

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2016, or fiscal year beginning, 2016, and ending, 20

2016

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879e.

Name of exempt organization

RED PANDA NETWORK

Employer identification number

26-1103671

Name and title of officer

BRIAN WILLIAMS
CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	232,624
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize JOSEPH MODICA JR. to enter my PIN 56756 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date 08/15/17

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

96391142000
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

JOSEPH MODICA JR.

Date 08/15/17

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

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

A For the 2016 calendar year, or tax year beginning , **and ending**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **RED PANDA NETWORK**
 Doing business as: **RED PANDA NETWORK**
 Number and street (or P.O. box if mail is not delivered to street address): **1859 POWELL ST, SUITE 100** Room/suite
 City or town, state or province, country, and ZIP or foreign postal code: **SAN FRANCISCO CA 94133-2809**

D Employer identification number: **26-1103671**
E Telephone number: **877-584-6056**
G Gross receipts \$: **232,624**

F Name and address of principal officer:
NICKI BOYD
12525 SUNGLOW DR
EL CAJON CA 92021-1622

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.REDPANDANETWORK.ORG** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2010** **M** State of legal domicile: **CA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	260,343	231,026
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,200	1,585
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	259,143	232,624
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		60,839
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 467		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	244,226	171,094	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	244,226	231,933	
19 Revenue less expenses. Subtract line 18 from line 12	14,917	691	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 83,038	End of Year: 82,385
	21 Total liabilities (Part X, line 26)	2,131	787
	22 Net assets or fund balances. Subtract line 21 from line 20	80,907	81,598

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: **BRIAN WILLIAMS** Date: _____
 Type or print name and title: **CFO**

Paid Preparer Use Only
 Print/Type preparer's name: **JOSEPH N. MODICA** Preparer's signature: **JOSEPH N. MODICA** Date: **08/15/17** Check if self-employed PTIN: **P00005435**
 Firm's name: **MODICA FINANCIAL AND TAX, INC.** Firm's EIN: **26-4184432**
 Firm's address: **8380 MORRO RD ATASCADERO, CA 93422-4254** Phone no.: **805-461-5903**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program 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.

4a (Code:) (Expenses \$ 200,484 including grants of \$) (Revenue \$)

RED PANDA NETWORK STARTED IN 2006, WHEN WE REALIZED THAT LITTLE WAS BEING DONE TO PROTECT RED PANDA AND ITS HABITAT. WE BEGAN WITH THE IDEA THAT, GIVEN THE OPPORTUNITY, LOCAL VILLAGERS WOULD CHOOSE PROTECTION OVER EXPLOITATION OF THEIR NATURAL RESOURCES.

WE TESTED THIS THEORY OUT THROUGHOUR FOREST GUARDIAN MONITORING PROGRAM, TRAINING 14 LOCAL VILLAGERS TO MONITOR THEIR FORESTS FOR RED PANDA. NEXT WE REALIZED THAT WE NEEDED TO TURN RED PANDAS INTO A FINANCIAL RESOURCE AND BEGAN TRAINING LOCAL VILLAGERS IN ECO-TOURISM AND PROMOTING TRIPS TO SEE RED PANDA IN THE WILD.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ 4,801 including grants of \$) (Revenue \$)

4e Total program service expenses 205,285

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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 as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
4b	If "Yes," enter the name of the foreign country: NEPAL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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	X	

Section 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?	X	
10b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 BRIAN WILLIAMS 47 SHELL ROAD
 MILL VALLEY CA 94941 877-584-6056

