## EXTENDED TO MAY 15, 2017

**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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form **990** 

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

Open to Public Inspection

A	For	the 20	015 calendar year, or tax year beginning JUL 1, 2015 and ending	JUN 30, 2016	
_	Chec		C Name of organization	D Employer identifi	cation number
_	appli	cable:	Trumo of organization		
	-JA	ddress	ARME (ANIMAL RESCUE, MEDIA & EDUCATION)		
H	$=_{N}$	nange ame	DELCE ENGEDON DECTEOR	<del></del>	882647
느		nange itial			
느	re	turn	Trainibol and deloce (of Fibribox it main to flot delivered to the control of	(818	AND THE RESERVE TO SERVE THE PROPERTY OF THE P
L	re	inal turn/ rmin-	1001		2,203,526.
_		rmin- ted	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	
L	lre	mended eturn	VADDBI VIDIAGE, CA 5100;	H(a) Is this a group re	
L	Ai	pplica- on ending	F Name and address of principal officer: SHANNON KEITH	for subordinates	1 (2009)
			SAME AS C ABOVE	H(b) Are all subordinates in	
			of status. [22] out (o)(o)		list. (see instructions)
			▶ WWW.ARMETEAM.ORG	H(c) Group exemption	
K	Forr	n of or	ganization: X Corporation	ear of formation; 2004]	M State of legal domicile: CA
P	art	IS	Summary		
	Τ.	<b>1</b> Br	iefly describe the organization's mission or most significant activities: ARME 'S M	ISSION IS TO	ELIMINATE
۶	2		HE SUFFERING OF ALL ANIMALS. THIS GOAL IS A	CHIEVED BY RE	SCUING
Governonce	[]	2 Ch	neck this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.
Š	<u>ا</u> إ			3	5
Č	3 .	-	Imber of independent voting members of the governing body (Part VI, line 1b)	TOTAL REPORT AND COLOR OF THE PROPERTY OF THE PARTY OF TH	3
			otal number of individuals employed in calendar year 2015 (Part V, line 2a)	120 pm (1.1. fr) (1.1. fr) 0.0 0.0 1 0.1 10.0 0.0 0.0 0.0 0.0 0.0	10
Ţ.	<u> </u>		otal number of volunteers (estimate if necessary)		35
Antinition P.	<u> </u>		otal unrelated business revenue from Part VIII, column (C), line 12		0.
	₹		et unrelated business taxable income from Form 990-T, line 34		0.
_	+	DIV	at uniorated business taxasis moone from similarity	Prior Year	Current Year
	Ι,	8 Co	ontributions and grants (Part VIII, line 1h)	1,398,895.	1,948,904.
9	<u>2</u>   [€		ogram service revenue (Part VIII, line 2g)	0.	0.
9	<b></b>		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	496.	537.
ď	2 .		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	172,943.	189,080.
	1		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,572,334.	2,138,521.
-	-		rants and similar amounts paid (Part IX, column (A), lines 1-3)	21,744.	59,727.
	- 1		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
			alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	367,353.	456,613.
1	50 1		rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
-	e		otal fundraising expenses (Part IX, column (D), line 25) 98,354.		
-6	윘		tall fall citation is over the citation (c.).	563,781.	768,834.
			ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	952,878.	
			otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	619,456.	853,347.
-		19 R	evenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
5	nces		(5.1)(1/(5)	1,648,572.	
988	2.03		otal assets (Part X, line 16)	0.	
ρţ	: <b>H</b>		otal liabilities (Part X, line 26)	1,648,572.	
			et assets or fund balances. Subtract line 21 from line 20 Signature Block		
Ľ	aı	t III	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	etements, and to the best of m	y knowledge and belief, it is
Ur	nder	penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and six	narer has any knowledge	ij inioniougo una zonon, irriz
tru	1e, C	orrect,	and complete. Declaration of preparer (other than officer) is based on all information of which pre	3. 3/. /	7
			Signature of officer	Date	
S	gn	- 1.	1		
Н	ere	- 11	SHANNON KEITH, PRESIDENT Type or print name and title		
-	_			Date Check	PTIN
		- 1	Print/Type preparer's name Preparer's signature	if self-empl	
	aid	_	ISA M. CUMMINGS, CPA		22-1478099
	repa		irm's name COHNREZNICK LLP	Firm's EIN ▶	22 IF/0000
Us	se O	nly   f	Firm's address 400 CAPITOL MALL, SUITE 1200	Dh Q.	16-442-9100
11)	J.,	1	SACRAMENTO, CA 95814	Phone no. 3	X Yes No
M	lav t	he IRS	discuss this return with the preparer shown above? (see instructions)		Ies No

