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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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

Open to Public Inspection

ΑΙ	or the	2013 calendar year, or tax year beginning and	ending	_				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
ć								
	Addres change	Animal Protective Association						
	Name change	Doing Business As Harmony House for Cats		23-7	137725			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Termin- ated	F.O. BOX 10090		773-	293-6103			
	Amend return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	333,516.			
	Application	Clicago, in 00018-0098		H(a) Is this a group re	eturn			
	pendin	F Name and address of principal officer: Ann Dieter		for subordinates	? Yes X No			
		same as C above		H(b) Are all subordinates in	ncluded? Yes No			
		mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)			
		e:▶ www.hhforcats.org		H(c) Group exemptio				
		organization: X Corporation Trust Association Other ►	L Year (of formation: 1970 N	$m{n}$ State of legal domicile: ${ t IL}$			
Pá		Summary						
ě	1 1	Briefly describe the organization's mission or most significant activities: Anim	<u>al Pro</u>	tective Ass	ociation			
Activities & Governance	-	operates an animal shelter and adoption						
ern	1	Check this box 🕨 📖 if the organization discontinued its operations or dispo						
Š		Number of voting members of the governing body (Part VI, line 1a)			7			
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			7			
ies		Fotal number of individuals employed in calendar year 2013 (Part V, line 2a) $$			11			
ĬΞ		Total number of volunteers (estimate if necessary)			200			
Act		Fotal unrelated business revenue from Part VIII, column (C), line 12			900.			
	l d	Net unrelated business taxable income from Form 990-T, line 34	·····		0.			
				Prior Year	Current Year			
ne		Contributions and grants (Part VIII, line 1h)		607,602.	184,232.			
Jen J		Program service revenue (Part VIII, line 2g)		5,475.	7,080.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		15,096.	65,787.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,813.	18,012.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		651,986.	275,111.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		164,313.	• •			
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		164,313.	172,027.			
ë	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.			
X	b	Fotal fundraising expenses (Part IX, column (D), line 25)	33.	278,293.	221 000			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		442,606.				
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		209,380.	493,936. -218,825.			
_ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	19	Revenue less expenses. Subtract line 18 from line 12						
o Sta	00 -	Fatal assats (Dark V. Bas 40)	Ве	ginning of Current Year 6,027,753.	End of Year 5,737,758.			
Asse Bala	20	Fotal assets (Part X, line 16)		93,488.	2,661.			
Net Assets or Fund Balances	21 22 1	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		5,934,265.	5,735,097.			
P	art II	Signature Block		3,334,2034	3,133,0316			
		ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the hest of m	v knowledge and belief it is			
		and complete. Declaration of preparer (other than officer) is based on all information of w		·	, memeage and senen, it is			
	1	•		1				
Sig	n	Signature of officer		Date				
Her		Ann Dieter, President						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d þ	Hugh J. Ahern, CPA	0	9/29/14 if self-employed				
Pre		Firm's name Desmond & Ahern, Ltd.		Firm's EIN	36-3321958			
Use	Only	Firm's address 10827 S. Western Ave.						
_		Chicago, IL 60643		Phone no. 77	3-779-4720			
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pai	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	ᆜ
1	Briefly describe the organization's mission:	
	Promoting the welfare of cats & protecting them from cruelty by	
	providing an adoption service & shelter, working towards the reduction	
	of cat overpopulation & educating the public about responsible cat	_
	care, including spay/neuter, safety, behavior & health issues.	
2	Did the organization undertake any significant program services during the year which were not listed on	—
2		N
		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	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 \$ 453,440 · including grants of \$) (Revenue \$ 8,652 Services provided by the Animal Protective Association's Harmony House	•)
	Services provided by the Animal Protective Association's Harmony House	_ ′
	for Cats include emergency veterinary care and medication to sick and	—
	injured cats, initial and on-going veterinary care for shelter	—
	residents, spaying/neutering and adoption services, counseling to	—
	not on tiple and gurrent adenters, and provide shelter gunnling food	
	potential and current adopters, and provide shelter, supplies, food,	
	care and housing for animals.	
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
UF	(Code) (Expenses \$	— <i>'</i>
		—
		—
		_
		—
		—
4-		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	—)
		—
		—
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 453,440.	
	E 000 (a)	

