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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

**Open to Public** Inspection

A F	or the	2018 calenda	ar year, or tax year beginning 01/01 , 2018, and ending	12/31	, 20 18
В	Check if a	pplicable:	C Name of organization	mployer i	dentification number
	Address o	change	ANIMAL-KIND INTERNATIONAL		74-3230332
	Name cha	•	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite  E 1	Telephone i	number
=	Initial retu		PO Box 300	5	75-834-0908
=	rınaı retui Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group Exe	emption
=		on pending	Jemez Springs, NM, 87025	Number	<b>&gt;</b>
G /	Accoun	ting Method:	✓ Cash	ck ▶ □	if the organization is not
	Vebsite	ū			tach Schedule B
JΤ	ax-exer			m 990, 99	90-EZ, or 990-PF).
			✓ Corporation ☐ Trust ☐ Association ☐ Other		· · · · · · · · · · · · · · · · · · ·
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets	
			S500,000 or more, file Form 990 instead of Form 990-EZ		\$ 82,475
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins		
			the organization used Schedule O to respond to any question in this Part I .		•
_	1		ons, gifts, grants, and similar amounts received		82,247
	2		ervice revenue including government fees and contracts	. 2	0
	3	_	ip dues and assessments	. 3	0
	4	Investment	•	4	228
	5a		ount from sale of assets other than inventory   5a	0 +	220
	b		or other basis and sales expenses	0	
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
	6	•	d fundraising events:	. 30	0
	-	_	ome from gaming (attach Schedule G if greater than		
<u>o</u>	а		· · · · · · · · · · · · · · · · · · ·		
Revenue	h		me from fundraising events (not including \$ 0 of contributions	0	
ě	b		aising events reported on line 1) (attach Schedule G if the		
Œ					
				0	
	C		t expenses from gaming and fundraising events 6c 6c	<u>0</u>	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra		
		,		· 6d	0
	7a		s of inventory, less returns and allowances	0	
	b		of goods sold	0 _	
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		0
	8		nue (describe in Schedule O)		0
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	82,475
	10		I similar amounts paid (list in Schedule O)		61,825
	11		aid to or for members	. 11	0
Expenses	12		ther compensation, and employee benefits		0
e)	13		al fees and other payments to independent contractors		0
ğ	14		y, rent, utilities, and maintenance		0
Ш	15		ublications, postage, and shipping		0
	16	Other expe	enses (describe in Schedule O)	<u>.</u> 16	0
	17		enses. Add lines 10 through 16		61,825
S	18		(deficit) for the year (Subtract line 17 from line 9)		20,650
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		
Net Assets		-	r figure reported on prior year's return)		26,879
let	20	Other char	nges in net assets or fund balances (explain in Schedule O)	. 20	0
<b>Z</b>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	47,529
For	Paper	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 10642		Form <b>990-EZ</b> (2018)

Form 990-EZ (2018)

Page 2

Part III Balance Sheets (see the instructions for Part II)

