Farm 990

DMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

| C Animals Asia Foundation 30 Broadway, Suite 32 San Francisco, CA 94133 E Temperature interview intervie | A | For the 2018 cale | ndar year, or tax year beginning , 2018, and ending | q | - | |
|--|---------------|--|--|-------------------------|-------------------|--|
| Signature Same Sa | B | | C | | yer identif | lication number |
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| Sair Francisco, CA 94133 (415) 677-9601 (415) 677-9 | | | 300 Broadway, Suite 32 | | 4 | - M. T. |
| Signature Comment Co | | Initial return | San Francisco, CA 94133 | (41 | 5) 6 | 77-9601 |
| Accordant sharm Accord | | Final return/terminated | | - | -1 | |
| Resilication partning Same As C Above Same | | | | G Gross | ecents \$ | 1.793.408 |
| Tax-mempt status: X 501(0)(3) 501(0) 1 (insert ria) 4547(x)(1) or 321 | | - | F Name and address of principal officer: David a Burnton | | 41.000.10 | |
| Website: www.animalsasia.com Trust Association Trust Association Cher Lysen of terminion: 2001 Mister of legal derincini. CA | | | Same As C Above | H(b) Are a subordinates | included | |
| Website: WrynW_animalsasia.org | 1 | Tax-exempt status: | X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 | If "No," attach a list | (see ins | tructions) — |
| Part Summary | J | Website: - wi | | H(c) Group exemption n | umber 🏲 | |
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| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). | | The second of th | 사람들은 아이들은 아이들이 어떻게 하셨다면 이 사람이들이 되었다면 하는데 이렇게 하는데 하는데 하는데 하는데 아이들이 아이들이 사용하는데 하는데 나를 하는데 하는데 나를 하는데 하는데 아이들이 아니는데 나를 하는데 | | | |
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| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 406,260. 336,750. 16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25) 288,397. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 352,633. 278,832. 1,908,492. 246,425116,814. 299. 246,425160,414. 299. 246,425160,414. 299. 246,425160,414. 299. 246,425160,414. 299. 246,42 | | | | | 00. | 1,292,910. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | | | co. | 225 758 |
| 17 Other expenses (Part IX, column (A), lines 113-11d, 111-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Part II Signature Block Under pensites of penury. I destare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is have, correct, and complete. Declared for originatory (other than officer) is based on all information of which preparer has any knowledge. Sign Paul a Burton Type or print name and title Pontifype preparer's name Douglas E. Cook, CPA/MPA Douglas E. C | 9 | 15 Salaries, oth | | | .60. | 336,750. |
| 17 Other expenses (Part IX, column (A), lines 113-11d, 111-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Part II Signature Block Under pensites of penury. I destare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is have, correct, and complete. Declared for originatory (other than officer) is based on all information of which preparer has any knowledge. Sign Paul a Burton Type or print name and title Pontifype preparer's name Douglas E. Cook, CPA/MPA Preparer' Use Only Firm's address 870 Market Street, Suite 880 Firm's address Firm | 808 | 16a Professional | | | - | |
| 17 Other expenses (Part IX, column (A), lines 113-11d, 111-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Part II Signature Block Under pensites of penury. I destare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is have, correct, and complete. Declared for originatory (other than officer) is based on all information of which preparer has any knowledge. Sign Paul a Burton Type or print name and title Pontifype preparer's name Douglas E. Cook, CPA/MPA Preparer' Use Only Firm's address 870 Market Street, Suite 880 Firm's address Firm | 8 | b Total fundra | | | | |
| Paid Preparer Use Only Revenue less expenses. Subtract line 18 from line 12 246, 425116, 874. Beginning of Current Year End of Year 762, 906. 663, 861. 762, 906. 663, 861. 48, 345. 66, 174. 714, 561. 597, 687. Part II Signature Block Under persistes of persury. Lectare trial 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 grapacer (other than officer) is based on all information of which preparer has any knowledge. Paul a Burton Type or prim name and title Primitrype preparer's name Douglas E. Cook, CPA/MPA Preparer Use Only Firm's pame Cook & Company, A Prof. Actincy. Corp. San Francisco, CA 94102 Phone no. 415-621-1112 | 121 | 17 Other expens | | | | 278,832. |
| Beginning of Current Year 762,906. 663,861. 762,9 | | | 사이트 경우는 기계에 있는데 그는데 그렇게 되었다. 그들은 이렇게 되었다고 하는데 이렇게 되었다면 하는데 하는데 하는데 하는데 그렇게 하는데 | | | 1,908,492. |
| Total assets (Part X, line 16) Total liabilities (Part X, line 26) Total liabilitie | | 19 Revenue less | s expenses. Subtract line 18 from line 12 | | | -116,874. |
| 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Total liabilities (Part X, line 26) 27 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 20 Total liabilities (Part X, line 2 | P 2 | Li - Mario | And the state | | | |
| Part Signature Block Under persistes of persury. Leedere tital 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 Paula Burton Type or print name and stills: Phint/Type preparer's name Douglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Preparer Use Only Firm's name **Ecok & Company, A Prof. Mctarcy. Corp. Firm's address **870 Market, Street, Suite 880 Firm's didress **San Francisco, CA 94102 Finese no. 415-621-1112 | 1 | | | | | |
| Part II Signature Block Under persistes of persury 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 Paula Burton Type or print name and affle Phill/Type preparer's name Douglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Preparer Use Only Firm's address 870 Market Street, Suite 880 Firm's address Firm's address Firm's address Firm's didness Firm's | A P | | | | | |
| Sign Here Paula Burton Type or primer name and effect Pouglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Preparer Use Only Firm's name **Took & Company, A Prof. Mctarcy. Corp. Firm's address **870 Market, Street, Suite 880 Final company, A 9102 Final control of measure of efficient in a function of which oreparer has any knowledge. Date Date Check in PTIN self-amplicated PD1521705 Firm's didress **870 Market, Street, Suite 880 Firm's citient in a function of market in a function of which oreparer has any knowledge. Date Check in PTIN self-amplicated PD1521705 Firm's didress **870 Market, Street, Suite 880 Firm's didress **870 Market, Street, Suite 880 Firm's didress **A7-2626541 Final citient in a function of market in a function of which oreparer has any knowledge. Date Check in PTIN self-amplicated PD1521705 Firm's didress **870 Market, Street, Suite 880 Firm's didress 80 F | 조근 | | | 714,5 | 61. | 597,687. |
| Sign Here Paula Burton Type or print name and sille Phint/Type preparer's name Douglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Preparer Use Only Firm's attress 870 Market Street, Suite 880 Firm's attress San Francisco, CA 94102 Finals on 415-621-1112 | 919 | | | | | |
| Sign Here Paula Burton Type or print name and sille Phint/Type preparer's name Douglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Douglas E. Cook, CPA/MPA Preparer Use Only Firm's attress 870 Market Street, Suite 880 Firm's attress San Francisco, CA 94102 Finals on 415-621-1112 | Unide come | er penalties of penury. I di plate. Declaration of orage | ectare Wall I have examined this return, including accompanying schedules and statements, and to b are: (other than officer) is based on all information of which preparer has any knowledge. | ie best of my knowledge | and belief | f, it is true, correct, and |
| Sign Here Paula Burton Executive Director | | L | | 1 11/16 | Lia | |
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| Preparer Use Only Fem's address Cook & Company, A Prof. Acticy. Corp. 870 Market Street, Suite 880 Finals address San Francisco, CA 94102 Finals address Finals address Finals address Finals address 47-2626541 Finals address Fina | Pai | id Douglas | | | sd p | 01521705 |
| Use Only Ferm's address * 870 Market Street, Suite 880 Francisco, CA 94102 Francisco, CA 94102 Francisco | | | * Cook & Company, A Prof. Arthur Corp. | 1 | 14 | X-SHTIMA. |
| San Francisco, CA 94102 Fhome no. 415-621-1112 | | Call | | Firm's EIN | 47-7 | 626541 |
| | 30 | | | | - | |
| | May | the IRS discuss th | | | | X Yes No |