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. AXEL GEBAUER	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) ANGELA GLATSTON	0.00									
VICE PRESIDENT	0.00	X					0	0	0	
(3) KRISTIN LEUS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) KIMBERLY RISCHE	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) JERRY ROE	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) ROBERT SHEPHERD	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) NICKI BOYD	0.00									
PRESIDENT	0.00			X			0	0	0	
(8) HEATHER MERRIAM	0.00									
SECRETARY	0.00			X			0	0	0	
(9) BRIAN WILLIAMS	3.00									
CFO	0.00			X			0	0	0	
(10)										
(11)										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (with sub-columns: Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Sub-total
1c Total from continuation sheets to Part VII, Section A
1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	67,881				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	163,145				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			231,026			
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13	13			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a INTERNATIONAL RED PANDA DAY			1,000	1,000			
b NON-INVENTORY SALES			576		576		
c MISC REVENUE			9	9			
d All other revenue							
e Total. Add lines 11a-11d			1,585				
12 Total revenue. See instructions.			232,624	1,022	0	576	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	60,615	57,584	3,031	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	224	224		
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,516	758	758	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	49,449	39,843	9,606	
12 Advertising and promotion				
13 Office expenses	11,394	5,935	5,397	62
14 Information technology				
15 Royalties				
16 Occupancy	4,053	3,243	405	405
17 Travel	24,668	24,668		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,688	1,688		
20 Interest				
21 Payments to affiliates	69,841	62,857	6,984	
22 Depreciation, depletion, and amortization	455	455		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK AND CREDIT CARD FEES	4,716	4,716		
b COGS	1,676	1,676		
c FIELD EQUIPMENT	1,638	1,638		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	231,933	205,285	26,181	467
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	43,183	1	16,005
	2	Savings and temporary cash investments	32,646	2	59,840
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,707	9	1,083
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,184		
	10b	Less: accumulated depreciation	1,137	10c	2,047
	11	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		14	
	15	Other assets. See Part IV, line 11		15	3,410
16	Total assets. Add lines 1 through 15 (must equal line 34)	83,038	16	82,385	
Liabilities	17	Accounts payable and accrued expenses	1,000	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,131	25	787
	26	Total liabilities. Add lines 17 through 25	2,131	26	787
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	80,907	27	81,598
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	80,907	33	81,598	
34	Total liabilities and net assets/fund balances	83,038	34	82,385	

Part 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	232,624
2	Total expenses (must equal Part IX, column (A), line 25)	2	231,933
3	Revenue less expenses. Subtract line 2 from line 1	3	691
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80,907
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	81,598

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. _____

	Yes	No
2a		X
2b		X
2c		
3a		
3b		

Form 990 - Federal General Footnote

Description

PAYMENT TO AFFILIATES REFERS TO FUNDS SENT TO NEPAL TO PAY FOR WORKERS,
SUPPLIES, AND OTHER EXPENSES RELATED TO THE CARE, PROTECTION, AND STUDY OF
THE RED PANDA

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.

Name of the organization

RED PANDA NETWORK

Employer identification number

26-1103671

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 12, check only one box.)

- 1 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, city, and state:
- 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 Total support. Add lines 7 through 10						

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

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	208,555	171,557	179,170	260,343	231,026	1,050,651
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	243	2,023	35		1,022	3,323
3 Gross receipts from activities that are not an unrelated trade or business under section 513					576	576
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						
6 Total. Add lines 1 through 5	208,798	173,580	179,205	260,343	232,624	1,054,550
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,054,550

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	208,798	173,580	179,205	260,343	232,624	1,054,550
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						
c Add lines 10a and 10b						
11 Net income from unrelated business 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.)	208,798	173,580	179,205	260,343	232,624	1,054,550
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
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

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	
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	
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	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 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.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2016

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

Name of the organization

Employer identification number

RED PANDA NETWORK

26-1103671

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

RED PANDA NETWORK

Employer identification number

26-1103671

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ATLANTA ZOO 800 CHEROKEE AVE SE ATLANTA GA 30315	\$ 9,957	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DETROIT ZOOLOGICAL SOCIETY 8450 W. 10 MILE ROAD ROYAL OAK MI 48067	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DISNEY PO BOX 10000 LAKE BUENA VISTA FL 32830	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	EUROPEAN OUTDOOR CONSERVATION ASSOC BAARERSTRASSE 10 ZUG ZUG	\$ 9,916	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROTTERDAM ZOO PO BOX 532 ROTTERDAM	\$ 18,077	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL SUITE 300 MOUNTAIN VIEW CA 94040	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RED PANDA NETWORK

Employer identification number

26-1103671

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ZOOLOGICAL SOCIETY OF SAN DIEGO 1455 FRAZEE RD #200 SAN DIEGO CA 92101	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BROWN ADVISORY 901 SOUTH BOND STREET STE 400 BALTIMORE MD 21231	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Name of the organization

RED PANDA NETWORK

Employer identification number

26-1103671

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include questions about conservation easement types, monitoring, and expenses.