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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
ıza	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2-10		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7,7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Section Sect		Check if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in the contribution or protable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3_Transmittal of Wage and Tax Stataments, lead for the called a statements of the contribution of the contributions of th					Yes	No
b Enter the number of Forms W26 included in line 1a. Enter o I/I not applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a			
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) withings to prize withinsers? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 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? 3a X X 1b If Yes, 1 has it filed a Form 990. To this year? If Y-No, 1 for its 3b, provide an explanation in Schedule O. 3b If Yes, 1 form the harame of the foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country. 5b If Yes, 1 for the harame of the foreign country. 5c Was the organization have the organization that at was or is a party to a prohibited tax whether transaction at any time during the tax year? 5c Was the organization have made that were not tax deductible? 5c If Yes, 1 for its 5a of 5b, did the organization file Form 8886-17 6b Did any taxable party notify the organization file Form 8886-17 6c If Yes, 1 for the organization have an unally goes receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible ac charitable contributions? 6c If Yes, 1 for the organization have an only the decire of the value of the goods or services provided? 6d If Yes, 2 for the organization have an only the donor of the value of the goods or services provided? 6d If Yes, 3 for the organization end year by the value of the goods or services provided? 6d If Yes, 3 for the organization current protection of qualified intellectual property, did the organization. By the wave for the value of the goods or services provi	b		1b	0		
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX the companization have unrelated business gross income of \$1,000 or more during the year? 3a X X b If "Yes," has it filed a Form 990-T for this year? If "No," to fire 3b, provide an explanation in Schedule O 3b IA At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, so-cruite account, or other financial accounts? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6c If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6d Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," to life the organization inclide with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization inclide with every solicitation an express statement that was required to the payor? 7c ID Id the organization sell-very apyment in excess of \$75 made party sa st contributions and party for goods and services provided to the payor? 7c ID ID IT to engination sell-very apyment in excess of \$75 made party sa st contribution and party for goods and services provided to the payor? 7d ID ID IT to enginate the number of Forms \$282 filed during the year 6 Did the organization sell-very apymentimes, directly or indirectly, to pay premiums on a person	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX the companization have unrelated business gross income of \$1,000 or more during the year? 3a X X b If "Yes," has it filed a Form 990-T for this year? If "No," to fire 3b, provide an explanation in Schedule O 3b IA At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, so-cruite account, or other financial accounts? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6c If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6d Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," to life the organization inclide with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization inclide with every solicitation an express statement that was required to the payor? 7c ID Id the organization sell-very apyment in excess of \$75 made party sa st contributions and party for goods and services provided to the payor? 7c ID ID IT to engination sell-very apyment in excess of \$75 made party sa st contribution and party for goods and services provided to the payor? 7d ID ID IT to enginate the number of Forms \$282 filed during the year 6 Did the organization sell-very apymentimes, directly or indirectly, to pay premiums on a person		(gambling) winnings to prize winners?		1c		
tiled for the calendary year ending with or within the year covered by this return 1	2a					
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to refle (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Ax any time during the calendary year, did the organization have an inferent 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 accountly? 4a Ax any time the manne of the foreign country ► See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b LY*es," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b LY*es," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c LY*es," to line 5a or 5b, did the organization into Form 88861? 6a Does the organization has the were not 12x deductible as charitable contributions? 6b LY*es," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b LY*es," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c LY* or the organization received a contribution of qualified intellectual property, of which it was required. 7f LY*es," the organization received a contribution of qualified intellectual property, of the organization in line Form 1098 CY Sponsoring organizations. Intellectual property, of the organization in f			2a 1:	L		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-filic (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 If "Yes," has it filed a Form 990-T for this year? If "No," to line 30, provide an explanation in Schedule O 3 If "Yes," has it filed a Form 990-T for this year? If "No," to line 30, provide an explanation in Schedule O 3 If "Yes," enter the name of the foreign country. ► 3 If "Yes," enter the name of the foreign country. ► 3 If "Yes," enter the name of the foreign country. ► 3 If "Yes," enter the name of the foreign country. ► 3 If "Yes," enter the name of the foreign country. ► 3 If "Yes," or line 5 and 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 4 If Yes, "In line 5 and 50, did the organization in line Form 8808-T? 5 If "Yes," or line 5 and 50, did the organization in line Form 8808-T? 6 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? 5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 5 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). 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 Uffect the organization notify the donor of the value of the goods or services provided? 7 To Yes," indicate the number of Forms 8282 filed during the year 9 If "Yes," indicate the number of Forms 8282 filed during the year 1 Prove, indicate the number of Forms 8282 filed during the year 1 Prove, indicate the number of Forms 8282 filed during the year 1 Prove, indicate the number of Forms 8282 filed duri	b		ns?	2b		Х
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Gross receipts, included on Form 990, Part VIII, line 12 10 a Initiation fees and capital contributions included on Part VIII, line 12 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from embers or shareholders b Gross income from ther 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 filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 12a Interest 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. b Enter the amount of reserves the organization is required to maintain by the states in which the	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X Ital	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		Х
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 14b	g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509(a) (3)\ supporting\ organizations.$	d the supporting			
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9	Sponsoring organizations maintaining donor advised funds.				
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		, , , , , , , , , , , , , , , , , , , ,				
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organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b						
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		organization is licensed to issue qualified health plans				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c			
						X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	_	222	/22 * *