| The same | m 990 (2018) Animals Asia Foundation | 31- | 8027 | 88 | - 1 | age |
|----------|---|--|---------------|-------------------|-----------|--------------|
| ar | rt III Statement of Program Service Accomplishments | | | | | 1 |
| - | Check if Schedule O contains a response or note to any line in this Part III | | 000000 | | 11111 - 1 | |
| 1 | Briefly describe the organization's mission: | | S. Dame | 200 | | |
| | To end the farming of bears for bile in Vietnam and Chir | | | | | - |
| | bears, end the suffering of wild animals in captivity, a dogs and cats. | and ensure huma | ne t | reati | ment | 0 |
| 2 | Did the organization undertake any significant program services during the year which were not l | CARLO SE SESTEMBRE | | | iza. | |
| | Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | | | Yes | X | No |
| | Did the organization cease conducting, or make significant changes in how it conducts, ar | u nrancon candena? | | Yes | [v] | No |
| | If "Yes," describe these changes on Schedule O. | * MONGO (2012) | - L | | X | |
| 4 | Describe the organization's program service accomplishments for each of its three largest Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and revenue, if any, for each program service reported. | program services, as and allocations to oth | measuers, the | red by total e | expens | ses. ies, |
| | | 2,910.) (Revenue | \$ | | 8 | 63. |
| | See Schedule 0 | | | | | |
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| 4b | (Code:) (Expenses \$ including grants of \$ |) (Revenue | \$ | | | |
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| 4c | : (Code:) (Expenses \$including grants of \$ |) (Revenue | \$ | | | |
| 4 C | :(Code:) (Expenses \$including grants of \$ |) (Revenue | 8 | | | |
| 44d | Other program services (Describe in Schedule O.) | (Revenue | 8 | | | |

| 1 | | | Yes | Na |
|-----|---|------|-------|------|
| | Schedule A | 1 | X | |
| 3 | Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | X | 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 | | X |
| 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 | | Х |
| 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? If 'Yes,' complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D. Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| - | Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If 'Yes,' complete Schedule D, Part VI | 11a | x | |
| k | 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 167 If 'Yes,' complete Schedule D, Part VII. | 11 b | | Х |
| (| 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. | 11 c | | Х |
| - | 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 167 if "Yes," complete Schedule D, Part IX. | 11 d | | х |
| | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 111 | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. | 12a | Х | |
| t | Was the organization included in consolidated, independent audited linancial statements for the tax year? If 'Yes,' and If the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional. | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | 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 or for foreign individuals? If 'Yes,' complete Schedule F. Parts III and IV. | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | X |
| ь | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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? Ir 'Yes,' complete Schedule I, Parts I and II. | 21 | | x |
| AA | TEEADIGE CROSTON | Form | 990 (| 2018 |

| - | | | Yes | No |
|-----|--|-----------|-------|------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. | 22 | 1 | 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 | | x |
| 24. | a 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 | | X |
| - 3 | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| - | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| 1 | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 5: | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | 2 |
| 1 | o is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | |) |
| 6 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II. | 26 | | 2 |
| 7 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L. Part III. | 27 | Ī | 2 |
| 8 | 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): | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | 2 |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV | 28b | . 1 | . 2 |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. | 28c | | 2 |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. | 29 | | 12 |
|) | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. | 30 | | 2 |
| 1 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. | 31 | | 2 |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | 2 |
| 3 | 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 | | 2 |
| 4 | 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 | |
| 5a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | |) |
| 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 | | |
| ô | 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, Jine 2 | 36 | | 2 |
| 7 | 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 | | 2 |
| _ | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| ar | Statements Regarding Other IRS Filings and Tax Compliance | | | - |
| - | Check if Schedule O contains a response or note to any line in this Part V | X 8 X + 3 | Yes | D.F. |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 10.00 | 162 | Ne |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning | | - 4 | |
| | (gambling) winnings to prize winners? | 1 c | X | |
| AA | TEEADT04L 0BIOS/18 | Form | 990 (| 201 |

Form 990 (2018)

Animals Asia Foundation 31-1802788 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 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 unrelated business gross income of \$1,000 or more during the year?... X 3 a b If 'Yes," has it filed a Form 990 T for this year? If Wo' to line 3b, provide an explanation in Schedule Q 3h 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If 'Yes,' enter the name of the foreign country: F See instructions for filling 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? X 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c.II 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?... 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible as charitable contributions? 6 a b if Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?..... 66 7 Organizations that may receive deductible contributions under section 170(c). a 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? X 73 b if 'Yes,' did the organization notify the donor of the value of the goods or services provided? 76 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which if was required to file Form 82827 X 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 71 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 79 h if the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? 7h B Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?.... 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.... 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412... 12a bilf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year..... 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. . . . 13b c Enter the amount of reserves on hand 13 c 14a Did the organization receive any payments for indoor tanning services during the tax year?. X 14a bilf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q 146 15 is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year?. If 'Yes,' see instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If 'Yes,' complete Form 4720, Schedule O.

| TOTAL SER (FOLD) WITHINGTO WOLD LOUNG FOUND STOLE | | 31-1002/00 | 3 | - 1 | age (| |
|---|---|--|-----------------|-----------|-------|--|
| Part VI Governance, Management, and Di a 'No' response to line 8a, 8b, or 1 Schedule O. See instructions. Check if Schedule O contains a response of | Ob below, describe the circumsta | se to lines 2 through 7b b ances, processes, or cha | elow, nges i | and in | for | |
| Section A. Governing Body and Managemen | | | | | | |
| Section A. Governing Body and management | 16 | | _ | Yes | No | |
| 1 a Enter the number of voting members of the gover if there are material differences in voting rights a of the governing body, or if the governing body de authority to an executive committee or similar cor | ning body at the end of the tax year mong members elegated proad nmittee, exclain in Schedule O. | 1a : | 5 | 163 | No | |
| b Enter the number of voting members included in | | 16 | 5 | | | |
| 2 Did any officer, director, trustee, or key employee have officer, director, trustee, or key employee? | e a family relationship or a business relation | | 2 | | X | |
| 3 Did the organization delegate control over manageme of officers, directors, or trustees, or key employee | nt duties customarily performed by or understo a management company or other p | er the direct supervision person? | 3 | | х | |
| 4 Did the organization make any significant change | | | 113 | | 1 | |
| since the prior Form 990 was filed? | | 000000 | 4 | | X | |
| 5 Did the organization become aware during the year | | | 5 | | X | |
| 6 Did the organization have members or stockholders? 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? | | | | | | |
| Are any governance decisions of the organization stockholders, or persons other than the governing | reserved to (or subject to approval by) body? | members, | 7 b | X | x | |
| 8 Did the organization contemporaneously document the following: | | | | | | |
| a The governing body? | Qqq - Xqq - Xqq 8 Xqq 1 8 Xqq 1 Xqq | | 8a | X | | |
| b Each committee with authority to act on behalf of | the governing body? | | 86 | X | | |
| 9 Is there any officer, director, trustee, or key emploorganization's mailing address? If 'Yes,' provide to | oyee listed in Part VII, Section A, who c he names and addresses in Schedule O | annot be reached at the | 9 | | Х | |
| Section B. Policies (This Section B requests | information about policies not r | required by the Internal R | evenu | Je Co | ode. | |
| | | | | Yes | No | |
| 10a Did the organization have local chapters, branches | s, or affiliates? | 1 (1 1 - 1) () | 10a | _ = | X | |
| b If 'Yes,' did the organization have written policies and procedure operations are consistent with the organization's exempt purpos | s governing the activities of such chapters, affiliab is? | es, and branches to ensure their | 30b | | | |
| 11 a Has the organization provided a complete copy of this Form 990 | | | 11a | X | | |
| b Describe in Schedule O the process, if any, used | by the organization to review this Form | 990. See Schedule O | 100 | | | |
| 12a Did the organization have a written conflict of inte | | | 72a | X | | |
| b Were officers, directors, or frustees, and key employe to conflicts? | | -1-110011200011211111111111111111111111 | 12b | Х | | |
| c Did the organization regularly and consistently monito Schedule O how this was done. See Schedi | r and enforce compliance with the policy? | lf 'Yes,' describe in | 12c | х | | |
| 13 Did the organization have a written whistleblower | oolicy? | ((x)xivixix1x0001111xiv=1111i) | 13 | X | | |
| 14 Did the organization have a written document rete | ntion and destruction policy? | ******************* | 14 | X | | |
| 15 Did the process for determining compensation of the figure persons, comparability data, and contemporaried. | | | | | | |
| a The organization's CEO, Executive Director, or top | management official. See Schedu | le 0 | 15a | X | | |
| b Other officers or key employees of the organization | Management | | 15b | | X | |
| If 'Yes' to line 15a or 15b, describe the process in | | | | | | |
| 16a Did the organization invest in, contribute assets to taxable entity during the year? | , or participate in a joint venture or sim | | 16 a | | X | |
| b If "Yes," did the organization follow a written policy or participation in joint venture arrangements under organization's exempt status with respect to such | procedure requiring the organization to evalophicable federal tax law, and take step | sluate its as to safeguard the | 16b | | | |
| Section C. Disclosure | | | | | | |
| 17 List the states with which a copy of this Form 990 is re | quired to be filed - AR CA CT | FL GA HI IL KS KY | MD M | I MA | 1 | |
| 18 Section 6104 requires an organization to make its available for public inspection. Indicate how you made | Forms 1023 (1024 or 1024-A if applicab | | | | | |
| X Own website X Another's website | Upon request 0 | Other (explain in Schedule O) | | | | |
| 19 Describe in Schedule O whether (and if so, now) the organization the public during the tax year. See Sch. | | st policy, and financial statements avails | able to | | | |
| 20 State the name, address, and telephone number of the | | books and records | | | | |