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.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		3,184	1,137	2,047
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,047

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RPN CREDIT CARD	588
(3) PAYROLL LIABILITIES	199
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	787

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e). Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Table with 5 main rows and sub-rows (a-e). Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Dotted lines for providing supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

RED PANDA NETWORK

Employer identification number

26-1103671

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2016

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

RED PANDA NETWORK

Employer identification number

26-1103671

FORM 990 - ORGANIZATION'S MISSION

OUR PROGRAMS SUPPORT COMMUNITIES IN THE PROTECTION OF RED PANDA HABITAT
THROUGHOUT THEIR RANGE THROUGH AWARENESS CAMPAIGNS, COMMUNITY-BASED
RESEARCH, IN ADDITION TO ECO-TOURISM AND SUSTAINABLE BUSINESS SKILL
DEVELOPMENT.

FORM 990, PART I, LINE 6

VOLUNTEERS SERVE ON THE BOARD.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

IN 2015, WE NOW HAVE 47 FOREST GUARDIANS MONITORING 10% OF RED PANDA
HABITAT IN NEPAL, AND HAD THE LARGEST GROUP (85) OF TOURISTS BOTH NATIONAL
AND FOREIGN VISITING THE RED PANDA TRAIL.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

OUR VISION IS TO ENSURE THE SURVIVAL OF WILD RED PANDAS AND PRESERVE THEIR
HABITAT FOR FUTURE GENERATIONS TO STUDY, EXPERIENCE, AND ENJOY. WE ARE
COMMITTED TO PROTECTING WILD RED PANDAS AND PRESERVING THEIR HABITAT
THROUGH THE EMPOWERMENT OF LOCAL COMMUNITIES BY ADAPTIVE COMMUNITY-BASED
RESEARCH, EDUCATION, AND SUSTAINABLE DEVELOPMENT.

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES
NEPAL

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED

Name of the organization

Employer identification number

RED PANDA NETWORK

26-1103671

NICKI BOYD

12525 SUNGLOW DR

EL CAJON, CA 92021-1622

ANGELA GLATSTON

AMMONSLAANTJE 28

WASSENAAR, NL

KRISTIN LEUS

ANNUNTIATENSTRAAT 6

BE

HEATHER MERRIAM

1615 SCENIC AVE

BERKELEY, CA 94709

JERRY ROE

1132A GREENWICH ST

SAN FRANCISCO, CA 94109

ROBERT SHEPHERD

5820 MONTICELLO ROAD

ALEXANDRIA, VA 22303

BRIAN WILLIAMS

47 SHELL RD

MILL VALLEY, CA 94941

Name of the organization

Employer identification number

RED PANDA NETWORK

26-1103671

KIMBERLY RISCHE

849 LINCOLN RD #56

YUBA CITY, CA 95991

DR. AXEL GEBAUER

SCHAFEREI1 OT DURRBACH

GM

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND AT LEAST ONE MEMBER OF THE BOARD OF DIRECTORS. THIS GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT OR THE BOARD AUTHORIZES THE FINAL FORM 990 WHICH IS THEN E-FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. THE NEPAL COUNTRY DIRECTOR AND ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE

Name of the organization RED PANDA NETWORK	Employer identification number 26-1103671
---	--

ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF ALL HIGH-LEVEL PERSONNEL ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPENSATION OF OTHER PERSONNEL AND KEY EMPLOYEES IS REVIEWED AT LEAST ANNUALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO WWW.GUIDESTAR.ORG (WHERE THEY ARE AVAILABLE FOR VIEWING AS ELECTRONIC COPIES) AND ARE ALSO AVAILABLE FOR A PHYSICAL INSPECTION AT THE ORGANIZATION'S OFFICE IN MILL VALLEY, CALIFORNIA AND KATHMANDU, NEPAL.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

Name of the organization

Employer identification number

RED PANDA NETWORK

26-1103671

DESCRIPTION

PROGRAM SERVICE

MGT & GENERAL

FUNDRAISING

BUSINESS REGISTRATION FEES

\$ 994

\$ 0

\$ 0

FIELD SURVEYS AND WORK

\$ 8,876

\$ 8,877

\$ 0

MISC EXPENSE

\$ 1,301

\$ 0

\$ 0

OTHER EXPENSE

\$ 1,017

\$ 0

\$ 0

PAYROLL PROCESSING FEES

\$ 729

\$ 729

\$ 0

RECONCILIATION DISCREPANCIES

\$ -15

\$ 0

\$ 0

SUBCONTRACTOR EXPENSE

\$ 26,941

\$ 0

\$ 0

TOTAL

\$ 39,843

\$ 9,606

\$ 0

Depreciation and Amortization
(Including Information on Listed Property)