ı	Briefly describe the organization's mission:
	SEE SCHEDULE O
_	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X N  If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
а	(Code: )(Expenses \$ 853,979 including grants of \$ 59,727 ) (Revenue \$ RESCUES AND ADOPTIONS 2016: RESCUED, REHABILITATED AND REHOMED ANIMALS FROM LABORATORIES, SHELTERS AND ABUSIVE SITUATIONS.
•	(Code:) (Expenses \$85,395. including grants of \$) (Revenue \$)  SUPPORTING PUBLIC POLICY THAT HELPS RELEASE ANIMALS FROM LABORATORIES.
-	(Code:) (Expenses \$49,373. including grants of \$) (Revenue \$
:	EDUCATIONAL AND OUTREACH PROGRAMS 2016: EDUCATED THE PUBLIC ABOUT
	EDUCATIONAL AND OUTREACH PROGRAMS 2016: EDUCATED THE PUBLIC ABOUT ANIMAL CRUELTY, HOW TO BE A CRUELTY-FREE CONSUMER AND ALSO EXTENDED
C	EDUCATIONAL AND OUTREACH PROGRAMS 2016: EDUCATED THE PUBLIC ABOUT ANIMAL CRUELTY, HOW TO BE A CRUELTY-FREE CONSUMER AND ALSO EXTENDED

Form	990 (2015) ARME (ANIMAL RESCUE, MEDIA & EDUCATION) 55-0882	647	Р	age 3
Par	t IV Checklist of Required Schedules	- 1		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	Ü
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1.1		v
	public office? If "Yes." complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			2000
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l .
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		7	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			TRE
•••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
•	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			-
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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			
a		11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization report an amount for other habitities in Fact, line 25: 11 Tes, complete schedule B, Fact			
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.11		
12a		12a	х	
	Schedule D, Parts XI and XII	120		+
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	170		1-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		х
	or more? If "Yes," complete Schedule F, Parts I and IV	140		
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	46		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		١.,	
	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,"	1	1	77
	complete Schedule G. Part III	19	000	X
	THE PROPERTY OF THE PROPERTY O	Earn	. 440	(2015

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			,,
	complete Schedule L, Part II	26	_	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			١.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	100		
	instructions for applicable filing thresholds, conditions, and exceptions):	100		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			<sub>v</sub>
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<del>  ^</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		x
	If "Yes," complete Schedule N, Part I	31		<del>  ^</del>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<del> </del>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
05-	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a		UUA		
Ð	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
<b>3</b> 6		36		x
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		T
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
00	Note, All Form 990 filers are required to complete Schedule O	38	х	
_	TOTAL TO THE COUNTY OF THE COU			(2015

Part V

Х

Form 990 (2015)

14a

14b

621	วกก	5
332	200	•

**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 c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .......

14a Did the organization receive any payments for indoor tanning services during the tax year?

Form 990 (2015) ARME (ANIMAL RESCUE, MEDIA & EDUCATION) 55-0882647 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scriedule O. See Instructions.			X					
<u>C</u>	Check if Schedule O contains a response or note to any line in this Part VI	********		21					
Sec	tion A. Governing Body and Management		Yes	No					
	5	1927	165	140					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent			E HO					
b	Enter the heart of realing members mediaded in time 14) above, mile at a marginal members of realing members and members are marginal members and members are members and members are marginal members and members are members and members and members are marginal members and members are members and members and members are members and members and members are members and members are members and members and members are members and members and members are members and members are members and members are members and members are members and members and members are members and members are members and members are members and members are members and members are members and members are members and members and members and members and members are members								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		х					
	officer, director, trustee, or key employee?								
3									
	of officers, directors, or trustees, or key employees to a management company or other person?	3	-	X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-						
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			77					
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			Cure					
а	The governing body?	8a	X						
þ	Each committee with authority to act on behalf of the governing body?	8b		Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			100					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
	Other officers or key employees of the organization	15b	Х						
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		J. J. E.						
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
·va	taxable entity during the year?	16a		Х					
l le	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	REF	N E						
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		PE.						
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	1.55							
-	List the states with which a copy of this Form 990 is required to be filed ▶CA								
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	<del></del>						
18	for public inspection. Indicate how you made these available. Check all that apply.								
		financ	ial						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iii icii il	ı						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	SHANNON KEITH - (818) 382-6500 4804 LAUREL CANYON BLVD #534, VALLEY VILLAGE, CA 91607	_							
-	4804 LAUREL CANYON BLVD #534, VALLEY VILLAGE, CA 91607	F	990	(2015					
53200	6 12-16-15	rorn	230	୍(∠∪ 15					

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

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

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

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

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

	The state of the s	or any related organization compensate						(D)	(E)	(F)	
<b>(A)</b> Name and Title	(B) Average	(C) Position						Reportable	Reportable	Estimated	
Name and Title	hours per		(do not check more than one box, unless person is both an			than o		compensation	compensation	amount of	
	week	offi	cer an	dad	irecto	r/trus	tee)	from	from related	other	
	(list any	ctor						the	organizations	compensation	
	hours for	를	_			pa l		organization	(W-2/1099-MISC)	from the	
	related	tee o	nstee			ensa		(W-2/1099-MISC)		organization	
	organizations	i i	al tr		loyee	g a				and related	
	below	ndividual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	1		organizations	
	line)	르	Ins	#0	<u>ş</u>	훈	Ē				
(1) SHANNON KEITH	50.00							70.000	0	0 .	
PRESIDENT	45.00	X		X	<u> </u>	-		78,000.	0.	0.	
(2) KEVIN KJONAAS	45.00							65 010		0	
SECRETARY		X	_	X	_		<u> </u>	65,812.	0.	0.	
(3) DAVID RUTAN	1.00							_	,	0	
TREASURER		X		X			_	0.	0.	0.	
(4) DANA BAINES MARGOLIS	1.00										
BOARD MEMBER		Х					_	0.	0.	0	
(5) SHANNON WARNER	1.00										
BOARD MEMBER		X			_	$\vdash$	_	0.	0.	0	
					_	_	_				
		1									
		$\vdash$					_				
		-									
		_	_	$\vdash$							
		⊢	_		-	-	_				
		-			1						
		-		-	-	$\vdash$	-				
		-			ľ						
		$\vdash$		-		$\vdash$	-				
		-			8	1	1				
		$\vdash$		-	-		-				
		-									
		-	$\vdash$	⊢		-					
		-									
		$\vdash$	-	-	-	$\vdash$	-				
		-			1				1		
		+		$\vdash$	-	$\vdash$	-				
		-				1					
		+		-	+	$\vdash$	-				
		4		1		1					