Form 990 (2013) Animal Protective Association 23-7137725 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
/ a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
D		7b		х
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		21
8		0-	Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		3.6	
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			77
а	The organization's CEO, Executive Director, or top management official	15a	77	Х
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	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?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation: 🕨		
	Deborah McKoy - 773-478-4569			
	3523 W. School, Chicago, IL 60618			

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.

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

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

Name and Title	(A)	(B)	(C)					nou	(D)	(E)	(F)
hours per week (list any hours for related organizations below line) (1) Ann Dieter 20.00 Yuseper President Yuseper President Yuseper Yus		Average	Pos		Position			one	Reportable	Reportable	Estimated
Compensation from the organizations below line) President Pr			box	box, unless person is			is bot	h an			
(1) Ann Dieter 20.00 X X X 0.			tor								
(1) Ann Dieter 20.00 X X X 0.		hours for	or dire	au au			ited				from the
(1) Ann Dieter 20.00 X X X 0.			nstee	truste		8	suadı		(W-2/1099-MISC)		
(1) Ann Dieter 20.00 X X X 0.		"	dual tr	utional	<u>_</u>	mploy	st con	la la			
Note		1 '	Indivi	Instit	Office	Key e	Highe emplo	Form			•
Column		20.00									_
Vice President X X X 0. 0. 0. (3) Linnea Blomgren 5.00 X X 0. 0. 0. Secretary X X X 0. 0. 0. (4) Deborah McKoy 20.00 0. 0. 0. 0. 0. Treasurer X X X 0. 0. 0. (5) Pat Vesper 15.00 X X 0. 0. 0. Director X X 0. 0. 0. 0. (6) Mary Veeneman 20.00 X 0. 0. 0. 0. (7) Linda Kawliche 20.00 0. 0. 0. 0. 0.			X		X				0.	0.	0.
Secretary Secretary X X O. O. O.		20.00									
X X 0. 0. 0.			X		X				0.	0.	0.
(4) Deborah McKoy 20.00 Treasurer X X 0. 0. 0. (5) Pat Vesper 15.00 0. 0. 0. 0. 0. Director X X 0. </td <td></td> <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		5.00									
X X 0. 0. 0.			X		X				0.	0.	0.
15.00 X X 0. 0. 0. 0. 0. 0		20.00									•
Director X X 0.		15 00	X		X		<u> </u>		0.	0.	0.
(6) Mary Veeneman 20.00 Director X (7) Linda Kawliche 20.00	- · · ·	15.00									•
Director		20 00	X		X				0.	0.	0.
(7) Linda Kawliche 20.00		20.00	,,								0
		20 00	X						0.	0.	0.
		20.00	-							۸	0
	Director		Δ.						0.	0.	0.
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			1								

Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st (
(A)	(B)			(C Posi				(D)	(E)			(F)	
Name and title	Average		not c	heck ı	more	than			Reportable			timate	
	hours per					is bot or/trus						ount o	of .
	week	_	T			T	T	from	from related			other	
	(list any hours for	irecto						the	organization			oensat	
	related	ord	æ			sated		organization	(W-2/1099-MI	SC)		om the	
	organizations	nstee	trust		gg.	Suedi		(W-2/1099-MISC)			_	anizati I relate	
	below	ual tr	tional		ploye	t con	_					nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme				l orgo	inzacio	,,,,
	,	느	느	0	ž	工	ш.						
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1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed at	oove	e) wł	าo r	received more than \$100	,000 of reportab	le			_
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer	director, or tru	uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4 For any individual listed on line 1a, is the s	um of reportab	le co											
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual	-		4		Х
5 Did any person listed on line 1a receive or									dual for services	3			
rendered to the organization? If "Yes," con	•				-			_			5		Х
Section B. Independent Contractors	•												
Complete this table for your five highest co	mpensated in	dene	ende	nt c	onti	racto	ors i	that received more than	\$100 000 of con	nnens	ation f	rom	
the organization. Report compensation for										.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(A)	trio odioridai y	<u> </u>	ona	<u>g</u>		0		(B)	y our.		(C	1	
Name and business	address	NO	INC	2				Description of s	ervices	C	comper	nsatior	1
							=	<u>'</u>					
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se lis	ste	d above) who received m	nore than				
\$100,000 of compensation from the organ	•					0		,					
											Eorm (200	

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Form **990** (2013

ı- a	r v	Check if Schedule O contains a response or r	note to anv lin	ie in this Part VIII			
			Table any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Gifts, Grants Iar Amounts		a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 2 d Related organizations 1d	20,400.				
Contributions, Gifts, Grants and Other Similar Amounts	1	e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above f Noncash contributions included in lines 1a-1f: \$	53,832. 7,707.				
<u>a</u> Co		h Total. Add lines 1a-1f		184,232.			
ervice Ie			siness Code 900099	7,080.	7,080.		
Program Service Revenue	,	c					
Pre		f All other program service revenue					
_		g Total. Add lines 2a-2f		7,080.			
	3	Investment income (including dividends, interest, other similar amounts) Income from investment of tax-exempt bond proc		14,373.			14,373.
	5	Royalties	1				
		(i) Real (ii) Real (iii) Real (ii	ii) Personal				
		c Rental income or (loss) 1,200.					
		d Net rental income or (loss)		1,200.			1,200.
		, 	(ii) Other 99,557.				
		b Less: cost or other basis and sales expenses c Gain or (loss)	18,143. 51,414.				
		d Net gain or (loss)		51,414.			51,414.
Other Revenue		a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	13,784.				
the		b Less: direct expenses b	3,935.				
0		c Net income or (loss) from fundraising events		9,849.			9,849.
		a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b	6,116. 1,625.				
		c Net income or (loss) from gaming activities	_	4,491.			4,491.
	10	a Gross sales of inventory, less returns and allowances a	6,274.				
		b Less: cost of goods sold b Net income or (loss) from sales of inventory	4,702.	1,572.	1,572.		
			siness Code 541800	900.		900.	
		c					
		d All other revenue					
		e Total. Add lines 11a-11d		900.			04 555
33200	12	Total revenue. See instructions.	>	275,111.	8,652.	900.	
33200 10-29	-13						Form 990 (2013)