▶ **Attach to your tax return.**
▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Name(s) shown on return

RED PANDA NETWORK

Identifying number

26-1103671

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	455

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	455
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

GENERAL INFORMATION

NAME: NICKI BOYD
 NICKI BOYD
 ADDRESS: 12525 SUNGLOW DR
 CITY, STATE ZIP CODE: EL CAJON, CA 92021-1622
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:
 RELATED:

CONTACT

PRINCIPAL? YES
 SIGNATURE? NO
 USE ORG ADDR? NO

OTHER INFORMATION

POSITION OFFICER
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE PRESIDENT
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

GENERAL INFORMATION

NAME: ANGELA GLATSTON
 ANGELA GLATSON
 ADDRESS: AMMONSLAANTJE 28
 CITY, STATE ZIP CODE: WASSENAAR, .
 FOREIGN COUNTRY: NETHERLANDS
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? NO

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE: VICE PRESIDENT
 OFFICER TYPE: INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

GENERAL INFORMATION

NAME: KRISTIN LEUS
 ADDRESS ANNUNTIATENSTRAAT 6
 2170 MERKSEM
 CITY, STATE ZIP CODE: / .
 FOREIGN COUNTRY: BELGIUM
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 1.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? NO

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE BOARD MEMBER
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

GENERAL INFORMATION

NAME: HEATHER MERRIAM
HEATHER MERRIAM
ADDRESS: 1615 SCENIC AVE
CITY, STATE ZIP CODE: BERKELEY, CA 94709
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:
RELATED:

CONTACT

PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? NO

OTHER INFORMATION

POSITION OFFICER
BOOKS IN CARE? NO
FORMER? NO
TITLE SECRETARY
OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
BONUS/INCENTIVE: _____
OTHER: _____
RETIREMENT/DEFERRED BENEFITS: _____
OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
MANAGEMENT & GENERAL: _____
FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
ADJUSTED NET: _____
CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
SECOND: _____
THIRD: _____
OTHER: _____

GENERAL INFORMATION

NAME: JERRY ROE
 JERRY ROE
 ADDRESS: 1132A GREENWICH ST
 CITY, STATE ZIP CODE: SAN FRANCISCO, CA 94109
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? NO

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE BOARD MEMBER
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

GENERAL INFORMATION

NAME: ROBERT SHEPHERD
 ROBERT SHEPHERD
 ADDRESS: 5820 MONTICELLO ROAD
 CITY, STATE ZIP CODE: ALEXANDRIA, VA 22303
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? NO

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE BOARD MEMBER
 OFFICER TYPE INDIVIDUAL

HOURS PER WEEK

ORGANIZATION:
 RELATED:

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

GENERAL INFORMATION

NAME: BRIAN WILLIAMS
 BRIAN WILLIAMS
 ADDRESS: 47 SHELL RD
 CITY, STATE ZIP CODE: MILL VALLEY, CA 94941
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 3.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? YES
 USE ORG ADDR? NO

OTHER INFORMATION

POSITION OFFICER
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE CFO
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

GENERAL INFORMATION

NAME: KIMBERLY RISCHÉ
 ADDRESS: 849 LINCOLN RD #56
 CITY, STATE ZIP CODE: YUBA CITY, CA 95991
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? NO

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE: BOARD MEMBER
 OFFICER TYPE: INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

GENERAL INFORMATION

NAME: DR. AXEL GEBAUER
 ADDRESS SCHAFFEREI 1 OT DURRBACH
 02943 BOXBERG
 CITY, STATE ZIP CODE: /
 FOREIGN COUNTRY: GERMANY
 FOREIGN STATE OR PROVINCE:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? NO

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE DIRECTOR
 OFFICER TYPE INDIVIDUAL

HOURS PER WEEK

ORGANIZATION: 1.00
 RELATED:

COMPENSATION

ORGANIZATION

RELATED

OTHER

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

INCOME ALLOCATION

PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

CONTRIBUTOR INFORMATION

GENERAL INFORMATION

NAME: ATLANTA ZOO E-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 ADDRESS 800 CHEROKEE AVE NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: SE ATLANTA, GA 30315
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 9,957
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE RELATED ORGANIZATION
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