Form 990 (2015)

532008

Contributions, Gifts, Grants and Other Similar Amounts

Program Service

Revenue

Other

ARME (ANIMAL RESCUE, MEDIA & EDUCATION) 55-0882647 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) Related or (C) Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns b Membership dues 1b 101,910. c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and 11 1,846,994. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ = 948,904. h Total. Add lines 1a-1f **Business Code** 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 537. other similar amounts) 537.  $\triangleright$ Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 101, 910. of contributions reported on line 1c). See 64,403. Part IV, line 18 30,866. **b** Less: direct expenses 33,537. 33,537 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 189,682. and allowances 34,139. b Less: cost of goods sold 155,543. 155,543 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b

532009 12-16-15

d All other revenue .....

12 Total revenue. See instructions.

e Total. Add lines 11a-11d

0. 189,617.

0.

2,138,521

Form 990 (2015) ARME (ANIMAL Part IX Statement of Functional Expenses

	Check if Schedule O contains a response include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
	rants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	59,727.	59,727.		
2 G	rants and other assistance to domestic	3377273			
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign	1			
	idividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	compensation of current officers, directors,				
	rustees, and key employees	143,813.	100,007.	29,669.	14,137
	ompensation not included above, to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	249,879.	173,766.	51,550.	24,563
	ension plan accruals and contributions (include				320223
	ection 401(k) and 403(b) employer contributions)	2,744.	1,908.	566.	270
	Other employee benefits	12,772.	8,882.	2,635.	1,255
	Payroll taxes	47,405.	31,443.	10,811.	5,151
	ees for services (non-employees):				
	Management				
	egal	3,034.	2,110.	626.	298
	counting	23,290.	16,196.	4,805.	2,289
	obbying	122,799.	85,395.	25,333.	12,071
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
•	olumn (A) amount, list line 11g expenses on Sch O.)	84,578.	58,814.	17,449.	8,315
	Advertising and promotion	40,795.	37,932.	17,449. 1,939.	924
	Office expenses	45,594.	30,123.	11,410.	4,061
	nformation technology	26,038.	18,107.	5,372.	2,559
	Royalties				
	Decupancy	39,110.	27,729.	9,959.	1,422
	ravel	16,468.	11,452.	3,397.	1,619
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest	10,517.	10,517.		
	Payments to affiliates				
	Depreciation, depletion, and amortization	22,829.	15,875.	4,710.	2,24
	nsurance	16,478.	11,459.	3,399.	1,620
1 C a 2	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	Amount, list line 24e expenses on Schedule 0.)	189,250.	189,250.		
	EDUCATIONAL CAMPAIGNS	49,373.	49,373.		
_	SHIPPING	33,540.	23,324.	6,919.	3,29
	ACCRUAL TO CASH ADJUSTM	12,225.	8,501.	2,522.	1,20
		32,916.	16,857.	5,002.	11,05
72	All other expenses Add lines 1 through 24e	1,285,174.	988,747.	198,073.	98,35
	Total functional expenses. Add lines 1 through 24e	2120012121	200711211		
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
е	educational campaign and fundraising solicitation.			1	