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

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

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

- Ta 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 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.

| (A) Name and Title | (B) Average Hours | 1 | s bott dir | n an a | ot chi unles officer rirusti | | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other |
|--|--|-------------|---|--------|---------------------------------------|---|--|--|--|
| | per week (list any hours for related organiza- tions below dotted line) | or director | Officer Institutional frustee Individual trustee Individual trustee | | Key employee | Former Highest compensated employee | the organization (W-211099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Kirvil Skinnarland, Chair & Director | 1 | х | | х | | | 0. | 0. | 0 |
| (2) Ed Tiryakian, Dir. & Treasurer | 1 | x | | x | | | 0. | 0. | 0. |
| (3) Stacey Segal, Dir. & Secretary | 1 - | x | | х | | 4 | 0. | 0. | 0. |
| (4) Lauren Glickman Director | 1 | x | | | | ٦, ٢ | 0. | ō. | 0. |
| (5) Jan Murphy Director | | X | | | | - 111 | o. | 0. | Ď. |
| (6) Paula Burton Executive Dir. | 40 | | | х | | | 95,000. | Ů. | 5,228 |
| | | | | | | | 30,000. | | 3,223 |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | - | | | - | | | | |
| (11) | | | | | | + | | | |
| (12) | 1 1 | | - | | | + | | | |
| (13) | | | - | | | + | | | |
| (14) | | | | | | | | | |

| (A) Name and file | Average hours per | (do | not d | Pos heck ss pe | sition more | than is but | one h an toe) | (D) Reportable | (E) Reportable | | (F) Estima | ted |
|--|---|-------------|-----------------------|----------------------|----------------|---------------------------------|---------------------|-------------------------------------|--|-----|--|------------------------------|
| | week (list any hours for related organiza lions below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | 5 | from the organization of t | ation hs ation ated |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | П | | T | T | | | | | 1 | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | t | | |
| (20) | | | | | | | | | | 1 | | |
| (21) | | | | | | | | | | 1 | | |
| (22) | | | | | | | | | | 1 | | |
| (23) | | | П | | T | | | | | 1 | | |
| (24) | | | T | | | | | | | 1 | | |
| (25) | | | | | | | | | | 1 | | |
| 1 b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) | | 100 (C) | EX 1 () | X 1 1 | 121 | (1) | 4 | 95,000. 0. 95,000. | 0 | | | ,228. 0. 228. |
| 2 Total number of individuals (including but not lin from the organization ► 0 | | sted a | abov | e) w | ho i | eceiv | /ed r | | | - | | 4401 |
| 3 Did the organization list any former officer, on line 1a? If 'Yes,' complete Schedule J for 4 For any individual listed on line 1a, is the sur | such individu m of reportabl | al e cor | mper | nsat | ion | and | othe | r compensation f | | . 3 | Yes | s No |
| the organization and related organizations gr such individual | eater than \$1 | 50,00 | 00? / | r'Y | es,' | сот | plete | e Schedule J for | | 4 | | X |
| 5 Did any person listed on line 1a receive or a for services rendered to the organization? If | | | | | | | | | ndividual | 5 | i | X |
| Section B. Independent Contractors 1 Complete this table for your five highest com- compensation from the organization. Report com- | pensated inde | epend | ient | con: | trac | tors endir | that | received more th | an \$100,000 of | аг. | | |
| Name and business | | | | J. J. | ou! | Oricin | 9 11 | (B) Description o | | | (C) pensat | ion |
| | | | | | | | | | | | | |
| Total number of independent contractors (includi \$100,000 of compensation from the organizal | | ted to | thos | e lis | sted | abov | re) w | tho received more | than | | | |
| BAA | 1 | EE A01 | CSL (| 08/03 | EIN | | | | | For | m 990 | (2018) |

| derated campaigns mbership dues draising events ated organizations when grants (contributions) ther contributions, gifts, grants, alar amounts not included above ash contributions included in lines at. Add lines 1a-1f | 1 b 1 c 1 d 1 e 1 d 1 f 1 a 1 f : \$ | 1,789,977. | 1,789,977. | | | |
|--|--------------------------------------|--|--|--|--|--|
| ated organizations | 1 c 1 d 1 e d 1 f 1 d 1 f 1 s | | 1,789,977. | | | |
| ated organizations senment grants (contributions) ther contributions, gifts, grants, at lar amounts not included above ash contributions included in lines at. Add lines 1a-1f | 1 d le | | 1,789,977. | | | |
| ernment grants (contributions) ther contributions, gifts, grants, at lar amounts not included above ash contributions included in lines al. Add lines 1a-1f | 1e 1f 1a-1f: \$ | | 1,789,977. | | | |
| ther contributions, gifts, grants, at lar amounts not included above cash contributions included in lines al. Add lines 1a-1f | 1f | | 1,789,977. | | | |
| ash contributions included in lines al. Add lines 1a-1f other program service reve al. Add lines 2a-2f | 1a-1f: \$ | | 1,789,977. | | | |
| al. Add lines 1a-1f other program service reve | | | 1,789,977. | | | |
| other program service reve al. Add lines 2a-2f | | | 1,789,977. | | | |
| al. Add lines 2a-2f | | Business Code | | | | |
| al. Add lines 2a-2f | | | | | | |
| al. Add lines 2a-2f | | | | | | |
| al. Add lines 2a-2f | | | | | | |
| al. Add lines 2a-2f | | | | | | |
| al. Add lines 2a-2f | | | | | | |
| | | | | | | |
| etmont income (neglection | | | | | - | |
| er similar amounts) | dividends, | interest and | 220 | | | 200 |
| me from investment of tax | | the same of the sa | 778. | | | 778. |
| alties | | | | - | | |
| | Real | (ii) Personal | | | | |
| ss rents | | | | | | |
| s: rental expenses | | | | 1 | | |
| il income or (loss) | 1 | | | | | |
| rental income or (loss) | curities | | | | | - |
| s amount from sales of s other than inventory | cunties | (ii) Other | | | | |
| cost or other basis ales expenses | | | | | | |
| or (loss) | | | | | | |
| gain or (loss) | | oraconomica e e e e e e e e e e e e e e e e e e e | | | | |
| s income from fundraising including \$ ontributions reported on lin Part IV, line 18 | e 1c). | | | | | |
| direct expensesincome or (loss) from fund | | | | | | |
| | 1 | ents | | | | |
| s income from gaming act Part IV, line 19 | vities. | | | | | |
| ; direct expenses | | | | | | |
| ncome or (loss) from gam | ng activiti | es | | | | |
| s sales of inventory, less r | eturns a | 2,653. | | | | |
| cost of goods sold | b | 1,790. | | | | |
| | of invent | | 863. | 863. | | |
| The Secret Guestian Printer State and Company of the Company of th | | Business Code | | | | |
| Miscellaneous Revenue | | | | | | |
| Miscellaneous Revenue | | | | | | |
| Miscellaneous Revenue | | | - | | | |
| | | | | | | |
| ther revenue | | | 1.791.618 | 863 | 0 | 778. |
| n | Miscellaneous Revenue | come or (loss) from sales of inventoring the composition of the compos | come or (loss) from sales of inventory. Miscellaneous Revenue Business Code ner revenue Add lines 11a-11d. | Miscellaneous Revenue Business Code Der revenue Add lines 11a-11d | Miscellaneous Revenue Business Code Ber revenue Add lines 11a-11d | Miscellaneous Revenue Business Code Der revenue Add lines 11a-11d |