CONTRIBUTOR INFORMATION**GENERAL INFORMATION**

NAME: DETROIT ZOOLOGICAL SOCIETY E-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 ADDRESS 8450 W. 10 MILE ROAD NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: ROYAL OAK, MI 48067
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 5,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE RELATED ORGANIZATION
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

CONTRIBUTOR INFORMATION

GENERAL INFORMATION

NAME:	DISNEY	E-FILING TYPE:	INDIVIDUAL
		DO NOT DISCLOSE	
ADDRESS	PO BOX 10000	NAME AND ADDRESS?	NO
CITY, STATE ZIP CODE: LAKE BUENA VISTA, FL 32830			
FOREIGN COUNTRY:			
FOREIGN STATE OR PROVINCE:			

CONTRIBUTIONS

CASH CONTRIBUTION: 25,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

	TYPE	OTHER
DONOR ADVISED FUND:		
GOVERNMENT ENTITY?		NO
INCLUDE ON SCH B?		NO

CHARITABLE CONTRIB? NO	DISREGARD ON SCH B?	NO
PURPOSE OF GIFT:		

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME:	E-FILING TYPE:	INDIVIDUAL
ADDRESS		
CITY, STATE ZIP CODE: ,		
FOREIGN COUNTRY:		
FOREIGN STATE OR PROVINCE:		
RELATIONSHIP TO TRANSFEREE:		

CONTRIBUTOR INFORMATION**GENERAL INFORMATION**

NAME: EUROPEAN OUTDOOR CONSERVATION ASSOC E-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 ADDRESS BAARERSTRASSE 10 NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: ZUG ZUG, .
 FOREIGN COUNTRY: SWITZERLAND
 FOREIGN STATE OR PROVINCE: CANTON OF

CONTRIBUTIONS

CASH CONTRIBUTION: 9,916
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE RELATED ORGANIZATION
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

CONTRIBUTOR INFORMATION**GENERAL INFORMATION**

NAME: EUROPEAN ASSOCIATION OF ZOO & AQUARE-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 ADDRESS PO BOX 20164 NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: AMSTERDAM, .
 FOREIGN COUNTRY: NETHERLANDS
 FOREIGN STATE OR PROVINCE: AMSTERDAM

CONTRIBUTIONS

CASH CONTRIBUTION:
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE RELATED ORGANIZATION
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

CONTRIBUTOR INFORMATION

GENERAL INFORMATION

NAME: ROTTERDAM ZOO
 ADDRESS PO BOX 532
 CITY, STATE ZIP CODE: ROTTERDAM, .
 FOREIGN COUNTRY: NETHERLANDS
 FOREIGN STATE OR PROVINCE: HOLLAND

E-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 NAME AND ADDRESS? NO

CONTRIBUTIONS

CASH CONTRIBUTION: 18,077
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE RELATED ORGANIZATION
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

CONTRIBUTOR INFORMATION**GENERAL INFORMATION**

NAME: SILICON VALLEY COMMUNITY FOUNDATION E-FILING TYPE: INDIVIDUAL
 DO NOT DISCLOSE
 ADDRESS 2440 WEST EL CAMINO REAL NAME AND ADDRESS? NO
 SUITE 300
 CITY, STATE ZIP CODE: MOUNTAIN VIEW, CA 94040
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 10,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B?

NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

CONTRIBUTOR INFORMATION**GENERAL INFORMATION**

NAME: ZOOLOGIICAL SOCIETY OF SAN DIEGO E-FILING TYPE: BUSINESS
 DO NOT DISCLOSE
 ADDRESS 1455 FRAZEE RD #200 NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: SAN DIEGO, CA 92101
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 10,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE RELATED ORGANIZATION
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO
 PURPOSE OF GIFT:

DISREGARD ON SCH B? NO

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

CONTRIBUTOR INFORMATION

GENERAL INFORMATION

NAME: BROWN ADVISORY E-FILING TYPE: INDIVIDUAL
 DO NOT DISCLOSE
 ADDRESS 901 SOUTH BOND STREET STE 400 NAME AND ADDRESS? NO
 CITY, STATE ZIP CODE: BALTIMORE, MD 21231
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTRIBUTIONS

CASH CONTRIBUTION: 5,000
 FUNDRAISING PORTION:
 TYPE: PERSON

OTHER INFORMATION

TYPE OTHER
 DONOR ADVISED FUND:
 GOVERNMENT ENTITY? NO
 INCLUDE ON SCH B? NO

CHARITABLE CONTRIB? NO DISREGARD ON SCH B? NO
 PURPOSE OF GIFT:

USE OF GIFT:

IF SET ASIDE, HOW HELD:

TRANSFER INFORMATION

NAME: E-FILING TYPE: INDIVIDUAL
 ADDRESS
 CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:
 RELATIONSHIP TO TRANSFEREE:

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
BUSINESS REGISTRATION FEES	\$ 994	\$ 994		
FIELD SURVEYS AND WORK	17,753	8,876	8,877	
MISC EXPENSE	1,301	1,301		
OTHER EXPENSE	1,017	1,017		
PAYROLL PROCESSING FEES	1,458	729	729	
RECONCILIATION DISCREPANCIES	-15	-15		
SUBCONTRACTOR EXPENSE	26,941	26,941		
TOTAL	\$ 49,449	\$ 39,843	\$ 9,606	\$ 0

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
RELATED ORGANIZATIONS	\$ 14,931
ADOPTIONS	18,372
CORPORATE CONTRIBUTIONS	20,844
ECO TOUR	19,874
FOREST GUARDIANS	67
INDIVIDUAL CONTRIBUTIONS	44,021
NON-PROFIT CONTRIBUTIONS	18,389
UNINCORPORATED BUSINESSES	1,578
ATLANTA ZOO	
CASH CONTRIBUTION	9,957
DETROIT ZOOLOGICAL SOCIETY	
CASH CONTRIBUTION	5,000
DISNEY	
CASH CONTRIBUTION	25,000
EUROPEAN OUTDOOR CONSERVATION ASSOC	
CASH CONTRIBUTION	9,916
ROTTERDAM ZOO	
CASH CONTRIBUTION	18,077
SILICON VALLEY COMMUNITY FOUNDATION	
CASH CONTRIBUTION	10,000
ZOOLOGIICAL SOCIETY OF SAN DIEGO	
CASH CONTRIBUTION	10,000
BROWN ADVISORY	
CASH CONTRIBUTION	5,000
TOTAL	\$ <u>231,026</u>

Schedule A, Part III, Line 2(e)

Description	Amount
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	\$ 13
MISC REVENUE	9
INTERNATIONAL RED PANDA DAY	1,000
TOTAL	\$ <u>1,022</u>

Schedule A, Part III, Line 3(e)

Description	Amount
NON-INVENTORY SALES	\$ 576
TOTAL	\$ <u>576</u>

END OF YEAR

<u>Description</u>	<u>Amount</u>
CHASE CHECKING	\$ 14,614
PETTY CASH	5,450
SIDDHARTHA CHECKING	-4,059
TOTAL	<u>\$ 16,005</u>

Savings - EOY

<u>Description</u>	<u>Amount</u>
CHASE SAVINGS	\$ 50,002
PAY PAL	17,500
STRIPE MERCHANT ACCOUNT	-7,662
TOTAL	<u>\$ 59,840</u>

NON-INVENTORY SALES**Other Costs**

<u>Description</u>	<u>Amount</u>
COST OF GOOD SOLD	\$ 1,676
TOTAL	<u>\$ 1,676</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
	1 FIELD EQUIPMENT	7/15/14	3,184			3,184	7 MO S/L	682	455
	Total Other Depreciation		<u>3,184</u>			<u>3,184</u>		<u>682</u>	<u>455</u>
	Total ACRS and Other Depreciation		<u>3,184</u>			<u>3,184</u>		<u>682</u>	<u>455</u>
	Grand Totals		3,184			3,184		682	455
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>3,184</u>			<u>3,184</u>		<u>682</u>	<u>455</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
	FIELD EQUIPMENT	7/15/14	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

California Diagnostics

Critical Messages

None

Electronic Filing

None

Informational Messages

Form 199 is marked to be filed electronically

MAIL TO:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number <u>187687</u> <u>RED PANDA NETWORK</u> Name of Organization <u>1859 POWELL ST, SUITE 100</u> Address (Number and Street) <u>SAN FRANCISCO CA 94133-2809</u> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>3008253</u> Federal Employer I.D. No. <u>26-1103671</u>
--	--

