 Public support percentage from 2013 Schedule A, Part II, line 14						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				=	-	>
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	siow, picase com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		, ,	. ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				,	i	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
•••	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u> </u>
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
<u> </u>	check this box and stop here ction C. Computation of Publ						P
	Public support percentage for 2014 (I			acluma (fl)		15	
	Public support percentage from 2013					16	<u>%</u> %
	ction D. Computation of Inves					1 10 1	70
17						17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2014. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2013. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
	1		
	2		
	_		
	За		
	Sa		
	3b		
	3с		
	4a		
	ıu .		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	92		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
n 99	90 or 99	0-EZ)	2014

Pa	rt IV Supporting Organizations _(continued)			
	,		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		
	tion B. Type I Supporting Organizations			
	71 11 3 3		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	· •···			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations		T	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1		(optional)		
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by .035	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	y-integrat	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2014

Par	Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		F16-2014	Amount for 2014
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a	Excess distributions sarry ever, if any, to 2011.			
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
<u> </u>				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 ANIMALS ASIA FOUNDATION	31-1802788 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2014

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
V & S FOUNDATION	300,300.	165,101.
ORLAND & ORLAND	1,517,138.	1,381,939.
Total Excess Contributions to Schedule A, Part II, Line 5		1,547,040.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

ANIMALS ASIA FOUNDATION

31-1802788

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special	Rules						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it mu	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF)					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization Employer identification number

ANIMALS ASIA FOUNDATION

31-1802788

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1		\$103,664.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$ 79,992.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	* 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	raine, audi ess, and Zir + 4	\$\$1,798.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

ANIMALS ASIA FOUNDATION

31-1802788

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-			
	.14	\$	<u> </u>

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number 31-1802788 ANIMALS ASIA FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Relationship of transferor to transferee

(a) No. from

Part I

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ANIMALS ASIA FOUNDATION

Employer identification number 31-1802788

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	`	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		·····
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		-
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descril	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		·

Sche	dule D (Form 990) 2014 ANIMALS	ASIA FOUN	DATI	ON			3	1-18	02788	Page 2
	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	r Other				
3	Using the organization's acquisition, access									
	(check all that apply):									
а	Public exhibition	c	ı 🗆	Loan or exc	hange progra	ıms				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	he organizatio	on's exemp	ot purpos	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical trea	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	igements. Compl	ete if the	e organizatio	n answered "	Yes" to Fo	rm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	ırt X, line 21.								
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?							\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial acco	unt liability	?	L	Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10.				
		(a) Current year	(b) P	Prior year	(c) Two year	s back (d)) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posse.	ession of the organiz	ation tha	at are neid a	na administe	red for the	organiza	ition	Г.	<u>, ,, </u>
	by:									es No
	(i) unrelated organizations									
	(ii) related organizations									
D 4	If "Yes" to 3a(ii), are the related organization								3b	
Par	t VI Land, Buildings, and Equipn		Jwment	iulius.						
ı uı	Complete if the organization answere) Part IV	/ lino 11a S	00 Form 000	Dart V lin	0.10			
	Description of property	(a) Cost or o			or other		umulated		(d) Pook	voluo
	Description of property	basis (investr			(other)		umulated eciation	'	(d) Book	value
10	Land	<u> </u>		54313	(54101)	асріс	Jacon			
	Land Buildings									
	Buildings Leasehold improvements							+		
	Equipment							+		
	Other				6,706.		5,65	8.	1	,048.

Schedule D (Form 990) 2014

1,048.

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

Part VII Investments - Other Securities

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1) INTERCOMPANY CURRENT ACCO	UNTS		64,255
(2) DEPOSIT			1,790
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.		. 44 44. O F 000 P 4 V. E	66,045
Complete if the organization answered "Yes" (a) Description of liability	to Form 990, Part IV, line	(b) Book value	25.
		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8)			

Schedule D (Form 990) 2014

Pai	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return.	9-
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	T XII Reconciliation of Expenses per Audited Financial State		enses per Return.	
_	Complete if the organization answered "Yes" to Form 990, Part IV, line		1.1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	20		
a	Donated services and use of facilities			
b	Prior year adjustments Other lesses			
c d	Other losses Other (Describe in Part XIII.)			
e			2e	
3	Add lines 2a through 2d Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	t XIII Supplemental Information.		•	
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	; Part V, line 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