						_
	Check if the organization used Schedule	O to respond to ar	<del></del>			<u>.</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			26,879		47,529
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		· · · · · · ·		24	0
25	Total liabilities (describe in Calcadula C)			26,879	1	47,529
26	Total liabilities (describe in Schedule O)				26	0
27 Par	Net assets or fund balances (line 27 of column  Statement of Program Service Accom	· ,       •		26,879	21	47,529
гаі	Check if the organization used Schedule	•		•		Expenses
Mha	t is the organization's primary exempt purpose?	-	•	artiii 🗀	(Re	quired for section
		See Schedule O, Sta				(c)(3) and 501(c)(4)
	cribe the organization's program service accompli				"	anizations; optional for ers.)
	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea		e services provided	the number of		010.)
<b>28</b>	Disbursements to AKI Partner Organization, Uganda		ction & Caro of Anim	ale: AVI		
20	support to the USPCA covers about 50% of the oper					
	(Continued on Schedule O, Statement 2)	atting costs of the os	r CA Havell allillal Si	ierter, writeri		
	(Grants \$ 11,000) If this amount	includes foreign gra	nts check here	▶ 🗸	28	a 11,000
29	Disbursements to AKI Partner Organization Mbwa w					11,000
	the costs of running Mbwa wa Africa's animal shelte					
	(Continued on Schedule O, Statement 3)		Taverage, Houses of	uogs unu 2		
	(Grants \$ 10,000) If this amount	includes foreign gra	nts. check here	• 🗸	298	a 10,000
30	Disbursements to AKI Partner Organization Tanzania		•			10/000
	conducted donkey welfare outreach clinics in June i					
	(Continued on Schedule O, Statement 4)					
	(Grants \$ 2,500) If this amount	includes foreign gra	nts, check here .	▶ 🗸	30	a 2,500
31	Other program services (describe in Schedule O)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(Grants \$ 38,326) If this amount				318	a 38,326
32	Total program service expenses (add lines 28a				32	
	t IV List of Officers, Directors, Trustees, and Key				nstru	
	Check if the organization used Schedule		•			🗀
	3	(b) Average	(c) Reportable	(d) Health benefits,	Τ.	
	(a) Name and title	hours per week	compensation	contributions to employ		
			(Forms W-2/1099-MISC)			<ul> <li>Estimated amount of other compensation</li> </ul>
Kare		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		) Estimated amount of other compensation
Exec	en Menczer	devoted to position		benefit plans, and deferred compensation		
	en Menczer cutive Director	·	(if not paid, enter -0-)	benefit plans, and deferred compensation	n .	other compensation
Bets		·	(if not paid, enter -0-)	benefit plans, and deferred compensation	n .	other compensation
	cutive Director	30	(if not paid, enter -0-)	benefit plans, and deferred compensation	n 0	other compensation
Secr	cutive Director iie Van Dyke	30	(if not paid, enter -0-)	benefit plans, and deferred compensation	n 0	other compensation
Secr Jear	cutive Director iie Van Dyke etary	30	(if not paid, enter -0-)  0	benefit plans, and deferred compensation	0 0	other compensation  0
Secr Jear Trea	cutive Director sie Van Dyke retary n Merriman	30	(if not paid, enter -0-)  0	benefit plans, and deferred compensation	0 0	other compensation  0
Secr Jear Trea Ron	cutive Director sie Van Dyke retary n Merriman surer	2	(if not paid, enter -0-)  0  0	benefit plans, and deferred compensation	0 0	other compensation  0  0
Secr Jear Trea Ron Boar	cutive Director sie Van Dyke retary n Merriman surer Stryker	2	(if not paid, enter -0-)  0  0	benefit plans, and deferred compensation	0 0	other compensation  0  0
Secr Jear Trea Ron Boar Bark	cutive Director sie Van Dyke retary n Merriman surer Stryker rd member	2 2	(if not paid, enter -0-)  0  0  0	benefit plans, and deferred compensation	0 0 0	other compensation  0  0  0