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)

Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/16 ending 12/31/16) list:

Gross annual revenue \$ 232,624 Total assets \$ 82,385

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? STMT 1	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable prop. or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 877-584-6056

Organization's e-mail address BRIAN.WILLIAMS@REDPANDANETWORK.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

BRIAN WILLIAMS CFO
 Signature of authorized officer Printed Name Title Date

Statement 1 - Form RRF-1, Part B, Line 1 - Financial Transactions

Description

LOAN WAS GIVEN BY THE FOUNDER TO THE ORGANIZATION

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2016**California e-file Return Authorization for Exempt Organizations**

FORM

8453-EO

Exempt Organization name

RED PANDA NETWORK

Identifying number

26-1103671

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	232,624
2	Total gross income (Form 199, line 8)	2	230,948
3	Total expenses and disbursements (Form 199, Line 9)	3	230,257

Part II Settle Your Account Electronically for Taxable Year 2016

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
 6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

Signature of officer

08/15/17

Date



Title

CFO

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature



Date

08/15/17

Check if also paid preparer Check if self-employed

ERO's PTIN

P00005435

Firm's name (or yours if self-employed) and address

JOSEPH MODICA JR.
 8380 MORRO RD.
 ATASCADERO CA

FEIN

264184432

ZIP code

93422

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature



JOSEPH N. MODICA

Date

08/15/17

Check if self-employed

Paid preparer's PTIN

P00005435

Firm's name (or yours if self-employed) and address

MODICA FINANCIAL AND TAX, INC.
 8380 MORRO RD
 ATASCADERO CA

FEIN

26-4184432

ZIP code

93422-4254

**California Exempt Organization
Annual Information Return**

2016

199

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **RED PANDA NETWORK** California corporation number: **3008253**

Additional information. See instructions. FEIN: **26-1103671**

Street address (suite or room): **1859 POWELL ST, SUITE 100** PMB no. _____

City: **SAN FRANCISCO** State: **CA** Zip code: **94133-2809**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990-PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources. \$ _____

L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
 No filing fee is required

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,598	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	231,026	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	232,624	00
	5	Cost of goods sold	5	1,676	00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7	1,676	00
	8	Total gross income. Subtract line 7 from line 4	8	230,948	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	230,257	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	691	00
Filing Fee	11	Total payments	11	10	00
	12	Use tax. See General Instruction K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	10	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10	00
	16	Penalties and Interest. See General Instruction J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Title: **CFO** Date: _____ Telephone: **877-584-6056**

Paid Preparer's Use Only Preparer's signature: **JOSEPH N. MODICA** Date: **08/15/2017** Check if self-employed: PTIN: **P00005435**

Firm's name (or yours, if self-employed): **MODICA FINANCIAL AND TAX, INC.** FEIN: **26-4184432**
 and address: **8380 MORRO RD ATASCADERO, CA 93422-4254** Telephone: **805-461-5903**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	13	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income. Attach schedule SEE STATEMENT 1	•	7	1,585	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,598	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	•	9	69,841	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	•	11		00	
	12	Other salaries and wages	•	12	60,615	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15	4,053	00
		16	Depreciation and depletion (See instructions)	•	16	455	00
		17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 4	•	17	95,293	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	230,257	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash		75,829		75,845
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	3,184		3,184	
b Less accumulated depreciation	(682)	2,502	(1,137)	2,047
11 Land				
12 Other assets. Attach schedule. STMT 5		4,707		4,493
13 Total assets		83,038		82,385
Liabilities and net worth				
14 Accounts payable		1,000		
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule. STMT 6		1,131		787
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		80,907		81,598
22 Total liabilities and net worth		83,038		82,385

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	•	691	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8	•	
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6	•	691
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5	•	691				