532010 12-16-15

Part )	X	Balance Sheet					
		Check if Schedule O contains a response or note to	o any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	1,098,131.	1	1,822,267.		
	2	Savings and temporary cash investments	491,759.	2	185,974.		
	3	Pledges and grants receivable, net		3			
- 1		Accounts receivable, net				4	
	5	Loans and other receivables from current and form					
	•	trustees, key employees, and highest compensate					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified					FEBRUARY TO THE STATE OF THE ST
	•	section 4958(f)(1)), persons described in section 49					
		employers and sponsoring organizations of section					
		employees' beneficiary organizations (see instr). Co		6			
Assets	-					7	1,933.
sy	7	Notes and loans receivable, net			24,844.	_	37,975
`  <b>'</b>	8	Inventories for sale or use			24,044.	8	31,313
	9		1			9	
- I	va	Land, buildings, and equipment: cost or other	10-	1 103 471			
		basis. Complete Part VI of Schedule D	10a	33 734	31,174.	40-	1,159,737.
		Less: accumulated depreciation	מטו	33,734.	21,174.		1,133,131.
1		Investments - publicly traded securities				11	
12		Investments - other securities. See Part IV, line 11				12	
13		Investments - program-related. See Part IV, line 11				13	
14		Intangible assets		2,664.	14	1,900.	
18		Other assets. See Part IV, line 11				15	3,209,786.
10		Total assets. Add lines 1 through 15 (must equal I	1,648,572.	16	3,209,700.		
17		Accounts payable and accrued expenses		17			
18		Grants payable				18	
19		Deferred revenue	********			19	
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete Par		3977/7 172M S		21	
န္မ 22	2	Loans and other payables to current and former of					
≣		key employees, highest compensated employees,				2111	
Liabilities		Complete Part II of Schedule L				22	COT 170
ے <sub>  2</sub>	3	Secured mortgages and notes payable to unrelated	d third	parties		23	687,170.
24	4	Unsecured notes and loans payable to unrelated the		2.1000033011121101		24	
25	5	Other liabilities (including federal income tax, payal		-			
		parties, and other liabilities not included on lines 17	7-24). C	complete Part X of	•		00 600
		Schedule D			0.	25	20,697.
26	6	Total liabilities. Add lines 17 through 25			0.	26	707,867.
		Organizations that follow SFAS 117 (ASC 958), of	check t	nere X and			
တ္က		complete lines 27 through 29, and lines 33 and 3	34.				
ğ 2	7	Unrestricted net assets			1,648,572.	27	2,501,919.
흥 28	8	Temporarily restricted net assets				28	
별   29	9	Permanently restricted net assets		<u></u> . L		29	
[ ]		Organizations that do not follow SFAS 117 (ASC	958),	check here 🕨 📖 📗			
<u></u>		and complete lines 30 through 34.					
र्ह्स   30	0	Capital stock or trust principal, or current funds				30	
3	1	Paid-in or capital surplus, or land, building, or equip	pment f	fund		31	
Net Assets or Fund Balances	2	Retained earnings, endowment, accumulated income				32	
ž   33	3	Total net assets or fund balances			1,648,572.	33	2,501,919.
34	4	Total liabilities and net assets/fund balances			1,648,572.	34	3,209,786.

	n 990 (2015) ARME (ANIMAL RESCUE, MEDIA & EDUCATION)	55-08	382647	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,13		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,28	5,1	74.
3	Revenue less expenses. Subtract line 2 from line 1		85	3,3	47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,648	3,5	72.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
-	column (B))	10	2,50	L,9	19.
Pa	rt XII Financial Statements and Reporting				
-	Check if Schedule O contains a response or note to any line in this Part XII	55555000000000000	*************		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.			
2a	sale in the second of the seco	***************************************	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:		11.0		
	X Separate basis Consolidated basis Both consolidated and separate basis		1450		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		PIP.	Hilly
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit	12		
	Act and OMB Circular A-133?	····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		l ab l	- 4	

Form **990** (2015)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2015

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

ARME (ANIMAL RESCUE, MEDIA & EDUCATION) 55-0882647 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E, Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). v) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 ARME (ANIMAL RESCUE, MEDIA & EDUCATION) 55-0882647 Page 2

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											
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	492,014.	433,895.	895,767.	1398895.	1948904.	5169475.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to	11										
	the organization without charge											
4	Total. Add lines 1 through 3	492,014.	433,895.	895,767.	1398895.	1948904.	5169475.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly			1.1.5.2								
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)											
6	Public support. Subtract line 5 from line 4.						5169475.					
	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total					
7	Amounts from line 4	492,014.	433,895.	895,767.	1398895.	1948904.	5169475.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties											
	and income from similar sources	3.	93.	248.	496.	537.	1,377.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10						5170852.					
	Gross receipts from related activities,	etc. (see instruction	ens)			12						
	First five years. If the Form 990 is for					501(c)(3)						
	organization, check this box and stor	here					▶□					
Sec	ction C. Computation of Publi	c Support Per	centage									
	Public support percentage for 2015 (li					14	99.97 %					
15	Public support percentage from 2014	Schedule A, Part I	II, line 14			15	99.97 %					
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box or	i line 13, and line 1	14 is <b>33</b> 1/3% <b>o</b> r m	ore, check this bo						
	stop here. The organization qualifies											
b	33 1/3% support test - 2014. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box					
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶Ш					
17a	10% -facts-and-circumstances test	- 2015. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,					
	and if the organization meets the "fac			-	•	_	_					
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization											
b	10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or											
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explair	in Part VI how the						
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□					
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	·					
					Sche	dule A (Form 990	or 990-EZ) 2015					

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

Se	ction A. Public Support		1 67 1 111)				
Cal	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			.1-1	1-7	10,20.0	II) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-		[				
	formed, or facilities furnished in				1		
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-					1	
	iness under section 513		1				
4					+		
-	ization's benefit and either paid to				1		
					1		
_	The value of services or facilities			2:			
9						1	
	furnished by a governmental unit to the organization without charge						
_							
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and			Ų.			
	3 received from disqualified persons						
ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			- Web	,		
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	1					
	regularly carried on	i l					
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 for	the organization's	first, second, third	l, fourth, or fifth ta	ax year as a section	. 501(c)(3) organiza	tion.
	check this box and stop here				-		▶□
Sec	tion C. Computation of Public	Support Perc	centage				
	Public support percentage for 2015 (lin			olumn (f))		15	%
	Public support percentage from 2014			***************************************		16	%
	tion D. Computation of Invest						
17	Investment income percentage for 20	<b>15</b> (line 10c, colum	nn (f) divided by line	e 13, column (f))		17	%
18	Investment income percentage from 2	<b>014</b> Schedule A, F	Part III, line 17			18	%
	33 1/3% support tests - 2015. If the					3 1/3%, and line 17	is not
	more than 33 1/3%, check this box and						
Ь	33 1/3% support tests - 2014. If the						nd
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						
	3 09-23-15					edule A (Form 990	