Secr Jear Trea Ron Boar Barb Boar	cutive Director  cie Van Dyke retary  n Merriman surer Stryker rd member para Brown Abolafia	2 2	(if not paid, enter -0-)  0  0  0	benefit plans, and deferred compensation	0 0 0	other compensation  0  0  0
Secr Jear Trea Ron Boar Bark Boar Dipe	cutive Director sie Van Dyke etary n Merriman ssurer Stryker rd member para Brown Abolafia rd member	2 2 2	(if not paid, enter -0-)  0  0  0  0  0	benefit plans, and deferred compensation	0 0 0 0	other compensation  0  0  0  0  0
Secr Jear Trea Ron Boar Bark Boar Dipe Boar	cutive Director sie Van Dyke etary n Merriman ssurer Stryker rd member para Brown Abolafia rd member esh Pabari	2 2 2	(if not paid, enter -0-)  0  0  0  0  0	benefit plans, and deferred compensation	0 0 0 0	other compensation  0  0  0  0  0
Secr Jear Trea Ron Boar Bark Boar Dipe Boar Amy	cutive Director cie Van Dyke retary n Merriman surer Stryker rd member para Brown Abolafia rd member esh Pabari rd member	2 2 2	(if not paid, enter -0-)  0  0  0  0  0  0	benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation  0  0  0  0  0  0
Secr Jear Trea Ron Boar Bark Boar Dipe Boar Amy	cutive Director sie Van Dyke retary n Merriman surer Stryker rd member para Brown Abolafia rd member esh Pabari rd member r Scholz	2 2 2	(if not paid, enter -0-)  0  0  0  0  0  0	benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation  0  0  0  0  0  0
Secr Jear Trea Ron Boar Bark Boar Dipe Boar Amy	cutive Director sie Van Dyke retary n Merriman surer Stryker rd member para Brown Abolafia rd member esh Pabari rd member r Scholz	2 2 2	(if not paid, enter -0-)  0  0  0  0  0  0	benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation  0  0  0  0  0  0
Secr Jear Trea Ron Boar Bark Boar Dipe Boar Amy	cutive Director sie Van Dyke retary n Merriman surer Stryker rd member para Brown Abolafia rd member esh Pabari rd member r Scholz	2 2 2	(if not paid, enter -0-)  0  0  0  0  0  0	benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation  0  0  0  0  0  0
Secr Jear Trea Ron Boar Bark Boar Dipe Boar Amy	cutive Director sie Van Dyke retary n Merriman surer Stryker rd member para Brown Abolafia rd member esh Pabari rd member r Scholz	2 2 2	(if not paid, enter -0-)  0  0  0  0  0  0	benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation  0  0  0  0  0  0
Secr Jear Trea Ron Boar Bark Boar Dipe Boar Amy	cutive Director sie Van Dyke retary n Merriman surer Stryker rd member para Brown Abolafia rd member esh Pabari rd member r Scholz	2 2 2	(if not paid, enter -0-)  0  0  0  0  0  0	benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation  0  0  0  0  0  0
Secr Jear Trea Ron Boar Bark Boar Dipe Boar Amy	cutive Director sie Van Dyke retary n Merriman surer Stryker rd member para Brown Abolafia rd member esh Pabari rd member r Scholz	2 2 2	(if not paid, enter -0-)  0  0  0  0  0  0	benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation  0  0  0  0  0  0
Secr Jear Trea Ron Boar Bark Boar Dipe Boar Amy	cutive Director sie Van Dyke retary n Merriman surer Stryker rd member para Brown Abolafia rd member esh Pabari rd member r Scholz	2 2 2	(if not paid, enter -0-)  0  0  0  0  0  0	benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation  0  0  0  0  0  0
Secr Jear Trea Ron Boar Bark Boar Dipe Boar Amy	cutive Director sie Van Dyke retary n Merriman surer Stryker rd member para Brown Abolafia rd member esh Pabari rd member r Scholz	2 2 2	(if not paid, enter -0-)  0  0  0  0  0  0	benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation  0  0  0  0  0  0
Secr Jear Trea Ron Boar Bark Boar Dipe Boar Amy	cutive Director sie Van Dyke retary n Merriman surer Stryker rd member para Brown Abolafia rd member esh Pabari rd member r Scholz	2 2 2	(if not paid, enter -0-)  0  0  0  0  0  0	benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other compensation  0  0  0  0  0  0