Form 990 (2018) Animals Asia Foundation

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete.

| _ | Check if Schedule O contains a r | esponse or note to any | line in this Part IX | | |
|----------|--|------------------------|---|---|--------------------------------|
| Do 6b | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| | Grants and other assistance to foreign organizations, foreign governments, and for eign individuals. See Part IV, lines 15 and 16 | 1,292,910. | 1,292,910. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | trustees, and key employees | 100,228. | 25,057. | 45,103. | 30,068 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(h(1)) and persons described in section 4958(c)(3)(B). | Ő. | 0. | 0. | o |
| 7 | Other salaries and wages | 177,940. | 26,503. | 53, 232. | 98,205 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1777337 | 23,303. | 30,232. | 30,203 |
| 9 | Other employee benefits | 36,194. | 7,271. | 12,118. | 16,805 |
| 10 | Payroll taxes | 22,388. | 4,121. | 7,873. | 10,394 |
| | Fees for services (non-employees); | | 272027 | 170.01 | 20/001 |
| | a Management | | | | |
| | h Legal | 569. | 398. | 171. | |
| | e Accounting | 24,473. | 330, | 24,473. | |
| | d Lobbying | 24,475. | | 24,475+ | |
| | e Professional fundraising services, See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| | Other, (If line 11g amount exceeds 10% of line 25, column | | 200.000.0 | | P - 2 - 2 |
| - 6 | (A) amount, list line 11g expenses on Schedule 0.) | 31,624. | 6,262. | 9,577, | 15,785. |
| 12 | Advertising and promotion | 132,547. | -2. | 66,275. | 66,274. |
| 13 | - A - C - C - C - C - C - C - C - C - C | 27,058. | 5,643. | 9,431. | 11,984. |
| 14 | The second section of the sect | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 12,000. | 600. | 10,200. | 1,200. |
| 17 | Travel | 12,065. | | 4,825. | 7,240. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 20 | Conferences, conventions, and meetings | | | | |
| 17.0 | Interest | | | | |
| 21 | Payments to affiliates Depreciation, depletion, and amortization | maa | 10.0 | | 415.5 |
| 22 | | 798. | 454. | | 344. |
| 23 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | 3,976. | 732. | 1,398. | 1,846. |
| 2 | Bank Fees | 30,145. | 1,326. | 568. | 28,251. |
| | Miscellaneous | 3,577. | 2,343. | 1,233. | 20,231. |
| | | 3,3774 | 2,545. | 1,400. | 4. |
| | | | | | |
| - 10 | All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24e | 1,908,492. | 1,373,618. | 246, 477. | 288,397. |
| 26 | Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720). | | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 2007.0011 |

| | _ | Check if Schedule O contains a response or note to | o any lin | e in this Part X | | +1011-0- | |
|-----------------------------|-----|---|-----------------------|---------------------------|--------------------------|----------|-------------|
| | | | | | (A) Beginning of year | | End of year |
| | -1 | Cash - non-interest-bearing. | 00000000 | | 615,689. | 1 | 557,416. |
| | 2 | Savings and temporary cash investments. | | 1-1-1 1 1 1 1 | 76,023. | 2 | 42,307 |
| | 3 | Pledges and grants receivable, net | | | 59,949. | 3 | 55,801 |
| Ш | 4 | Accounts receivable, net | - 1100 | 1 | 8,159. | 4 | |
| | 5 | Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L. | officers, imployee | directors, s. Complete | | 5 | |
| | 6 | Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c) employers and sponsoring organizations of section 501(c beneficiary organizations (see instructions). Complete | | 6 | | | |
| 2 | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use. | x-x-xx | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | 2000000 | 00.00 | | 9 | 4,804. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 13,310. | | | |
| | | Less: accumulated depreciation | | 9,777. | 1,296. | 10c | 3,533 |
| - 1 | 11 | Investments - publicly traded securities. | | | 474501 | 11 | 07000 |
| | 12 | Investments - other securities. See Part IV, line 11. | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11. | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| - 1 | 15 | Other assets. See Part IV, line 11 | | | 1,790. | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 34) | | 762,906. | 16 | 663,861 |
| | 17 | Accounts payable and accrued expenses. | 48,345. | 17 | 66,174 | | |
| | 18 | Grants payable | | | 747.47 | 18 | / |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 000000 | | 20 | |
| 80 | 21 | Escrow or custodial account liability. Complete Part | | | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L | | 22 | | | |
| 7 | 23 | Secured mortgages and notes payable to unrelated the | aird nartie | 96 | | 23 | |
| | | Unsecured notes and loans payable to unrelated third | | | | 24 | |
| | 25 | | | | | 24 | |
| - 1 | | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | | | | 25 | |
| - | 26 | Total liabilities. Add lines 17 through 25 | | | 48,345. | 26 | 66,174. |
| 8 | | Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34. | L | X and complete | 77. 479 | | |
| 등 | 27 | Unrestricted net assets | | | 653,753. | 27 | 530,232. |
| Ba | 28 | Temporarily restricted net assets. | , - × - y × | | 60,808. | 28 | 67,455. |
| T I | 29 | Permanently restricted net assets. | | 44.000.110 | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34. | eck here | . [] | | | |
| 8 | 30 | Capital stock or trust principal, or current funds. | | | | 30 | |
| 8 | 31 | Paid-in or capital surplus, or land, building, or equipm | ent fund | | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, | | | | 32 | |
| 9 | 33 | Total net assets or fund balances | | | 714,561. | 33 | 597,687. |
| 2 | 34 | Total liabilities and net assets/fund balances. | | | 762,906. | 34 | 663,861. |

| 7-1- | | 1802788 | | Pa | sje 1 |
|------|--|---------|------|---------------|---------------|
| ar | t XI Reconciliation of Net Assets | | | | 1 |
| | Check if Schedule O contains a response or note to any line in this Part XI. | | - | - | - |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,7 | 91,6 | 518. |
| 2 | Total expenses (must equal Part IX, column (A), line 25). | 2 | 1,9 | 08,4 | 192. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1 | 16,8 | 374. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 7 | 14,5 | 561. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities. | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 3 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 0 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 5 | 97,6 | 587. |
| ar | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| _ | Grack it delicable of contains a response of more to pary fine in this real value. | | 1 | Yes | No |
| 1 | Accounting method used to prepare the Form 990; Cash X Accrual Other | | | les | MO |
| ij | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: | d on a | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | $\overline{}$ | $\overline{}$ |
| b | Were the organization's financial statements audited by an independent accountant? | | 26 | X | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| C | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | x-1-x | 20 | х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3 a | | Х |
| 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. | t: | 3 b | | |
| Δ | TEEAD121 0803/18 | | Form | 000 | 0010 |