## Part IV | Supporting Organizations

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

Section A. All	Supporting	Organizations	

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

1		
2		
3a		
		281
3b		
Зс	DAT	
-		
4a		
	4-1	
4b	F. S. S.	
4c		THE STATE OF
		8.
5a		
		EU X
5b 5c		
6		-
7		
8		
9a		
( a		Mi si
9b	.5113	
9c		
10a		
401		
10b	1	

Yes No

Part IV   Supporting Organizations (continued)	Page (
	es No
11 Has the organization accepted a gift or contribution from any of the following persons?	65 140
a 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?	
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.	
Section B. Type I Supporting Organizations	
	es 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.	
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.	
Section C. Type II Supporting Organizations	
Y	es No
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).	
Section D. All Type III Supporting Organizations	
	es 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?	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	8, 8 0
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).	
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.	
Section E. Type III Functionally-Integrated Supporting Organizations	
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):	
a The organization satisfied the Activities Test. Complete line 2 below.	
b The organization is the parent of each of its supported organizations. Complete line 3 below.	
c Interpretation supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	es No
2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	es No
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
those supported organizations and explain how these activities directly furthered their exempt purposes,	
how the organization was responsive to those supported organizations, and how the organization determined	
that these activities constituted substantially all of its activities.	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
reasons for the organization's position that its supported organization(s) would have engaged in these	
activities but for the organization's involvement.	
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.	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	

Sch	edule A (Form 990 or 990-EZ) 2015 ARME (ANIMAL RESCUE, ME rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	DIA &	EDUCATION) 5	5-0882647 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			A.I.
0.50	other Type III non-functionally integrated supporting organizations must co			ictions. All
Sec	tion A - Adjusted Net Income	ompiete Sec	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1 1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5		5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	1 0	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			COLUMN STATE OF THE STATE OF
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7	***************************************	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	18		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integrated	Type III supporting organ	ization (see
	instructions)		. , , , , , , , , , , , , , , , , , , ,	1

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 ARME (ANIMAL RESCUE, MEDIA & EDUCATION) 55-0882647 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported 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 organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2015 Pre-2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: b d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder, Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder, Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-F	Z) 2015 ARME	(ANIMAL	RESCUE.	MEDIA	& :	EDUCATION)	55-0882647	Page 8
Part VI	Part IV, Section A,	Information. lines 1, 2, 3b, 3c,	Provide the exp 4b, 4c, 5a, 6, 9	olanations requires, 9b, 9c, 11a,	red by Part II, 11b, and 11c; 2a, 2b, 3a an	, line 1 ; Part id 3b:	10; Part II, line 17a ol IV, Section B, lines 1 Part V, line 1: Part V	r 17b; Part III, line 12; I and 2; Part IV, Section 7. Section B, line 1e; Par	C.
	Section D, lines 5, (See instructions.)	6, and 8; and Par	t V, Section E, li	nes 2, 5, and 6.	Also comple	ete thi	s part for any additio	nai information.	
-									
-									
V									
(5									
(i.									
	14								
							91		
4-16-16									
W									
							12		
		1.00							
•									
¥									

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2015

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

## If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4), (5), or (6) org</li> </ul>	anizations: Complete Part III.			
Name of organization	-		Emp	loyer identification number
ARME	(ANIMAL RESCUE, ME	EDIA & EDUCA	TION)	55-0882647
Part I-A   Complete if the	organization is exempt und	der section 501(c	or is a section 527 or	ganization.
Political expenditures     Volunteer hours	rganization's direct and indirect politi		<b>&gt;</b>	£
	organization is exempt und			
1 Enter the amount of any excis	e tax incurred by the organization un	der section 4955		
2 Enter the amount of any excis	e tax incurred by organization manag	gers under section 495	5	
3 If the organization incurred a s	ection 4955 tax, did it file Form 4720	o for this year?		Yes No
b If "Yes," describe in Part IV.				Yes No
Part I-C Complete if the	organization is exempt und	er section 501(c)	except section 501/c	1/31
	ended by the filing organization for se			
2 Enter the amount of the filing of	organization's funds contributed to o	ther organizations for s	section 527	
				<u> </u>
3 Total exempt function expendi	tures. Add lines 1 and 2. Enter here	and on Form 1120-POI		
line 17b			<b>▶</b> \$	3
4 Did the filing organization file F	Form 1120-POL for this year?			Yes No
5 Enter the names, addresses ar	nd employer identification number (E	IN) of all section 527 pe	olitical organizations to which	the filing organization
made payments. For each orga	anization listed, enter the amount pai	id from the filing organ	ization's funds. Also enter the	e amount of political
contributions received that we	re promptly and directly delivered to	a separate political org	ganization, such as a separat	e segregated fund or a
	C). If additional space is needed, pro-	vide information in Par	t IV.	Time in the second
(a) Name	(b) Address	(c) EIN	(d) Amount pald from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
	-			