Form 990-EZ (2018)

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
22	Did the appropriation appears in any simplificant activity and available year arted to the IDCO If "Vee " available		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	change on Schedule O. See instructions	34		~
JJa	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots$	36		_
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		~
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 $\blacktriangleright$ ; section 4912 $\blacktriangleright$ ; section 4955 $\blacktriangleright$ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
•	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		.,
41	List the states with which a copy of this return is filed   NM	400		
42a		575-83	4-090	 8
	Located at ► PO Box 300, Jemez Springs, NM 87025 ZIP + 4 ►		025	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		1
•	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			T
44-	Did the association resistain and described for declaration the constitution of the co		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		<b>V</b>
q C	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		1

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-orm 990	J-EZ (20	118)								P	age 🖣
										Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," o							46		~
Part \	/	Section 501(c)(3) Organizations	s Only								
		All section 501(c)(3) organization	s must answer que	stions 47–49b ar	nd 52, and	lqmoo b	ete the	e table	es fo	or line	es
		50 and 51.									
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	t VI .					
										Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ect durir	ng the		47		~
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ii	)? If "Yes," comple	te Schedu	еЕ.		. [	48		~
49a	Did th	ne organization make any transfers to	o an exempt non-cha	ritable related orga	anization?			. 4	l9a		~
b		s," was the related organization a se							l9b		
50		plete this table for the organization's									d key
	emplo	oyees) who each received more than	1 \$100,000 of comper	sation from the or				e, ente	r "N	one."	
	(a)	Name and title of each employee	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth bene itions to em plans, and compensatio	nployee deferred	(e) Esti		d amou pensati	
None											
		number of other employees paid over									Al
51		plete this table for the organization' 000 of compensation from the orga			ent contra	ctors wn	o eacn	recer	vea	more	tnan
		Name and business address of each independ		(b) Type of	service		(c)	Compe	nsatio	on	
None											
d	Total	number of other independent contra	actors each receiving	over \$100 000	<b>•</b>						
52		he organization complete Schedu	<del>-</del>		nanization	s muet	attach	1 2			
-		I a taral O a la a alcela A			-			. ► 🗸	Yes		lo
Under pe	<u> </u>	of perjury, I declare that I have examined this r									
		d complete. Declaration of preparer (other than					,			,	
Cia		Oleman of the									
Sign Here		<ul><li>Signature of officer</li><li>Karen Menczer, Executive Directo</li></ul>	r			Date					
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		neck 🗌	if	IN		
Prepa	arer					se	lf-emplo	yed			
Use (		Firm's name ►				Firm's Ell					
		Firm's address ►				Phone no	).				
iviay th	e IKS	discuss this return with the preparer	snown above? See i	ristructions			!	<b>&gt;</b>     '	Yes		10

## **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

	MAL-KIND INTERNATIONAL					74-32	
	Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
The c	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)						
1	= · · · · · · · · · · · · · · · · · · ·						
2	A school described in <b>section</b>		` `			, ,	
3	A hospital or a cooperative hos		•			, , , ,	/···
4	A medical research organizatio hospital's name, city, and state		onjunction with a nosp	oital desc	ribed in s	section 1/U(b)(1)(A)	(III). Enter the
5	An organization operated for t		collogo or university	owned o	r operate	d by a government	al unit described in
3	section 170(b)(1)(A)(iv). (Comp		college of university	Owned 0	Operate	d by a government	ai unit described in
6	☐ A federal, state, or local govern	•	mental unit described	in <b>secti</b> o	n 170/h)	(1)(Δ)( <sub>V</sub> )	
7	An organization that normally i	•					the general public
=	described in section 170(b)(1)(			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. a gere.		. and goneral passes
8	☐ A community trust described in		•	Part II.)			
9	☐ An agricultural research organiz	• •		,	erated in	conjunction with a l	and-grant college
	or university or a non-land-grar university:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally re	eceives: (1) more	e than 331/3% of its si	ipport fro	m contri	butions, membership	o fees, and gross
	receipts from activities related support from gross investment	income and uni	related business taxal	ole incom	eptions, ie (less s	ection 511 tax) from	businesses
	acquired by the organization af	ter June 30, 197	75. See <b>section 509(a</b>	a)(2). (Cor	nplete Pa	art III.)	
11	An organization organized and	•	•	-			
12	An organization organized and	•	•			•	
	of one or more publicly suppo Check the box in lines 12a throu						
а		•	• • • • •		•	•	
a	the supported organization						
	supporting organization. Yo						
b	Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of t						
	organization(s). You must o	complete Part I	V, Sections A and C				
С							ally integrated with,
	its supported organization(s		•		-		
d							
	that is not functionally integ requirement (see instruction						d an attentiveness
_	_ ` `	•	•		-		
е	Check this box if the organi functionally integrated, or T						e II, Type III
f	Enter the number of supported o			sporting (	Jigainzai	1011.	
g							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10		ur governing ment?	support (see	other support (see
			above (see instructions))	docu	nent:	instructions)	instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
/E\							
(E)							
Total							