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX	/O	<u></u>
	not include amounts reported on lines 6b, 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 governments and		·		
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. 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	152,419.	149,090.	3,133.	196
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,932.	7,759.	163.	10
10	Payroll taxes	11,676.	11,421.	240.	15
11	Fees for services (non-employees):				
а					
b	Legal				
	Accounting	6,990.		6,990.	
d	· · · · · · · · · · · · · · · ·				
е	D (' ' ' ' ' ' ' ' O D ' ' ' ' ' ' ' ' ' '				
f	Investment management fees				
q					
·	column (A) amount, list line 11g expenses on Sch O.)	18,630.	18,630.		
12	Advertising and promotion	1,617.		1,617.	
13	Office expenses	17,909.	10,832.	1,924.	5,153
14	Information technology				
15	Royalties				
16	Occupancy	14,041.	13,734.	289.	18
17	Travel		-		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	98,533.	96,381.	2,025.	127
23	Insurance	11,852.	10,758.	1,080.	14
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	Veternary service	75,673.	75,673.		
b	Animal care	52,582.	52,582.		
С	Special event-printing	11,378.			11,378
d	Special event	6,124.			6,124
е	All other expenses	6,580.	6,580.		
25	Total functional expenses. Add lines 1 through 24e	493,936.	453,440.	17,461.	23,035
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X | Balance Sheet

Part X	Balance Sheet				
	Check if Schedule O contains a response or note to any line in this Par	t X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	13,939.	1	4,951	
2	Savings and temporary cash investments		182,343.	2	104,895
3	Pledges and grants receivable, net		45,000.	3	38,257
4	Accounts receivable, net			4	
5	Loans and other receivables from current and former officers, directors			-	
	trustees, key employees, and highest compensated employees. Comp	′ I			
	Part II of Schedule L			5	
6	Loans and other receivables from other disqualified persons (as define				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and cor				
	employers and sponsoring organizations of section 501(c)(9) voluntary	-			
ر ا س	employees' beneficiary organizations (see instr). Complete Part II of Sc			6	
Assets	Notes and loans receivable, net			7	
8 As	Inventories for sale or use			8	
9				9	
	Prepaid expenses and deterred charges Land, buildings, and equipment: cost or other			_	
""	hasis Complete Part VI of Schodule D	987			
	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 5,451 10b 161	632.	5,392,088.	10c	5 290 355
11	Investments publicly traded courities	70321	346,240.	11	5,290,355 299,300
12	Investments - publicly traded securities	340,240.	12	255,500	
				13	
13	Investments - program-related. See Part IV, line 11			14	
14	Intangible assets Other coasts See Bot IV line 11		48 143	15	0
15	Other assets. See Part IV, line 11		48,143. 6,027,753.	16	5,737,758
16 17	Total assets. Add lines 1 through 15 (must equal line 34)		1,904.	17	2,661
18	Accounts payable and accrued expenses		1,504.	18	2,001
19	Grants payable			19	
	Deferred revenue			20	
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D				
21				21	
ties 22	Loans and other payables to current and former officers, directors, true key employees, highest compensated employees, and disqualified per				
Liabilities 72				20	
E	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties			22	
23	Unsecured notes and loans payable to unrelated third parties			24	
24	Other liabilities (including federal income tax, payables to related third			24	
25	parties, and other liabilities not included on lines 17-24). Complete Part	t V of			
			91,584.	25	0
26	Schedule D Total liabilities. Add lines 17 through 25		93,488.	26	2,661
26	Organizations that follow SFAS 117 (ASC 958), check here ► X		33,400.	20	2,001
رم ا ا	complete lines 27 through 29, and lines 33 and 34.	anu			
9 27			5,934,265.	27	5,735,097
28 a 28	Unrestricted net assets Temporarily restricted net assets		3/331/2031	28	377337037
		I .		29	
Net Assets or Fund Balances 22 8 9 3 1 3 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here			23	
느	and complete lines 30 through 34.				
2 20	•			30	
30	Capital stock or trust principal, or current funds			31	
Š 31	Paid-in or capital surplus, or land, building, or equipment fund	Г		32	
¥ 32	Retained earnings, endowment, accumulated income, or other funds		5,934,265.	33	5,735,097
2 33	Total liebilities and not assets /fund belances		6,027,753.	34	5,737,758
34	Total liabilities and net assets/fund balances		0,021,133.	J -1	Form 990 (2013