Employer identification number

AN]	IMALS ASIA FC	UNDATION				31-180278	88
Par				tside the United States. Comple	ete if the organ		
	Form 990, Part I						
1	=	-		ds to substantiate the amount of its gr			[TF]
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? L	Yes X No
2	For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance out	side the
3				an be duplicated if additional space is			
	(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)	is a prod describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
13 AT	ACTA AND MITE			DROGRAM		PROTECTING	
	ASIA AND THE		0	PROGRAM SERVICES/GRANTMAKING	REGION.	FARE IN THE	715 500
ACI	.1 10	+		DERVICED/GRANIMATING	TOTON.		715,500.
3 a	Sub-total	0	0				715,500.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				715,500.

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

Schedule F (Form 990) 2014

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE	ADVISING AND PROMOTION OF THE JUST AND KIND TREATMENT OF					
		PACIFIC	ANIMALS IN ASIA.	715,500.	WIRE TRANSFER	0.		
			recognized as charities by the n 501(c)(3) equivalency letter					
3 Enter total number of	other organizations	or entities						

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

Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

Schedule F (Form 990) 2014 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X 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	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

ANIMALS ASIA FOUNDATION Employer identification number 31-1802788

Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a 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? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
otal			>					
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration		

Fundraising Events. Complete if the organization answered "Yes" to 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 (add col. (a) through DC EVENT NY EVENT 1 col. (c)) (event type) (event type) (total number) Revenue 12,959. 51,837. 1 Gross receipts 33,628. 5,250. 12,959. 5,250 33,628 51,837. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 3,101. 3,101. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 3,298. 13,990. 17,288. 7 Food and beverages 1,909. 780. 595. 534 8 Entertainment 9,383. 1,730. 9 Other direct expenses 6,143. 1,510. 31,681. 10 Direct expense summary. Add lines 4 through 9 in column (d) -31,681. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2014 ANIMALS ASIA FOUNDATION 31-	1802	788	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	•		
	to administer charitable gaming?	. \square	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >			
c	If "Yes," enter name and address of the third party:			
	Name N			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation \$			
	Description of services provided			
		,		
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
ā	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	☐ No
r	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	103	110
_	organization's own exempt activities during the tax year > \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			

Schedule 6	G (Form 990 or 990-EZ)	ANIMALS ASIA	FOUNDATION	31-1802788 _{Page}	4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)		<u> </u>	
		,			_
					_
					_
					_
					_

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ANIMALS ASIA FOUNDATION

Employer identification number 31-1802788

FORM 990, PART VI, SECTION B, LINE 11:
FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD OF DIRECTORS IS PROVIDED
WITH A DRAFT OF FORM 990 THROUGH EMAIL FOR REVIEW AND INPUT PRIOR TO
FINALIZING AND SUBMITTING TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE CONFLICTS OF
INTEREST CONTEMPORANEOUSLY DURING VOTING SESSIONS AND ANNUALLY UPON THE NEW
YEAR RENEWAL OF BOARD MEMBERSHIP.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART VII, COLUMN D AND F:
THE BEST AVAILABLE INFORMATION WAS USED.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047 **2014**

Open to Public Inspection

Name of	Employer identification number 31-1802788												
Part I	Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.												
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year asse	ets Direct co	ntrolling						
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	cations Complete if the organization a	nswered "Yes" on Form 990, Pa	art IV, line 34 becau	use it had one or mo	ore related tax-exem	ot						
		71.)		/ n		(6)							

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ANIMALS ASIA FOUNDATION HONG KONG	TO PROTECT ANIMALS IN ASIA						
10/F KAI TAK COMMERCIAL BUILDING, 317-319 DE	FROM THE CRUELTY OF						
SHEUNG WAN, HONG KONG, CHINA	OTHERS.	CHINA	501(C)(3)				X
]						
	1						
	1						

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

Schedule R (Form 990) 2014

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

organizations treated as a partitioning the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign			amount in box	General managin partner	Percentage ownership				
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes N	
	1										
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	1										
	1										
	-										
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	l .								L		

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	CIII	
		country)		•				Yes	No
	-								
]								
	-								
432162 08-14-14		40		•		Sche	dule R (Forn	n 990)	2014