	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under
Secti	on A. Public Support	<u> </u>		, , , , , , , , , , , , , , , , , , , ,		,	
	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support			1	1	1	
_	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.  First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth			
Cooti	organization, check this box and stop heron C. Computation of Public Suppor	re					🕨 📙
<u>3ecu</u>	Public support percentage for 2018 (line 6			1 column (f)		14	%
15 16a	Public support percentage from 2017 Sch 331/3% support test—2018. If the organi box and stop here. The organization qual	nedule A, Part zation did not	II, line 14 check the box		 nd line 14 is 30	15 31/3% or more,	% check this
b	331/3% support test—2017. If the organization this box and stop here. The organization						ore, check ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumst	ances" test, cl	neck this box a	and <b>stop here</b> .	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets th	e "facts-and-o	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a			a, or 17b, chec	k this box and	see

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			•	•	,	
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	32,479	47,588	53,610	63,800	82,247	279,724
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_	= =	00.470	47.500	F0 (40	(0.000	00.047	070 704
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	32,479	47,588	53,610	63,800	82,247	279,724
<i>1</i> a	received from disqualified persons .					17,729	17,729
b	Amounts included on lines 2 and 3					17,727	17,727
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	0	0	0	0	17,729	17,729
8	Public support. (Subtract line 7c from						•
	line 6.)						261,995
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	32,479	47,588	53,610	63,800	82,247	279,724
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	86	86	123	123	228	646
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	86	86	123	123	228	646
11	Net income from unrelated business	00	00	123	123	220	040
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	32,565	47,674	53,733	63,923	82,475	280,370
14	First five years. If the Form 990 is for the	•	•		•		` ' ' ' _
<u>C1:</u>	organization, check this box and stop he						🕨 📙
	on C. Computation of Public Support Public support percentage for 2018 (line 8)			12 column (f)		15	02.45 0/
15 16	Public support percentage for 2016 (line of Public support percentage from 2017 Sch	, , , , , , , , , , , , , , , , , , , ,	•	, , , , , , , , , , , , , , , , , , , ,		16	93.45 %
	on D. Computation of Investment In			<u> </u>	<u></u>	10	99.6 /0
17	Investment income percentage for 2018 (			ov line 13. colu	mn (f))	17	0.23 %
18	Investment income percentage from <b>2017</b>			=		18	0.2 %
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2017. If the organiz	ation did not cl	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this l	box and stop h	<b>ere.</b> The organi	ization qualifies	as a publicly su	upported organ	ization 🕨 🗌
20	Private foundation. If the organization di	d not check a l	box on line 14	. 19a. or 19b. o	heck this box	and see instru	ctions

## Part IV Supporting Organizations

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

## **Section A. All Supporting Organizations**

			Yes	Nο
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
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			
L	supporting organizations)? If "Yes," answer 10b below.	10a		
α	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> 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		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporting	ng organization (see

Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
_				
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
_	Evene trom 2019			

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

ANIMAL-KIND INTERNATIONAL	74-3230332
Form 990-EZ, Part I, Line 15 - Printing, Publications, Postage, and Shipping: Our printing and postage	costs and website hosting (a total of
approximately \$200) are covered by a board member.	