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 2 3 4 5 6 7 8 9	27 49 -21 5,93 1	5,1 3,9 8,8 4,2 9,6	36. 25. 65. 57.
Pa	column (B)) rt XII Financial Statements and Reporting	10	5,73	5,0	97.
· u	Check if Schedule O contains a response or note to any line in this Part XII				
	oncok ii ooncodic o containo a responde of note to any line iii tiile i art xii			Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audite, explain why in Schodule O and describe any stone taken to undergo such audite		26		i

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Animal Protective Association

Employer identification number 23-7137725

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.		_			
Γhe	organ			because it is: (For lines										
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2		A school des	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3			A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		•	·	operated in conjunction					(b)(1)(A)(ii	i i). Enter i	the	hospita	ıl's nam	ne,
		city, and stat	-							•		•		•
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		_	(b)(1)(A)(iv). (Compl	-	,	·	,	Ü						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X													
			b)(1)(A)(vi). (Comple		0. 110 00.1010		90.0			gomoran	JO 0110			
8				section 170(b)(1)(A)(vi).	(Complete	Part II)								
9	\Box			eives: (1) more than 33			rom contri	butions n	nembershi	n fees a	nd (aross re	eceints	from
•				nctions - subject to certa										
				axable income (less sect										
			509(a)(2). (Complete			, , , , , , , , , , , , , , , , , , ,		aoquii ou k	y and orga	a neation	uite	, ourio	00, 101	0.
10				perated exclusively to te	st for publ	ic safety S	See secti o	n 509(a)(4	1).					
11	一	•		perated exclusively for the	•	•			•	v out the	ונום י	rnoses	of one	or
•		•		ations described in section						•	•	•		0.
				organization and compl				-,		-,(-,: -::				
		a Type I	· · · · · · · · · · · · · · · · · · ·		ype III - Fu	_			Typ	e III - Noi	n-fu	nctiona	Ilv inte	arated
е				at the organization is not		-	-						•	-
_		, ,	,	han one or more publicly		,	•	•		•	•			
f				tten determination from t						(4)(1)			· (u)(=):	
·			rganization, check t											
g				organization accepted ar										
9				firectly controls, either al									Yes	No
				upported organization?								11g(i)		
		•		n described in (i) above?								11g(ii)		
				person described in (i) o								11g(iii		
h				about the supported or								9(<u>/ </u>	
		Trovido aro i	onowing intermation	about the supported of	gameanom	(0).								
/i\	Namo	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did vo	u notify the	(vi) Is	the	(vii	\ Amour	nt of mo	notany
(1)		anization	(11) E114	(described on lines 1-9	(iv) Is the organization (v) Did you notify in col. (i) listed in your organization in c		-	lorganizátion in col.		(VII	Amoun (pport	letary	
	orge	inzation		above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?		ou	pport	
				(see instructions))	Yes	No	Yes	No	Yes	No				
[ota	1													