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

DMB No. 1545-0047

2018

Open to Public Inspection

| Name of the organization | | | | | Employer identific | |
|---|--|--|---|--|--|---|
| Animals Asia Foundation | | | | 41.1 | 31-180278 | |
| Part I Reason for Public Ch | | | | | | tions. |
| The organization is not a private four A church, convention of church A school described in section A hospital or a cooperative A medical research organization arms, city, and state: An organization operated for section 170(b)(1)(A)(iv). (C) A federal, state, or local gor An organization that normally in section 170(b)(1)(A)(vi). A community trust described | idation because it is thes, or association of 170(b)(1)(A)(ii). (Atta hospital service orgation operated in complete Part II.) vernment or governing (Complete Part II.) d in section 170(b)(d) | : (For lines 1 through 12 if churches described in second Schedule E (Form 990 of anization described in second second in the second second in the second second second in the second se | , check c ction 170 or 990-EZ ection 17 describe d or oper section 1 governm | inly one (b)(1)(A)().) 0(b)(1)(A) of in sec ated by 170(b)(1) | box.) (i). (X(iii). (xion 170(b)(1)(A)(iii). E a governmental unit de (XA)(v). It or from the general put | inter the hospital's escribed in |
| 9 An agricultural research organ or university or a non-land-gra university: | | | | | | |
| 10 An organization that normally from activities related to its investment income and uniform 30, 1975. See section | exempt functions—: | subject to certain excepti ible income (less section | from conti ons, and 511 tax) | ributions (2) no Tram b | membership fees, and the fore than 33-1/3% of its distribution as a control of the feet as a con | gross receipts ts support from gross the organization after |
| 11 An organization organized a | The second secon | | fety. See | section | 509(a)(4). | |
| An organization organized a or more publicly supported innes 12a through 12d that d | organizations descri lescribes the type o | bed in section 509(a)(1) f supporting organization | or section and com | n 509(a) ipiete lir | (2). See section 509(a nes 12e, 12f, and 12g. |)(3). Check the box in |
| a Type I. A supporting organization(s) the power to recomplete Part IV, Sections | ion operated, supervi egularly appoint or el A and B. | sed, or controlled by its su ect a majority of the direct | pported o ors or trus | rganizat tees of t | ion(s), typically by giving he supporting organizati | the supported on. You must |
| b Type II. A supporting organi management of the supporting must complete Part IV, Sec | organization vested | r controlled in connection in the same persons that | n with its control or | support manage | ed organization(s), by the supported organizat | having control or ion(s). You |
| Type III functionally integrated organization(s) (see instruct | I. A supporting organic | zation operated in connection | on with, an | nd function | mally integrated with, its | supported |
| d Type III non-functionally integ- functionally integrated. The instructions). You must com- | rated. A supporting of | organization operated in co | nnection | with its s | supported organization(s) t and an attentiveness | that is not requirement (see |
| Check this box if the organizantegrated, or Type III non-fit Enter the number of supported | zation received a wr unctionally integrate organizations | itten determination from d supporting organizatio | the IRS | that it is | | |
| g Provide the following information (0 Name of supported organization | (ii) EIN | (iii) Type of prograzation (described on lines 1-10 above (see instructions)) | in your o | byerning | (v) Amount of modetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| e e | | | | | | |

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.)

| Se | ction A. Public Support | | | | | | |
|------|---|--|---|---|--|---|----------------------|
| Cal | endar year (or fiscal year inning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants"). | 1,623,735. | 1,734,450. | 1,640,807. | 2,063,861. | 1,789,977. | 8,852,830. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total, Add lines 1 through 3 | 1,623,735. | 1,734,450. | 1,640,807. | 2,063,861. | 1,789,977. | 8,852,830. |
| 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, column (f) | | | | | | 711,505. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 8,141,325. |
| Sec | tion B. Total Support | | | | | - | |
| Cale | endar year (or fiscal year inning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | 1,623,735. | 1,734,450. | 1,640,807. | 2,063,861. | 1,789,977. | 8,852,830. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources | 159. | 254. | 270. | 676. | 778. | 2,137. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | 4,759. | 9,781 | 863. | 15,403. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI | | 344. | | | | 344. |
| 97 | Total support. Add lines 7 through 10 | | | | | | 8,870,714. |
| 12 | Gross receipts from related activ | vities, etc. (see in: | structions) | | 2.00 | 12 | 71,462. |
| 13 | First five years. If the Form 990 is organization, check this box and | for the organization | n's first, second, fl | aird, fourth, or fifth | lax year as a sech | on 501(c)(3) | |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | | |
| 14 | Public support percentage for 20 | 18 (line 6, column | n (f) divided by lin | ne 11, column (f)) | bernigen gaussats | 14 | 91.78% |
| 15 | Public support percentage from | 2017 Schedule A, | Part II, line 14. | | · × x * · · · · · · · · · · · · · · · · · · | 15 | 91.25% |
| 16a | 33-1/3% support test—2018. If to and stop here. The organization | he organization di qualifies as a put | id not check the b blicly supported o | oox on line 13, an | d line 14 is 33-1/ | 3% or more, check | this box |
| b | 33-1/3% support test—2017. If the and stop here. The organization | ne organization did qualifies as a pu | d not check a box blicly supported o | on line 13 or 16a organization | a, and line 15 is 3 | 3-1/3% or mare, c | heck this box |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts | est-2018. If the or meets the 'facts-a s-and-circumstanc | rganization did no and-circumstance ses' test. The orga | ot check a box on s' test, check this anization qualifies | line 13, 16a, or 1 box and stop he as a publicly sup | 6b, and line 14 is re. Explain in Part ported organizatio | 10% VI how on► |
| 6 | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and | meets the 'facts-a | and-circumstance | s' test, check this | box and stop he | re, Explain in Part | VI how the |
| 18 | Private foundation. If the organization | zation did not che | ck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see ins | atructions > |
| BAA | A.1 | | | | Sc | hedule A (Form 99 | 00 or 990-EZ) 2018 |

| THE | | | | |
|----------------|----------------------|---------------|----------------------|--------------|
| Part III | Support Schedule for | Organizations | Described in Section | on 509(a)(2) |
| E. MAIN N. 225 | SUPPORT SCHEDURE IOI | VINGUIZAUVIIS | 563011866 III 3661 | UIL JUSCANES |

(Complete only if you checked the box on line 10 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 | | | | | | |
|------|--|--|----------------------|--|---------------------|--|-----------|
| Cale | ndar year (or fiscal year beginning in) > Gifts, grants, contributions, and membership fees | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | and membership fees received. (Do not include any 'unusual grants.') | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Total, Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| 0 | Add lines 7a and 7b | - | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | | - | | | |
| Cale | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 6 | - 44 | | | 1111111111111 | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from smaller sources. | | | | | | |
| | income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 73.6 | Add lines 10a and 10b Net income from unstalated business activities not included in line 10b, whether or not the business is negularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is organization, check this box and s | for the organization here | ation's first, secon | nd, third, fourth, o | r fifth tax year as | a section 501(c)(3 |) • [] |
| Sec | tion C. Computation of Pub | | | | | | |
| _ | Public support percentage for 201 | | | ne 13. column (f) | V. I | 15 | * |
| | Public support percentage from 20 | The state of the s | | | | | 9 |
| _ | tion D. Computation of Inve | | | | | 1 1 1 1 1 1 | _ |
| 17 | Investment income percentage for | The state of the s | | | umn (fi) | 17 | 8 |
| 18 | Investment income percentage fro | | | | 4.0 | 1 | 9 |
| | 33-1/3% support tests-2018. If the is not more than 33-1/3%, check to | e organization d | lid not check the t | oox on line 14, an | id line 15 is more. | than 33-1/3%, and | I line 17 |
| b | 33-1/3% support tests—2017. If the line 18 is not more than 33-1/3%, | e organization d | id not check a bo | x on line 14 or lin | e 19a, and line 16 | is more than 33- | 1/3%, and |
| 20 | Private foundation. If the organiza | | | Company of the Compan | | the second secon | |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| section A. All S | supporting | Organizations | |
|--|------------|---------------|--|
| P. S. C. | - P P 2 | (parameter | |
| | | | |

| Ī | | | Yes | No |
|-----|--|-----|-----|----|
| | 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | i | | |
| | 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 414 | 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. | 3a | | |
| | b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination. | 3b | | |
| | c Did the organization ensure that all support to such organizations was used exclusively for section \$70(c)(2)(8) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use. | Зс | | Y. |
| 4 | 4a Was any supported organization not organized in the United States (foreign supported organization)? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| | b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| | c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | Ĩ, | V |
| 15 | 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| | b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| | c Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | 2 |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If 'Yes,' provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part Lof Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | 3 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L. (Form 990 or 990-EZ). | 8 | | |
| 9 | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI . | 9a | | |
| 9 | b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| 9 | c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI. | 9c | | |
| 0 | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below | 10a | | |
| 1 | b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 10b | | |