Schedule O, Statement 1 ANIMAL-KIND INTERNATIONAL

Form: Form 990-EZ (2018) EIN: 74-3230332

Page: 2 Part III

### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

Animal-Kind International supports animal welfare organizations in poor countries, primarily in Africa, secondarily in Latin America/Caribbean, and in Armenia. We raise money for them and raise visibility of their work. We track their use of AKI funds so we can provide this information to our supporters. We support our 11 Partner Organizations through ongoing disbursements. Additionally, new in 2018, we implemented a Small Grant Program for Animal Welfare Organizations in Africa, which will become an annual program. We also provide technical and administrative assistance to our partners and grantees, such as editing their reports and websites, advice on promoting their organizations on social media and through crowd funding, and technical advice about running shelters, rescues, and implementing other animal welfare activities.

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Schedule O, Statement 2 ANIMAL-KIND INTERNATIONAL

Form: Form 990-EZ (2018) EIN: 74-3230332
Page: 2 Part III, Line 28

#### First Program Service Accomplishments Description

#### Description

houses more than 200 cats and dogs and rescues, on average, more than one animal/day. AKI funds covered: 6 months of rent of The Haven for April, May, September, October, November, and December; Haven Shelter Manager's 2018 salary and bonus; transport for 6 1/2 months for rescues of cats and dogs and for pre- and post-adoption home visits; electricity at The Haven for 6 months; medicines for 3 months (rabies, parvo, and DHPPIL vaccines, de-wormers, vaccines, flea/tick control, etc.): 6 months of food for Haven puppies and kittens; about 3 months of food for adult animals at The Haven; 5 months of firewood to cook dog food; 5 months of cat litter; and air time for the USPCA phone for 2 months. We continue to raise funds to purchase land to create a larger Haven. AKI holds (does not and will not disburse) land purchase funds to the USPCA until enough is raised and suitable land is identified.

Schedule O, Statement 3 ANIMAL-KIND INTERNATIONAL

Form: Form 990-EZ (2018) EIN: 74-3230332
Page: 2 Part III, Line 29

Second Program Service Accomplishments Description

#### Description

cats. Mbwa wa Africa used AKI funds to pay salaries of shelter staff (11 months of salaries for 5 staff); to purchase cat and dog food (January through April and August through December); to pay for medicine, vet supplies, and surgeries, as well as transport from the shelter to the vet and return; for minor repair and construction, such as purchase of a flow control switch for the water pump for the rehab pool; and for general shelter supplies, such as washing powder, cooking gas, diesel fuel, diapers, and other supplies that are needed to run an animal shelter.

Schedule O, Statement 4 ANIMAL-KIND INTERNATIONAL

Form: Form 990-EZ (2018) EIN: 74-3230332
Page: 2 Part III, Line 30

Third Program Service Accomplishments Description

#### Description

TAWESO's volunteer veterinary team treated 384 donkeys in four villages in the district. Treatments included de-worming, dressing wounds, treating injuries and diseases (e.g. tick borne, eye problems, lameness, skin problems). During these clinics, the TAWESO team also talked with donkey owners and children about how to take care of their working donkeys and distributed AKI-funded educational materials. AKI funds were also used to give each volunteer a US\$50 stipend for one week of work; to purchase veterinary medicines and supplies (antibiotics, wound spray, ivermectin, bandages, and much more); air time for mobile phones to organize donkey clinics; transport from Dar es Salaam and back and between the villages; and refreshments for each day in the field.