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	332,607.	881,558.	261,141.	607,602.	185,132.	2268040.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	332,607.	881,558.	261,141.	607,602.	185,132.	2268040.
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)						875,056.
6	Public support. Subtract line 5 from line 4.						1392984.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	332,607.	881,558.	261,141.	607,602.	185,132.	2268040.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2.	311.	5,722.	19,194.	15,773.	41,002.
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 IV.)						
11	Total support. Add lines 7 through 10						2309042.
	Gross receipts from related activities,					12	185,744.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
0-	organization, check this box and stor	here					>
	ction C. Computation of Publ						CO 22
	Public support percentage for 2013 (14	60.33 %
	Public support percentage from 2012					15	60.80 %
16a	33 1/3% support test - 2013. If the c	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the c						
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2013. 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 "fac				· · · · · · · · · · · · · · · · · · ·	_	
_	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	•				•	
	more, and if the organization meets the						
	organization meets the "facts-and-circ		· ·	•	,		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17k	o, check this box a	and see instruction	s

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
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.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
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 IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
•	· ·	•		•		· . 🗀
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	<u>%</u>
19a 33 1/3% support tests - 2013. If the	-					
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u> ▶□

nedule A (Form 990 or 990-EZ) 2013 Animal Protective Association	23-/13//25 Pa
art IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a c	r 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Inspection

Employer identification number Name of the organization Animal Protective Association 23-7137725 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

	rt III Organizations Maintaining C	Collections of A				r Other			5		ige Z
3	Using the organization's acquisition, accessi										
Ū	(check all that apply):	ion, and other record	is, cricci	carry or the	Tollowing that	arc a sigi	illoant a	30 01 113	CONCOLIO	i itemi	3
а											
b	Scholarly research	e			mango prograi						
C	Preservation for future generations		`								
4	-	ollections and explai	n how th	ev further t	he organizatio	n's evemr	nt nurnos	se in Par	· XIII		
5											
J	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	rt IV Escrow and Custodial Arran									_	. 110
	reported an amount on Form 990, Pa			organizatio	ni answered	103 1010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i aitiv, i	1110 0, 01		
	Is the organization an agent, trustee, custod		diary for o	contribution	ns or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 100		. 110
	Too, explain the arrangement in that with	and complete the re	mownig t	abio.					Amount		
С	Beginning balance						1c		7 tillourit		
	Additions during the year						-				
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
	rt V Endowment Funds. Complete i										
		(a) Current year		rior year	(c) Two years		Three ye	ars back	(e) Four	vears	back
1a	Beginning of year balance	(a) carrone your	(2):	nor your	(6)	(4)	,		(6)	<i>y</i>	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the cur		L (line 1	a column (:	a)) held as:						
a	Board designated or quasi-endowment	•	%	y, coluitiii (e	a)) ficia as.						
b	Permanent endowment		_′°								
	Temporarily restricted endowment										
·	The percentages in lines 2a, 2b, and 2c show	-									
32	Are there endowment funds not in the posses		ation tha	t are held a	and administer	ed for the	organiza	ation			
ou	by:	boolon of the organiz	ation tha	it are riola a		00 101 1110	organiza	2011	Γ	Yes	No
	(i) unrelated organizations								3a(i)		
	4m2								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:								3b		
4	Describe in Part XIII the intended uses of the								0.0		
Pai	rt VI Land, Buildings, and Equipm		, willione i	ariao.							
	Complete if the organization answere). Part IV.	line 11a. S	See Form 990.	Part X. lin	e 10.				
	Description of property	(a) Cost or o			t or other		umulated	, I	(d) Book	value	
	Becomption of property	basis (investr		` '	(other)		ciation	1	(a) B 001	value	•
12	Land	<u> </u>			8,415.				1,768	3,4	15.
b	Buildings		1		0,265.	15	0,33		3,509	9,9	31.
	Leasehold improvements			-,	- , =		-,		.,	, -	
	Equipment				5,742.		5,57	6.		1	66.
	Other			1	7,565.		5,72		11	. 8	
	Add lines 1a through 1e (Column (d) must e		X colum				- ,		5,290		