Page 5

| 100 | and the state of t | - 1 | Yes | No |
|--------|--|---------|--------|-----|
| 11 | rias the organization accepted a gift or contribution from any of the following persons? | | | 100 |
| 3 | 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 | | |
| | | 116 | | |
| | b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c | | |
| _ | tion B. Type I Supporting Organizations | 13.6 | | |
| 360 | Audit B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No, 'describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | - 1 | 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. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 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 | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| 1 8 | The organization satisfied the Activities Test, Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. | instruc | tions) | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| 2 | 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 | 2a | | |
| | substantially all of its activities. | 28 | | |
| ь | 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 m? 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. | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | За | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 3b | 18 | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | anizati | ons | |
|-----|--|-----------------------|---|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization. | ist on No ons must | v. 20, 1970 (explain i complete Sections A | n Part VI). See Through E. |
| Se | ction A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add tines 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 | 1 1 | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sec | ction B - Minimum Asset Amount | 121 | (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): | | | |
| - 3 | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| - 1 | Fair market value of other non-exempt-use assets | 1c | | |
| | d Total (add lines 1a, 1b, and 1c) | 1d | | |
| - 1 | 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 | Recovenes of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 5) | 8 | | |
| Sec | tion 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-functionally int (see instructions). | egrated * | Type III supporting or | ganization |

Schedule A (Form 990 or 990-EZ) 2018

| Section D – Distributions | | | Current Year |
|---|--------------------------------|--|---|
| 1 Amounts paid to supported organizations to accomplish exempt put | rposes | | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity | of supported organization | ns, | |
| 3 Administrative expenses paid to accomplish exempt purposes of si | pported organizations | | |
| 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 organizati in Part VI). See instructions. | on is responsive (provide | details | |
| 9 Distributable amount for 2018 from Section C, line 6 | | | |
| 10 Line 8 amount divided by line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI), See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014. | | | |
| c From 2015 | | | |
| d From 2016. | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder, Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017 | | | |

e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Animals Asia Foundation 31-1802788 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b:Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part II, Line 10 - Other Income Nature and Source 2016 344. Other Income

Total \$

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

Department of the Treasury Internal Reviewe Service

California Copy

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

| 31-1802788 |
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| a private foundation |
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| rivate foundation |
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| Special Rule: See instructions. |
| opeda nae. des nanctores. |
| shallow the 1990 or many the selection of |
| otaling \$5,000 or more (in money obutor's total contributions. |
| |
| |
| pport test of the regulations 3, 16a, or 16b, and that (2) 2% of the amount on (i) |
| d from any one contributor, literary, or educational olumn (6) instead of the |
| d from any one contributor, utions totaled more than r an exclusively religious, anization because ear |
| 200 |

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on 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 certify that if doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA 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) (2018)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenus Service Name of the organization

Animals Asia Foundation 31-1802788 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part.i Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year)..... Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets field in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements...... 28 b Total acreage restricted by conservation easements 26 c Number of conservation easements on a certified historic structure included in (a)... 20 d Number of conservation easements included in (c) acquired after 7/25/05, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located * 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year -\$ 8 Does each conservation easement reported on line 2(d) above salisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? in Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, tristorical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1.... (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1... PS.

b Assets included in Form 990, Part X

-\$

| Part III Organizations Mainta | | | orical Treasures, or | Other Similar Ass | | rage nued) |
|--|--|--|------------------------------------|--|----------------|---------------|
| 3 Using the organization's acquisition items (check all that apply): | | | | | | |
| | | | | | | |
| a Public exhibition | | | or exchange programs | | | |
| b Scholarly research c Preservation for future gener. | with our | e Other | | | | |
| | | and the second point upon | America di Secondo de Circon | a some of a sound to pa | | |
| 4 Provide a description of the organiz Part XIII. | | | | | | |
| During the year, did the organizat to be sold to raise funds rather th | tion solicit or reo nan to be maintai | eive donations of an | t, historical treasures, o | or other similar assets. | Yes | No |
| Part IV Escrow and Custodial | Arrangemen | ts. Complete if | the organization an | | rm 990, Pa | art IV, |
| 1a is the organization an agent, trus | tee, custodian or | other intermediary | for contributions or other | er assets not included | iii e | - |
| on Form 990, Part X? b If 'Yes,' explain the arrangement | | | | 1 1 191 1 1 1-1 1 1 | Yes | No |
| and 1994 statement the entering statement | 311 203 130 2012 | soft for the soft soft so | and the same of | | Amount | |
| c Beginning balance | | | | Tc | 7100020 | |
| d Additions during the year | | | | | | |
| e Distributions during the year | | | | | | |
| f Ending balance. | | | | 31 | | |
| 2a Did the organization include an ar | mount on Form 9 | 90. Part X. line 21. | for escrow or custodial. | account liability? | Yes | No |
| bill 'Yes," explain the arrangement | | | | | | H''' |
| See and adjusting all still still still | III Esterina seise | as their it to the walking | menan tina securi braviase | we with with thin 1 | | |
| Part V Endowment Funds. Co | omplete if the | organization an | swered 'Yes' on Fo | orm 990, Part IV, lin | ne 10. | |
| | (a) Current year | (b) Prior yea | | THE RESERVE OF THE PARTY OF THE | (e) Four yes | ars back |
| 1 a Beginning of year balance | | | | | | |
| b Contributions. | | | | 1 | 1 | |
| c Net investment earnings, gains, and losses | | | | | | |
| d Grants or scholarships | | | | | | |
| e Other expenditures for facilities | | | | | 1 | |
| and programs I Administrative expenses | | - | | | | ~ |
| g Erid of year balance | | | | | | |
| 2 Provide the estimated percentage | of the current ve | ear end balance (lin | e 1g, column (a)) held : | as: | | |
| a Board designated or quasi-endowne | | 8 | | | | |
| b Permanent endowment . | - 6 | | | | | |
| c Temporarily restricted endowment | | 9 | | | | |
| The percentages on lines 2a, 2b, an | | 100% | | | | |
| | | | to know a second comme | | | |
| 3a Are there endowment funds not in the organization by: | e possession of it | ne organization that a | ire held and administered | for the | Yes | No |
| (i) unrelated organizations | (1) (1) (1) (1) (1) | | | | 3a(i) | 1.0 |
| (ii) related organizations | | | | | 3a(ii) | _ |
| b if 'Yes' on line 3a(ii), are the relat | ed organizations | listed as required of | on Schedule R7 | | 3b | + |
| 4 Describe in Part XIII the intended | | | | 1. 111 1.1(1)10 | 30 | _ |
| Part VI Land, Buildings, and E | | The state of the s | of Legislating | | | |
| Complete if the organiz | | ed 'Yes' on Form | n 990, Part IV, line | 11a. See Form 99 | 0, Part X. I | ine 10 |
| Description of property | | Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book v | |
| 1a Land | | (mrosumsitt) | pasis (other) | debredation | | |
| b Buildings | | | | | | |
| c Leasehold improvements. | | | | | | |
| d Equipment | | | 10.010 | o ann | | F 700 |
| And the second s | - | | 13,310. | 9,777. | 3 | ,533 |
| e Other | | Carry 000 12-4 2 | talume (D) line 70+1 | | | FAC |
| otal. Add lines 1a through 1e. (Column | (u) must equal i | roim 990, Part X, C | olumn (B), line Tuc.). | | do D /Farm 20 | 533 |
| BAA | | | | Schedu | ile D (Form 99 | W) 2018 |