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15

Schedule C (Form 990 or 990-EZ) 2015 A Part II-A Complete if the orga section 501(h)).	RME (A	NIMAL RESCUE, I s exempt under section	MEDIA & EDUCA' on 501(c)(3) and filed	PION) 55-0 Form 5768 (ele	882647 Page 2 ection under
A Check  if the filing organization	on belongs t	an affiliated group (and list	in Part IV each affiliated g	roup member's name	e, address, EIN,
expenses, and share		1 Webs 26 High Step			
Limits	on Lobbyir	oox A and "limited control" p g Expenditures s amounts paid or incurred		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	naa publia s	ninian (grass roots lobbying)		22,538.	
b Total lobbying expenditures to influe		, , , ,		122,799.	
c Total lobbying expenditures (add line	-			145,337.	
d Other exempt purpose expenditures				843,409.	
e Total exempt purpose expenditures	fadd lines 1	and 1d)		988,746.	
f Lobbying nontaxable amount. Enter			COX	173,312.	
If the amount on line 1e, column (a) or (		The lobbying nontaxable a	1	173,312.	
Not over \$500,000	-	20% of the amount on line 1			
Over \$500,000 but not over \$1,000,0		\$100,000 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500		\$175,000 plus 10% of the ex			
Over \$1,500,000 but not over \$17,000		\$225,000 plus 5% of the exc			
Over \$17,000,000		\$1,000,000.	ess over \$1,300,000.		
Over \$17,000,000		β1,000,000.			
g Grassroots nontaxable amount (ente	er 25% of line	1f)		43,328.	
h Subtract line 1g from line 1a. If zero	or less, ente	-0-		0.	
i Subtract line 1f from line 1c. If zero of	or less, enter	-0-		0.	
j If there is an amount other than zero	on either lin	e 1h or line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this ye	ear?				Yes No
(Some organizations tha	it made a se	ear Averaging Period Undection 501(h) election do no eseparate instructions for	t have to complete all of	the five columns be	low.
	Lobbyin	g Expenditures During 4-Yo	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 201	2 <b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	(e) Total
2a Lobbying nontaxable amount			130,950.	173,312.	304,262.
b Lobbying ceiling amount (150% of line 2a, column(e))					456,393.
c Total lobbying expenditures			97,300.	145,337.	242,637.
d Grassroots nontaxable amount			32,738.	43,328.	76,066.
e Grassroots ceiling amount (150% of line 2d, column (e))					114,099.
f Grassroots lobbying expenditures				22,538.	22,538.

Schedule C (Form 990 or 990-EZ) 2015

# Schedule C (Form 990 or 990-EZ) 2015 ARME (ANIMAL RESCUE, MEDIA & EDUCATION) 55-0882647 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	i) or sec	tion	
	501(c)(6).	00 . (0)(0	.,, 0. 000		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			-10-23-7	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?  t III-B   Complete if the organization is exempt under section 501(c)(4), section	************			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
_	expenses for which the section 527(f) tax was paid).				
_	Correct year				
b	Carryover from last year				
С 3	Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		3		
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p		3.73		
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	IV Supplemental Information		1 0 1		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-A	A, lines 1 an	d 2 (see	
( <del></del>					
/:					
					777

## SCHEDULE D

(Form 990)

Department of the Treasury ternal Revenue Servic

## 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.

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

OMB No. 1545-0047 Open to Public Inspection

Schedule D (Form 990) 2015

Name of the organization

**Employer identification number** ARME (ANIMAL RESCUE, MEDIA & EDUCATION) 55-0882647 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II 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 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 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 2 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 b Assets included in Form 990, Part X