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Animal Prot	ective Assoc	iation	23-7137725 Page
Part VII Investments - Other Securities.			-
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990. Part IV. line	11c. See Form 990. Part X.	line 13.
(a) Description of investment	(b) Book value		on: Cost or end-of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X,	
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	to 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)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

(7) (8)

275.11

4c

	Audus 1 Duska skissa Assasia			22	7127705	
	edule D (Form 990) 2013 Animal Protective Associate			Page		
Pai	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturr	٦.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	296,	308
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	19,657.			
b	Donated services and use of facilities	2b	1,540.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	21,	197
3	Subtract line 2e from line 1			3	275,	111
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				

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

	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	495,476.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,540.		
b	Prior year adjustments				
С					
d		2d			
е	Add lines 2a through 2d			2e	1,540.
3	Subtract line 2e from line 1			3	493,936.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	493,936.

Part XIII Supplemental Information.

b Other (Describe in Part XIII.)

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.

Part X, Line 2:

FIN 48 note from audited financial statements

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

The Association was granted an exemption from federal income taxes by the Internal Revenue Service pursuant to the provisions of Internal Revenue Code Section 501(c)(3). The tax exempt purpose of the Association and the nature in which it operates is described in the first paragraph of Note 1. The Association continues to operate in compliance with its tax exempt purpose. The Association's annual information and income tax returns filed with the federal and state governments are subject to examination for the statutory period.

Schedule D (Form 990) 2013 Animal Protective Assoc:	iation 23-7137725 Page 5
Schedule D (Form 990) 2013 Animal Protective Associated Part XIII Supplemental Information (continued)	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Internal Revenue Service

Department of the Treasury

Employer identification number Name of the organization Animal Protective Association 23-7137725 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Internet and email solicitations □ Solicitation of government grants
 □ b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) have custody from activity fundraiser or entity (fundraiser) or control of contributions? organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-12-13

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

Schedule G (Form 990 or 990-EZ) 2013 Animal Protective Association 23-7137725 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Annua1 None (add col. (a) through dinner Walk-a-thon col. (c)) (event type) (total number) (event type) Revenue 9,190. 6,976. 16,166. 1 Gross receipts 2,470 5,396. 7,866. 2 Less: Contributions 6,720 1,580. 8,300. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 3,175. 3,175. 7 Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 3,175. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) _____**>** Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2013

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2013 Animal Protective Association 23-	/ <u>1 3 /</u>	/ 45	Page 3
11	Does the organization operate gaming activities with nonmembers?	<u> </u>	es/	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	,	/es	☐ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
	An outside facility	13b		<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 ነ	/es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
С	of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	· · · · · · · · · · · · · · · · · · ·			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	\	/es	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		
	organization's own exempt activities during the tax year ▶ \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9. 9	9b. 10	b. 15b.
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		,	2, .02,
	100, 10, and 110, as approaches the part to provide any additional montactions.			
_				

Schedule G	G (Form 990 or 990-EZ)	Animal	Protective	Association	23-7137725	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (con	tinued)			

SCHEDULE 0 (Form 990 or 990-EZ)

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► 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

Inspection Employer identification number

Animal Protective Association	23-7137725
Form 990, Part VI, Section B, line 11:	
The 990 was initially be reviewed by an employee of the	
shelter who is a CPA. Copies were provided to the entire	e Board for review
prior to filing.	
Form 990, Part VI, Section B, Line 12c:	
Since Animal Protective is a small Organization, all Box	ard
Members are aware of potential conflicts and monitor con	mpliance.
Form 990, Part VI, Section B, Line 15b:	
Board of Directors are advised of written annual review	s and
vote on any raises for key employees of the Organization	n.
Form 990, Part VI, Section C, Line 19:	
Governing documents, conflict of interest policy, and	
financial statements are available upon request.	