| Part VII Investments - Other Securities. Complete if the organization answere | d 'Vas' on Enem 000 | N/A | On Dort V line 1 |
|---|---------------------------------|--|------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-o | |
| (1) Financial derivatives. | | , , , , , , , , , , , , , , , , , , , | , |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (¢) | | | |
| (D) | | | |
| (E) | | | |
| <u>(f)</u> | | | |
| (G) | | č | |
| (H) (I) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | N/A | |
| Complete if the organization answere | d 'Yes' on Form 990 |), Part IV, line 11c. See Form 9 | 90, Part X, line 1 |
| (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) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) | | | |
| Complete if the organization answered (a) De (1) (2) | scription | , ratery, into 114, 000 1011113 | (b) Book value |
| (3) | | | |
| (4) | | | |
| (5) | | - 1 | |
| (6) | | | |
| (7) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (| B) line 15.) | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered 'Yes' on F | | e or 11f. See Form 990, Part X, line 25. | |
| (a) Description of liability | (b) Book value | | |
| (1) Federal income taxes (2) | | - | |
| (3) | - | | |
| (4) | | | |
| (5) | | No. | |
| (6) | | | |
| (7) | | (1) | |
| (8) | | | |
| (9) | | - | |
| (10) | | | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 25.). | • | | |
| Coal. (Commit by must eyour Form 990, Part A, Commit by time 28.). Liability for uncertain tax positions. In Part XIII, provide the text of the fo | | ancial statements that reports the amanization's I | iability for uncertain |
| ax positions under FIN 48 (ASC 740). Check here if the text of the footnote | has been provided in Part XIII. | | |
| BAA | TEEA3303L 10/10/18 | | ule D (Form 990) 2018 |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | eturn. | |
|---|----------------|--------------------|
| Total revenue, gains, and other support per audited financial statements | 1 | 1,939,137. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | -1 |
| a Net unrealized gains (losses) on investments | | |
| b Donated services and use of facilities | | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII.) 2d | | |
| e Add lines 2a through 2d. | 2e | 145,729. |
| 3 Subtract line 2e from line 1 | 3 | 1,793,408. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII.) See Part XIII 4b -1,790. | | |
| c Add lines 4a and 4b | 4c | -1,790. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 1,791,618. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | Return | |
| 1 Total expenses and losses per audited financial statements | 1 | 2,056,011. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | | |
| b Prior year adjustments 2b | | |
| c Other losses 2c | | |
| d Other (Describe in Part XIII.) See Part XIII 2d 1.790. | | |
| e Add lines 2a through 2d. | 2e | 147,519. |
| 3 Subtract line 2e from line 1 | 3 | 1,908,492. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 100 | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe in Part XIII.) 4b | 0 9 3 | |
| c Add lines 4a and 4b | 4 c | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 1,908,492. |
| Part XIII Supplemental Information. | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; Also complete this part to provide any Schedule D, Part XI, Line 4b Other Revenue Included On Form 990 But Not Included In F/S | V, addition | nal Information. |
| Cost of Goods Sold Total | 1 5 | -1,790. -1,790. |
| Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S | | |
| Cost of Goods Sold Tota | 1 \$ | 1,790. |
| | | |

SCHEDULE F (Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

DMB No. 1545-0047 2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Animals Asia Foundation

31-1802788

| Part I General Informa on Form 990, Pa | tion on Activiti | es Outside th | e United States. Comple | te if the organization | |
|--|-------------------------------------|---|---|---|---|
| 1 For grantmakers. Does th | ne organization ma | intain records to stance, and the | substantiate the amount of its selection criteria used to award | grants and other assist the grants or assistant | ance, Yes X No |
| For grantmakers. Describe United States. | in Part V the organi | zation's procedure | s for monitoring the use of its gra | ants and other assistance | outside the |
| 3 Activities per Region, (Th | e following Part I, | line 3 table can b | pe duplicated if additional space | e is needed.) | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region Pt V |
| (1) East Asia/Pacific | | | Grant Making | Animal welfare | 1,291,237. |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | l I | 1 1 | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| b Total from continuation sheets to Part I | | | | | 1,291,237. |
| r Totale (and times 3s and 3h) | 0 | Λ | | | 1 291 237 |

c Totals (add lines 3a and 3b).

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Schedule F (Form 990) 2018 Animals Asia Foundation

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.

| BAA | w N | | - | | | | 1 | | | - |
|--|--|--|---|--|--|--|---|--|-------------------|---|
| | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other consenizations or entities. | | | | | | | | | (a) Name of organization |
| | zations listed above that d a section 501 (c)(3) exations or entitles | | | | | | | | | (b) IRS code section and EIN (if applicable) |
| | are recognized as co quivalency letter | | | | | | | | Asia | (c) Region |
| CHARLE STREET, SAN AND STREET, | narities by the forei | | | | | | | | Animal welfare | (d) Purpose of grant |
| A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | gn country, recognia | | | | | | | | 1,291,237. | (e) Amount of cash grant |
| CONTRACTOR OF COLUMN | zed as tax-exempt b | | | | | | | | wire | (f) Manner of cash disbursement |
| PARTICIPATION AND AND ADDRESS OF THE | y the IRS, or for whi | | | | | | | | | (g) Amount of noncash assistance |
| CHOCKET STATES | ich | | | | | | | | | (h) Description of noncash assistance |
| 0 | 1 | | | | | | | | book | (i) Method of valuation (book, FMV, appraisal, other) |

Page 3

Schedule F (Form 990) 2018 Animals Asia Foundation 31–1802788

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.

| Schedule F (Form 990) 2018 Animals Asia Foundation | Schedule F | (Form | 990) | 2018 | Animals | Asia | Foundation |
|--|------------|-------|------|------|---------|------|------------|
|--|------------|-------|------|------|---------|------|------------|

| | | 02788 | Page 4 |
|----|--|-------|--------|
| Pa | 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 lax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 930) | Yes. | X No |

Part V Supplemental Information

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

Part I, Line 3f - Method of Accounting

The Organization uses the accrual basis of accounting.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

| OMB No. 1545 | 0047 |
|--------------|------|
| 2018 | 3 |
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Department of the Treasury Internal Revenue Service Name of the organization

Animals Asia Foundation

Employer identification number

31-1802788

Form 990, Part III, Line 4a - Program Service Accomplishments

At our sanctuaries: In Vietnam, we rescued eight bears, each from over a combined total of 111 years of cruel captivity. As a result of the rescues, moon bears Kim, Mai, Mekong, Star, LeBON, Sky and Precious - as well as sun bear Aurora - are beginning new cruelty-free lives at our sanctuary. Our vet teams performed around 300 health checks at our sanctuaries in Vietnam and China - that's nearly one every day! As a result, hundreds of bears are able to live active, pain-free lives despite the cruelty they have suffered. The kitchen, vet nurses and bear workers at our Vietnam sanctuary prepared 82 sets of medications a day to keep the bears pain-free and able to enjoy life - that's nearly 30,000 sets of medication over the year hidden in bananas, honey, fruit shakes and marshmallows. At our Vietnam sanctuary, 140 new bear friendships were made due to integrations and moves around the sanctuary, freeing up space for even more rescues! The 178 bears at our Vietnam sanctuary chomped their way through almost 30 metric tonnes of apples - that's the weight of five African elephants! The bears at our China sanctuaries wolfed down nearly 300 metric tonnes of fruit, vegetables and kibble over the last 12 months. That's nearly twice the weight of an average American house and every kilo had to be transported, chopped and hidden around the enclosure for the bears to forage. The small animal clinic at our China sanctuary found new homes for 12 dogs and seven kittens as well as rehabilitating and releasing one bird. Our China teams stuffed over 125,000 marshmallows with medication to keep the bears healthy in their old age. They also whipped up nearly 20,000 congee shakes. As the bears at our China sanctuary age, they need extra help to remain active. This year, we built 38 cement ramps to help them access their dens more easily and lowered 19 sleeping baskets so the bears can grow old gracefully. Our vet team in China toured nine cities in eight different provinces around the country to