Page 3

Yes No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a	Х	X					
b Gift, grant, or capital contribution to related organization(s)												
С	c Gift, grant, or capital contribution from related organization(s)											
d	Loans or loan guarantees to or for related organization(s)				1d		X					
	Loans or loan guarantees by related organization(s)				1e		X					
f	Dividends from related organization(s)				1f		X					
g	g Sale of assets to related organization(s)											
	h Purchase of assets from related organization(s)											
i	i Exchange of assets with related organization(s)											
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X					
	Performance of services or membership or fundraising solicitations for related orga				11		X					
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		X					
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n		X					
0	Sharing of paid employees with related organization(s)				10		X					
р	Reimbursement paid to related organization(s) for expenses				1 p		X					
q Reimbursement paid by related organization(s) for expenses												
r	Other transfer of cash or property to related organization(s)				1r		X					
	Other transfer of cash or property from related organization(s)				1s		X					
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered r	elationships and transaction thresholds.								
	(a) Name of related organization	(b)	(c)	(d)								
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved							
		type (a-s)										
		_	F4 - 000									
(1) 4	ANIMAL ASIA FOUNDATION HONG KONG	В	715,000.	·MV								
(2)												
(3)												
(4)												
(5)												
' 0'												
(6)		<u>4</u> 1			D (F	000;	0046					
13216	3 08-14-14	41		Schedule	K (Forn	n 990)	2014					

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentag
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	itions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	10
	1											
	1											
				\vdash							\vdash	
	1											
	-											
	_											
				\sqcup					<u> </u>		$\sqcup \!\!\!\! \perp$	
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Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

instructions.

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		>	X		
• If you are filing for an Additional (Not Automatic) 3-Month Ex	,		,				
Do not complete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.			
Electronic filing (e-file) . You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tim	ne to file (6	months for a corpo	oration		
required to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 88	368 to request an ex	ktension		
of time to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for T	ransfers A	Associated With Ce	rtain		
Personal Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions). For more details of	n the elec	tronic filing of this f	orm,		
visit www.irs.gov/efile and click on e-file for Charities & Nonprofits	S.						
Part I Automatic 3-Month Extension of Time	e. Only s	submit original (no copies nee	eded).				
A corporation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and o	complete				
Part I only				>			
All other corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time			
to file income tax returns.			Enter file	er's identifying nun	nber		
Type or Name of exempt organization or other filer, see instru	ictions.		Employer	identification numb	er (EIN) or		
print							
ANIMALS ASIA FOUNDATION				31-180278	8		
File by the due date for Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SSN)		
filing your 300 BROADWAY, SUITE 32				•	•		
return. See instructions. City, town or post office, state, and ZIP code. For a fi	oreign add	lress, see instructions.					
SAN FRANCISCO, CA 94133	Ü	,					
•							
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
	•	,					
Application	Return	Application			Return		
Is For	Code	Is For			Code		
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-BL	02	Form 1041-A			08		
Form 4720 (individual)	03	Form 4720 (other than individual)					
Form 990-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069					
Form 990-T (trust other than above)	06	Form 8870			12		
PAULA BURTON							
 The books are in the care of	SUITE	32 - SAN FRANCISCO	O, CA	94133			
Telephone No. ► 415-677-9601		Fax No. ▶	•				
If the organization does not have an office or place of busines	s in the Ur						
If this is for a Group Return, enter the organization's four digit					heck this		
box ▶ . If it is for part of the group, check this box ▶	7						
1 I request an automatic 3-month (6 months for a corporation				010 1110 0/1010101110	101.		
4F 004F		tion return for the organization name		The extension			
is for the organization's return for:	rt organiza	tierretairrier trie erganizatierriairie	a abovo.	THE EXCENSION			
► X calendar year 2014 or							
tax year beginning	an	d ending					
	, ,			-			
2 If the tax year entered in line 1 is for less than 12 months, or	check reas	on: Initial return I	inal retur	n			
Change in accounting period			iai rotan	•			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax less any					
nonrefundable credits. See instructions.	, 5, 5555,	ones. The contactive tax, loss any	За	\$	0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069) enter an	v refundable credits and	Ja	Ψ			
estimated tax payments made. Include any prior year over			3b	\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your pa			- 35	Ψ			
by using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.		
Caution. If you are going to make an electronic funds withdrawal				Ť			