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

Personal Property lies	edule D (Form 990) 2015 ARME (A	NIMAL RESC	UE,	MEDIA	& EDUC!	MOITA	)	55-08	82647	Page 2
Pa	rt III   Organizations Maintaining (	Collections of Ar	rt, Hist	torical Tre	easures, o	r Othe	r Similaı	r Asset	S (continu	ued)
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following that	t are a si	gnificant u	se of its	collection i	tems
	(check all that apply):									
а	Public exhibition	(	d 📖	Loan or exc	change progra	ams				
b	Scholarly research	•	e 🔛	Other						
C	Preservation for future generations									
4	Provide a description of the organization's c							se in Part	XIII.	
5	During the year, did the organization solicit of									
-	to be sold to raise funds rather than to be m	aintained as part of t	he orga	nization's co	llection?				Yes	No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if th	e organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	
_	reported an amount on Form 990, Pa		2.00							
1a	Is the organization an agent, trustee, custod									
	on Form 990, Part X?		e	80		.s		911.1910	Yes	No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	3						ty?		Yes	No
	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation	on has been	provided on l	Part XIII				
Га	rt V   Endowment Funds. Complete									
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance		_							
ь	Contributions	,								
C	Net investment earnings, gains, and losses		_							
ď	Grants or scholarships							-		
е			ŀ			- 1				
	and programs	-								
	Administrative expenses									
g	End of year balance		d: 4							
2	Provide the estimated percentage of the curr		e (line 1	g, column (a)	) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment									
30	The percentages on lines 2a, 2b, and 2c sho									
Sa	Are there endowment funds not in the posse	ssion of the organiza	ition tha	it are neid ar	na aominister	ed for the	e organiza	tion	ř.	
	by:									es No
	(i) unrelated organizations	***************************************		***************************************		*********		*********	3a(i)	_
h	(ii) related organizations  If "Yes" on line 3a(ii), are the related organizations	tions listed as requir		abadula D2					3a(ii)	
4	Describe in Part XIII the intended uses of the	organization's ando	eu on S	undo				***********	3b	
Par	t VI Land, Buildings, and Equipm		WITHERILL	unus.						
	Complete if the organization answere		Part IV	/ line 11a S	ee Form 990	Part V	ine 10			
-	Description of property	(a) Cost or o			or other		cumulate	d T	(d) Book	value
	Description of property	basis (investr		basis			reciation	٠ <sub> </sub>	(u) Book	value
1a	Land				0,000.	HEALT.	January 1	TIME!	500	,000.
	Buildings				0,000.					,000.
c	Leasehold improvements				-,	-			0.50	, , , , , , ,
	Equipment			4	3,471.		33,73	4.	Q	,737.
	Other						,.5			
-	. Add lines 1a through 1e. (Column (d) must e		Y colum	n /P\ lino 1/	20.1				1,159	737.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

20,697.

Schedule D (Form 990) 2015

(8)

_	t XI Reconciliation of Revenue per Audited Financial Statements				7002047 Page 4
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				2 175 026
1	Total revenue, gains, and other support per audited financial statements	***********		1	2,175,036.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2 h			
a	Net unrealized gains (losses) on investments	2a	E 640		
р	Donated services and use of facilities	2b	5,649.		
C	Recoveries of prior year grants	2c		3/19	
ď	Other (Describe in Part XIII.)	2d		UE SO	F C40
e	Add lines 2a through 2d			2e	5,649.
3	Subtract line 2e from line 1		Proceedings of the second and an extension	3	2,169,387.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;	1	)		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-30,866.		
b	Other (Describe in Part XIII.)	4b			20 066
c	Add lines 4a and 4b		******************************	4c	-30,866. 2,138,521.
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial Statement	te With	Evnances per B	5	
l a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	to with	Expenses per n	eturi	1.
1	Total expenses and losses per audited financial statements			1	1,309,465.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	5,649.		
b	Prior year adjustments	2b		10.	
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	30,866.	- 400	
е	Add lines 2a through 2d			2e	36,515.
3	Subtract line 2e from line 1			3	1,272,950.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			J. 915	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII.)	4b	12,224.		
С	Add lines 4a and 4b			4c	12,224.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	1,285,174.
Pai	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b a	and 2b; Part V, line 4;	Part X	I, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal inform	ation.		
DAT	m v IIIn ).				
PAF	T X, LINE 2:				
THE	ORGANIZATION IS A NON PROFIT ORGANIZATION	THAT	IS EXEMPT	FRON	I INCOME
TAX	ES UNDER SECTION 501(C)(3) OF THE INTERNAL 1	REVEN	UE CODE AN	D SE	ECTION
237	01(E) OF THE REVENUE TAXATION CODE OF CALIF	ORNIA	. ACCORDING	GLY,	NO
DDC	VISION FOR INCOME TAXES IS INCLUDED IN THE	A CCOM	DANVING ET	NI Z NI C	<b>'</b> T
1110	WIDION FOR INCOME TAXED ID INCODED IN THE A	ACCOM	FAMILING I'I	IAVIAC	TAL
STA	TEMENTS.				
ਜਮਾ	ORGANIZATION HAS NO UNRECOGNIZED TAX BENEF	דיייפ' א	חב שואוד. ייי	201	6 AND
7111	ONGANIZATION HAD NO UNKECOGNIZED TAX DENET	IID A	1 00NE 30,	201	O AND
201	5. THE ORGANIZATION'S FEDERAL AND STATE INCO	OME T	AX RETURNS	PRI	OR TO
FIS	CAL YEARS 2013 AND 2012, RESPECTIVELY, ARE	CLOSE	D. MANAGEI	MENT	1
CON	TINUALLY EVALUATES EXPIRING STATUTES OF LIM	ITATI	ONS, AUDIT	S, E	PROPOSED
532054	TLEMENTS, CHANGES IN TAX LAW AND NEW AUTHOR:	LTATI			
09-21-	5			Sched	ule D (Form 990) 2015

Schedule D (Form 990) 2015 ARME (ANIMAL RESCUE, MEDIA & EDUCATION) 55-0882647 Page 5 Part XIII   Supplemental Information (continued)
IF APPLICABLE, THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES
ASSOCIATED WITH TAX MATTERS AS PART OF INCOME TAX EXPENSE AND INCLUDES
ACCRUED INTEREST AND PENALTIES WITH ACCRUED EXPENSES IN THE STATEMENT OF
FINANCIAL POSITION.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES -30,866.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES 30,866.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
ACCRUAL TO CASH ADJUSTMENT 12,224.

### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Name of the organization Employer identification number (ANIMAL RESCUE, MEDIA & EDUCATION) 55-0882647 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody (v) Amount paid (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser or control of contributions organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

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

Schedule G (Form 990 or 990-EZ) 2015

Sch	edu	le G (Form 990 or 990-EZ) 2015 ARME (A	NIMAL RESCUE	, MEDIA & EDU	CATION) 55-	0882647 Page 2			
-	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
		or fundralating event contributions and gr	(a) Event #1 BEAGLE BALL	(b) Event #2 PAWTY FOR A PURPOSE	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))			
e			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	154,373.	11,940.		166,313.			
	2	Less: Contributions	96,720.	5,190.		101,910.			
	3	Gross income (line 1 minus line 2)	57,653.	6,750.		64,403.			
	4	Cash prizes			-				
S	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs	10,000.	4,000.		14,000.			
irect E	7	Food and beverages	8,350.	719.		9,069.			
Δ	8	Entertainment		275.		275.			
	9	Other direct expenses	7,249.	273.		7,522.			
	10	Direct expense summary. Add lines 4 through				30,866.			
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		<b>&gt;</b>	33,537.			
Pa	irt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than				
_		\$15,000 on Form 990-EZ, line 6a.		I II > Dull take (in stant		La) Total gaming (odd			
Revenue		w	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
-Be	1	Gross revenue							
ses	2	Cash prizes		V					
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes% No	Yes % No				
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
9		ter the state(s) in which the organization cond							
		the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No			

Schedule G (Form 990 or 990-EZ) 2015

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_ No

b If "Yes," explain: \_

532082 09-14-15

Sch	edule G (Form 990 or 990-EZ) 2015 ARME (ANIMAL RESCUE, MEDIA & EDUCATION) 55-	<u>0882647</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	9
b	An outside facility	13b	9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name N		
	Name		
	Address	-	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party  \$\Displays = \text{ and the amount of gaming revenue retained by the third party } \Displays = \text{ and the amount of gaming revenue retained by the third party } \Displays = \text{ and the amount of gaming revenue retained by the third party } \Displays = \text{ and the amount of gaming revenue retained by the third party } \Displays = \text{ and the amount of gaming revenue retained by the third party } \Displays = \text{ and the amount of gaming revenue retained by the third party } \Displays = \text{ and the amount of gaming revenue retained by the third party } \Displays = \text{ and the amount of gaming revenue retained by the third party } \Displays = \text{ and the amount of gaming revenue retained by the third party } \Displays = \text{ and the amount of gaming revenue retained by the third party } \Displays = \text{ and the amount of gaming revenue retained by the third party } \Displays = \text{ and the amount of gaming revenue retained by the third party } \Displays = \text{ and the amount of gaming revenue retained by the third party } \Displays =  and the amount of gaming revenue retained by the gaming retained b		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Garning manager information.		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
		□ v	<u> </u>
h	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Yes	∟ No
	organization's own exempt activities during the tax year  \$\$		
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	200 A Ob 10b	156
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	165 9, 90, 100	J, 13D,
	The state of the s		
			_
32083	09-14-15 Schedule G (Form	990 or 990-l	EZ) 2015

Schedule G (Form 990 or 990-EZ)	ARME (	ANIMAL	RESCUE,	MEDIA	& EDUC	(ATION	55-0882647	Page 4
Schedule G (Form 990 or 990-EZ)  Part IV   Supplemental Info	ormation (cor	ntinued)						
			_ 3:37 1 1		-			
	_							
								_
	·				======			
							(1)	

Schedule G (Form 990 or 990-EZ)

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

2015
Open to Public Inspection

Name of the organization

ARME (ANIMAL RESCUE, MEDIA & EDUCATION)

Employer identification number 55-0882647

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNWANTED AND HOMELESS ANIMALS AND BY EDUCATING THE PUBLIC OF THE VAST EXTENT OF THE SUFFERING ANIMALS ENDURE IN OUR SOCIETY. ACTIONS AND WORDS, ARME ADVANCES THE FREEDOM OF ALL ANIMALS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ARME'S MISSION IS TO ELIMINATE THE SUFFERING OF ALL ANIMALS. THIS GOAL IS ACHIEVED BY RESCUING EXPLOITED, ABUSED, UNWANTED AND HOMELESS ANIMALS AND BY EDUCATING THE PUBLIC OF THE VAST EXTENT OF THE SUFFERING ANIMALS ENDURE IN OUR SOCIETY. THROUGH ITS ACTIONS AND WORDS, ARME ADVANCES THE FREEDOM OF ALL ANIMALS. FORM 990, PART VI, SECTION A, LINE 8B: THE RESPONSE IS "NO" BECAUSE THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT REVIEWS THE FINAL DRAFT OF FORM 990 AND CONSIDERS ANY SUGGESTED COMMENTS OR REVISIONS FROM THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY MEETING WITH INDIVIDUALS PRIVATELY ON A BI-ANNUAL BASIS IN ORDER TO HEAR ANY ISSUES THAT MAY HAVE ARISEN SO THAT THEY CAN BE IMMEDIATELY ADDRESSED.

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

Schedule O (Form 990 or 990-EZ) (2015)