Form: **Form 990-EZ (2018)** EIN: **74-3230332** 

Page: 2

Part III, Line 31

#### Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Disbursements to Partner Namibia rural area animal welfare: (1) Rural SPCAs used AKI funds to purchase cat and dog food (Oshana, Tsumeb, Otjiwarongo, Walvis Bay, and Luderitz SPCAs); vet care (Oshana, Tsumeb, Rundu, Otjiwarongo, Walvis Bay, and Luderitz SPCAs); to purchase dip (external parasite preventative), leashes, blankets, and bowls (Oshana, Tsumeb, Otjiwarongo, Walvis Bay, Rundu, and Luderitz SPCAs); and vet care for injured dogs in Rundu; (2) Have A Heart-Namibia used AKI funds for booster vaccinations and parasite treatment for dogs and cats that return to the HAH mobile clinic (about 500 cats and dogs) after they are spayed or neutered; for emergency care of cats and dogs; and for spay/neuter of cats (and a few dogs); (3) Katutura Pet Care Project used AKI funds for vet care and purchase of cat and dog food for the volunteer team's monthly visits to Katutura, where they hand out food, dip dogs, flea powder cats, de-worm, and provide basic check-ups. Also, with AKI funds, the team had 3 dogs from Katutura spayed during 2018; and (4) Aranos-in this agricultural village, where no vet care is accessible, AKI funds were used to spay 9 dogs (transport to vet and return + cost of surgeries).	5,000	Yes	5,000
Disbursements to AKI Partner Organization Liberia Animal Welfare & Conservation Society: AKI support to LAWCS is for general operating costs, such as salaries, rent of the LAWCS office, and fuel, oil, and maintenance of LAWCS motorbikes and also for their Humane Education Program and Community Animal Care Clinics. In 2018, LAWCS used AKI funds for: 9 months of staff salaries for four staff members; LAWCS office rent for 6 months from July through December; gas and maintenance of 2 LAWCS motorbikes from April through November; to train 25 teachers (refresher and 1st time training) in the LAWCS Humane Education Program (including transport of teachers to the training venue and return, meals, and the LAWCS Humane Ed booklet) so they can teach HE in their schools; and medications to use at Community Animal Care Clinics, including vitamins, de-wormers, flea and tick repellent, and hand sanitizers. LAWCS also purchased 1000 doses of rabies vaccine with AKI funds to use for the LAWCS World Rabies Day vaccination clinic.	5,000	Yes	5,000
Disbursements to AKI Partner Organization Ghana Society for the Protection & Care of Animals: AKI covers almost 100% of the costs of GSPCA's Humane Education Program. In 2018, GSPCA used AKI funds to take Humane Education Program students on 6 field trips to Lemla Vet Clinic; Veterinary Headquarters, Accra; La Veterinary Hospital; and the Accra Polo Club. AKI funds cover bus hire, snacks for the students and teachers, small stipends for the Humane Ed teachers, and photos and frames to each school to memorialize the field trips. Almost 200 students from 4 schools participated in the 6 field trips. Eleven teachers and GSPCA's David and Aluizah accompanied them. In addition to the field trips, GSPCA used AKI funds for transport for GSPCA's Humane Ed volunteers to the schools where their Humane Education Program is taught and photocopying and binding of Humane Ed booklets.	3,500	Yes	3,500
Disbursements to AKI Partner Organization Kingston Community Animal Welfare: AKI donors cover about 90% of the costs of KCAW's program to care for Kingston's street cats and dogs, and pets that belong to poor families. KCAW used AKI funds for cat and dog food; to spay 7 cats, spay 18 dogs, and neuter 2 dogs; vet supplies and medicines for mange, de-worming, maggot spray, wound powder; vet care for puppies with parvo, puppy that was hit by a car, dog with an ear hematoma, surgical intervention to save a dog's leg (successfully), female dog with maggot infested breast, severely dehydrated cat that needed to be on a drip overnight, and several dogs with bad maggot wounds that required vet care (one was euthanized); payments (\$200) during 2018 to young boys who help KCAW on short notice with difficult rescues, such as from gullies, under houses, etc.; and replacing a section of the roofing of the KCAW kennel that developed leaks, damaging panels of wood.	5,000	Yes	5,000
Disbursements to AKI Partner Organization Helping Hands for Hounds of Honduras: AKI covers about 90% of HHHH's costs of operating their sanctuary, which mainly shelters older dogs and cats and/or seriously injured (emotionally and/or physically) animals-serving as a hospice/rehab center. HHHH used AKI funds for cat and dog food for about 9 months for the +/-25 dogs and 3-5 cats at the sanctuary; for helpers to clean the sanctuary's yards; for the supplies needed and for two workers to place concrete in	3,500	Yes	3,500