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2016

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

Name of the organization

Employer identification number

RED PANDA NETWORK

26-1103671

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

RED PANDA NETWORK

Employer identification number

26-1103671

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ATLANTA ZOO 800 CHEROKEE AVE SE ATLANTA GA 30315	\$ 9,957	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DETROIT ZOOLOGICAL SOCIETY 8450 W. 10 MILE ROAD ROYAL OAK MI 48067	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DISNEY PO BOX 10000 LAKE BUENA VISTA FL 32830	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	EUROPEAN OUTDOOR CONSERVATION ASSOC BAARERSTRASSE 10 ZUG ZUG	\$ 9,916	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROTTERDAM ZOO PO BOX 532 ROTTERDAM	\$ 18,077	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL SUITE 300 MOUNTAIN VIEW CA 94040	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RED PANDA NETWORK	Employer identification number 26-1103671
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ZOOLOGICAL SOCIETY OF SAN DIEGO 1455 FRAZEE RD #200 SAN DIEGO CA 92101	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BROWN ADVISORY 901 SOUTH BOND STREET STE 400 BALTIMORE MD 21231	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Statement 1 - Form 199, Part II, Line 7 - Other Income

<u>Description</u>	<u>Amount</u>
NON-INVENTORY SALES	\$ 576
MISC REVENUE	9
INTERNATIONAL RED PANDA DAY	<u>1,000</u>
TOTAL	<u>\$ 1,585</u>

California Statements

Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
1		RED PANDA NETWORK AFFILIATE PROTECTION OF PANDA	PO BOX 2785 69,841	BALUWATAR				

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address	Avg Hrs	Compensation Amount
City	State	Zip	Title
NICKI BOYD	12525 SUNGLOW DR		
EL CAJON	CA	92021-1622	PRESIDENT
ANGELA GLATSTON	AMMONSLAANTJE 28		
WASSENAAR	.		VICE PRESIDENT
KRISTIN LEUS	ANNUNTIATENSTRAAT 6		BOARD MEMBER
HEATHER MERRIAM	1615 SCENIC AVE	1.00	
BERKELEY	CA	94709	SECRETARY
JERRY ROE	1132A GREENWICH ST		
SAN FRANCISCO	CA	94109	BOARD MEMBER
ROBERT SHEPHERD	5820 MONTICELLO ROAD		
ALEXANDRIA	VA	22303	BOARD MEMBER
BRIAN WILLIAMS	47 SHELL RD		
MILL VALLEY	CA	94941	CFO
KIMBERLY RISCHE	849 LINCOLN RD #56	3.00	
YUBA CITY	CA	95991	BOARD MEMBER
DR. AXEL GEBAUER	SCHAFFEREI1 OT DURRBACH	1.00	
	DIRECTOR		
TOTAL			<u>0</u>

Statement 4 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
ACCOUNTING	\$ 1,516
BUSINESS REGISTRATION FEES	994
FIELD SURVEYS AND WORK	17,753
PAYROLL PROCESSING FEES	1,458
MISC EXPENSE	1,301
POSTAGE, MAILING SERVICE	185
PRINTING AND COPYING	285
INTERSTATE TRAVEL	2,863
LOCAL TRAVEL	26
MEALS AND ENTERTAINMENT	1,657
BANK AND CREDIT CARD FEES	4,716
INTERNET HOSTING	237
SUPPLIES	433
MAILBOX RENTAL	150
SUBCONTRACTOR EXPENSE	26,941
INTERNATIONAL TRAVEL	19,980
CAR RENTAL	142
CONFERENCES, MEETINGS	1,688
EMPLOYEE BENEFITS	224
OTHER EXPENSE	1,017
RECONCILIATION DISCREPANCIES	-15
FIELD EQUIPMENT	1,638
COMPUTER SOFTWARE	10,104
TOTAL	<u>\$ 95,293</u>

Statement 5 - Form 199, Schedule L, Line 12 - Other Assets

Description	Beginning of Year	End of Year
PREPAID EXPENSES & SAL ADVANCE	\$ 4,707	\$ 3,410
PREPAID EXPENSES SECTION 197	4,707	1,083
TOTAL	<u>\$ 4,707</u>	<u>\$ 4,493</u>

Statement 6 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
RPN CREDIT CARD	\$ 932	\$ 588
PAYROLL LIABILITIES	199	199
TOTAL	<u>\$ 1,131</u>	<u>\$ 787</u>

2016 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name RED PANDA NETWORK	California corporation number 3008253
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property		
(b) Cost (business use only)		
(c) Elected cost		
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2017. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 1						455	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						455	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	455
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

Description

Description	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
FIELD EQUIPMENT	7/15/14	\$ 3,184	\$ 682	S/L	7.00	\$ 455	\$
TOTAL		<u>\$ 3,184</u>	<u>\$ 682</u>			<u>\$ 455</u>	<u>\$ 0</u>