Employer Identification number 31-1802788

Form 990, Part III, Line 4a - Program Service Accomplishments

trained over 1,650 veterinary professionals and students. Captive Animal Welfare: Our groundbreaking ethical elephant tours were launched in partnership with Olsen Animal Trust. As a result, four elephants are no longer forced to spend their days chained up waiting to give rides to tourists. Instead they roam free in Vietnam's Yok Don National Fark while tourists observe them behaving naturally, rather than riding on their backs. We opposed over 80 circuses, leading to eight circus shows being shut down and one zoo ending their close-contact activities with wild animals. Thanks to the signatures of 43,000 people, our two-year campaign to end the monkey circus in Vietnam's Can Gio Biosphere reserve was successful, sending a strong message to the country that animal performance is never acceptable. Following our elephant management training workshop, fourteen Chinese zoos and safari parks have developed behaviour management and foot care training programmes which will lead to improved welfare for their elephants. We delivered over 30 enclosure improvements in Vietnamese zoos which have boosted welfare for the animals at the facilities. Three macaques were rescued from private owners in Vietnam and placed in the care of our partners at Yok Don National Park where they can be sure to receive the enrichment they need to live happy lives. Our team delivered veterinary skills training to over 50 vets in Vietnamese zoos helping them care more humanely for their animals. We opposed poor welfare in 11 Vietnamese zoos, raising awareness among the public and directly leading to two zoos being investigated by local authorities. Cat and Dog Welfare: We outfitted 13 animal shelters in 13 Chinese cities with bathtubs, heaters, dryers, shavers, beds and fencing and completely refurbished three shelter facilities, benefiting over 4,000 animals across the country. This year, Animals Asia provided emergency support to 293 dogs rescued from the dog meat trade by local police in Chengdu. Our support ensured the rescued animals received the food, medicine and vaccinations they need to survive the rescue and be ready for future

Form 990, Part III, Line 4a - Program Service Accomplishments

adoption. We helped four Chinese groups carry out Trap, Neuter, Return (TNR) programmes for stray cats and dogs in their areas. As a result, more than 66 stray cats were helped with some being adopted by local animal lovers. We provided hands-on TNR training in Nanning, China, for 40 staff and volunteers from eight local NGOs from three cities. At the beginning of the year, we launched an online platform which allowed the public to report suspected dog meat illegality in their community. By the end of October, we had received 662 reports - about two every single day! - with feedback from the authorities in 149 cases advising the restaurants had either received an official warning, that no dog meat was found on site, or the establishment has stopped selling dog meat. Animals Asia's 8th China Dog Ownership Management Symposium was attended by more than 120 officials and charity staff from 36 Chinese cities. The symposium brought all stakeholders together to discuss how all groups could collaborate to help stray animals through humane population control and dog ownership management. Our Dr Dog teams in Guangzhou, Shenzhen, Chengdu, Nanning and Hong Kong, brought companionship to over 3,300 people in 221 visits - more than one visit every other day! While our Professor Paws volunteers taught nearly 6,000 people about cat and dog welfare. Our billboard campaign urging the public to "care for animals, respect lives" in Nanning, near Yulin, lasted three months, and was seen by 100,000 commuters. Awareness Raising: We organised 10 free health checks for over 2,000 local people in Phung Thuong village - a bear bile farming hotspot in Vietnam. At the sessions, 44 traditional medicine doctors advised on alternatives to bear bile and prescribed more than 2,100 bottles of herbal medicine. Animals Asia has set up seven traditional medicine gardens growing over 5,000 plants of herbal alternatives to bear bile in Vietnam. Three more are currently under construction and are set to bring the news that nobody will suffer for a lack of bear bile to a wider audience. In 2018, the Vietnam Bear Rescue Centre welcomed nearly 3,700 visitors including the

Employer identification number 31-1802788

Form 990, Part III, Line 4a - Program Service Accomplishments

general public, government officials and celebrities such as Virginia McKenna and vegan Vietnamese singer Ho Quynh Huong. At our Chengdu Bear Rescue Centre, around 4,000 people visited to learn about the plight of the bears and the importance of moon bear protection. More than 100 Vietnamese media teams and journalists visited the sanctuary to film the bears and Animals Asia's work to end bear bile farming in Vietnam. That's about two crews every single week! Educational tours of our Vietnam sanctuary were given to 1,071 students and teachers from 16 local schools and universities. For those who couldn?t make the journey, our staff travelled to give presentations on bear bile farming to 1,445 students in schools, and a further 250 students from local villages. We carried out over 40 public awareness activities in schools and local communities, spreading awareness of animal welfare and the need to protect the vulnerable to over 120,000 people. We ran eight animal welfare awareness-raising campaigns in Chinese metro stations, cinemas, elevators and shopping malls telling over three million people about the importance of protecting animals and avoiding cruelty. In China, more than 20 Chinese celebrities joined our #CaringWithEmpathy campaign reaching more than seven million people through social media. Global media told the world about our work to end bear bile farming and promote animal welfare including such outlets as Agence France Presse, the BBC, the Washington Post, the New York Times, The Guardian, South China Post, People, Yahoo News!, The Daily Mail and The Express helping to spread the word to more than 150 million people! From our gala comedy event in Australia to an evening with rock legend Rick Wakeman in the UK, we celebrated 20 years of protecting animals in style, including rescuing more than 600 bears from abhorrent cruelty to give them fantastic new lives in our sanctuaries.

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is prepared by an independent CPA firm in conjunction with the organization's director. A draft of Form 990 is reviewed by the director, and corrections/modifications are made by the outside CPA. The revised draft is then reviewed by the director. Any concerns are raised with the CPA firm and a consensus is achieved. Board members are sent a copy of the tax return prior to filing for their review and input. The return is then finalized and electronically filed with the taxing authorities.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

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, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The chair of the US board conducts a 360 appraisal of the Executive Director. This includes asking for feedback from all board members and key senior staff throughout the global organization that the Executive Director works with. This information is compiled and the board chair will review the results that will, among other things, determine the compensation of Executive Director for the following fiscal year.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

(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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

| Department of the Treasury internal Revenue Service | | Go to www.irs.gow/Form990 for instructions and the latest information. | s.gov/Form9 | 90 for instru | ctions and | the latest in | formation | | | | Open to Public | olic |
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| Name of the organization Animals Asia | Asia Foundation | | | | | | | | | Employer Identification number 31-1802788 | ication number 88 | |
| Part I Identification of Dis | Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV | omplete if th | e organiza | tion answ | ered 'Yes' | on Form | 990, Pa | art IV. line 33. | 33. | | | |
| Name, address, and EIN (if applicable) of disregarded entity | (a) oplicable) of disregarded e | With | (b) Primary activity | tivity | (c) Legal domicile (stata or foreign country) | country) | Total | (d) Total income | End-of | (e) End-of-year assets | Direct controlling entity | Parillo |
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| Part II Identification of Rehad one or more rel | Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. | ganizations. ganizations du | Complete uring the ta | if the orga x year. | anization : | answered | 'Yes' o | n Form 99 | 0, Part | IV, line 34, | because it | |
| Name, address, and EIN of related organization | elated organization | Primary activity | ctivity | (c) Legal domicile (state or foreign country) | country) | (d) Exempt Code section | | (e) Public charity status (if section 501(c)(3)) | status (c)(3)) | Direct controlling entity | slling Sec 512(b)(13 | (g) 12(b)(13 ed entit |
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Schedule R (Form 990) 2018 Animals Asia Foundation 31–1802788 Page | Part III | 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. Page 2

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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.

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Schedule R (Form 990) 2018 Animals Asia Foundation 31–180278

Part VII | Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.