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the backyard; for medicines and vet supplies, such as de-wormers, flea/tick preventatives, and antibiotics; and for vet care, including blood tests, vaccinations, spay/neuters, and amputation of a kitty's leg.			
Disbursements to AKI Partner Organization Save the Animals-Armenia: SA-Armenia used AKI funds to purchase food for the approximately 160 dogs at the SA-A shelter. Besides purchasing dry dog food, rice, oatmeal, and meat, SA-Armenia used AKI funds to pay worker salaries (for 4 months), and for vet care and medicines, which is significant given the advanced age of many of the shelter dogs, and in 2018 included: several blood tests, vet care for tooth problems, for arthritis, for skin problems, and dogs with cancer.	4,500	Yes	4,500
Disbursement to the FlipFlopi Project, Mombasa, Kenya: This special project was funded through a crowdfunding project that was aimed at topping up the funds for the FlipFlopi Project. The project built a dhow with flip flops found washed up on Kenya's coast. AKI funds are being used to raise awareness of the dangers of plastics disposed of/ending up in the ocean during the boat's voyage along the east African coast, specifically, the dangers of plastics to grazing animals and other animals that scrounge in dumps for food.	7,426	Yes	7,426
In 2018, we held our 1st grant competition for Africa-Based Animal Welfare Organizations and awarded grants, as follows: (1) OIPA, Cameroon (\$600)-Held a 3-day rabies sensitization and vaccination campaign. Met with government and other authorities, and then went door to door to raise awareness using posters and leaflets funded with grant money. On Day 3, vaccinated 40 owned dogs and cats and 20 street dogs and cats. (2) Save Animals, Democratic Republic of Congo (\$500)-Rabies campaign during which 94 dogs and cats were vaccinated; radio show to raise awareness of SA's work; and press conference/event. (3) Social and Animal Welfare Service, Somaliland (\$500)-Held 6 donkey vet clinics outside of Hargeisa, during which donkeys were treated for wounds and injuries, de-wormed, and hooves are filed, and owners are given advice about how to provide improved care. (4) Animal Rescue League, Senegal (\$500)-To hold a rabies vaccination clinic (planned for Feb/March 2019) to showcase to government officials (AKI grant will provide transport for them and will fund rabies vaccines) the need for these clinics and to advocate against poisoning of dogs for population control. (5) Funda Nenja, South Africa (\$500)-Built and distributed 30 dog houses in the township where FN conducts Dog School and provides other services to residents. (6) Mdzananda Animal Clinic, South Africa (\$500)-Bought cat and dog food for their hospital and stray unit dogs and cats during November and December. (7) Touch of Life Shelter, Egypt (\$500)-Bought a water pump to fill the rehabilitation pool used for paralyzed dogs, bought 6 large bowls (pools) for dogs to take dips on hot Cairo days, and poured concrete to build a more sanitary floor in the cattery. (8) Mozambique Animal Protection Society (\$500)-Designed and printed (200 total) two new Humane Ed booklets in Portuguese, one for primary school and one for secondary school. (9) With remaining funds (\$300) from donor designations, supported the transport (from Dilijan to Yerevan), vaccination, spay/	4,400	Yes	4,400

**ANIMAL-KIND INTERNATIONAL** 

Total: 38,326

Schedule O, Statement 5