Extended to November 16, 2015

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 Open to Public

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

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

Inspection

Α	For the	e 2014 calendar year, or tax year beginning and	ending	_								
В	Check if applicabl	C Name of organization		D Employer identific	cation number							
Г	Addre chang	Animal Protective Association										
F	Name chang	Tierment Heure fen Cote		23-7	137725							
	Initial return	 	Room/suite	E Telephone number								
	Final return				293-6103							
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	210,739.							
	Ameno			H(a) Is this a group re								
	Application			for subordinates								
	pendir	same as C above		H(b) Are all subordinates in	ncluded? Yes No							
		empt 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 exemption								
		organization: X Corporation Trust Association Other ▶	L Year	of formation: 1970 N	f 1 State of legal domicile: $f IL$							
P		Summary										
ø	1	Briefly describe the organization's mission or most significant activities: Anima	al Pro	tective Ass	ociation							
and		operates an animal shelter and adoption										
Governance	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
စ္ပ	3			3								
∞ ∞	"	Number of independent voting members of the governing body (Part VI, line 1b)			11							
ties		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			150							
Activities &		Total number of volunteers (estimate if necessary)			1,250.							
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			0.							
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	Prior Year	Current Year							
Revenue	8	Contributions and grants (Part VIII, line 1h)		184,232.	158,047.							
		- (D 1) (W 1) (D 1)		7,080.	7,705.							
š		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		65,787.	17,261.							
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,012.	20,504.							
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		275,111.	203,517							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
Ş	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		172,027.	162,644.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 23,4	09.									
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		321,909.	295,663.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		493,936.	458,307.							
	19	Revenue less expenses. Subtract line 18 from line 12		-218,825.	-254,790.							
Net Assets or			Ве	ginning of Current Year	End of Year							
Sset	20	Total assets (Part X, line 16)		5,737,758.	5,480,117.							
et A	21	Total liabilities (Part X, line 26)		2,661. 5,735,097.	3,276.							
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		5,735,097.	3,4/0,041.							
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatem	ante and to the heet of my	v knowledge and helief it is							
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Kilowieuge alla bellel, it is							
uu	, 001100	t, and complete. Books along of property (early along of the first along of the first along of the	non propuror	nao any knowledge.								
Sig	ın	Signature of officer		Date								
He		Ann Dieter, President										
		Type or print name and title										
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN							
Pai	d	Hugh J. Ahern, CPA	1	.0/13/15 if self-employe	₽00010788							
Pre	parer	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							
Ма	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No							

Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Promoting the welfare of cats & protecting them from cruelty h	ру
	providing an adoption service & shelter, working towards the	reduction
	of cat overpopulation & educating the public about responsible	
	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	
	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	y 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		12,350.
	Services provided by the Animal Protective Association's Harmo	
	for Cats include emergency veterinary care and medication to s	
	injured cats, initial and on-going veterinary care for shelter	
	residents, spaying/neutering and adoption services, counseling	
	potential and current adopters, and provide shelter, supplies,	food,
	care and housing for animals.	
4b	(Code:) (Expenses \$	1
75	(Code) (expenses \$,
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 408, 251.	J
	. The program out those experiences program and progra	Form 990 (2014)

Animal Protective Association

Form 990 (2014) Animal Protective Association 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	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		х
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			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	u		
-	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	175		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	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	''		 -
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>
19		40		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
		20a 20b		<u> </u>
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	(001.4)

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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	
D	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 "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? It res, complete schedule L, Part W	200		
·	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		X
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			
	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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		
20	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?	26		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	,		_ -
	Note. All Form 990 filers are required to complete Schedule O	38	х	

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					Ш
			l o l		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?	 I	 	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		11			
	filed for the calendar year ending with or within the year covered by this return		11		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions				Х	
	-			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial			40		x
h	If "Yes," enter the name of the foreign country:	accou	nu)?	4a		21
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccour	ate (EDAD)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			- 50		
ou	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	44-				
	Gross income from members or shareholders	11a				
a	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 104 1		ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_1ZD	<u> </u>			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			.oa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
	, , , , , , , , , , , , , , , , , , , ,				990	(2014)

Form 990 (2014)

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		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6											
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?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
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										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
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?										
а	The organization's CEO, Executive Director, or top management official	15a		х							
b	Other officers or key employees of the organization	15b	Х								
-	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		х							
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									
Sec	tion C. Disclosure	10.0									
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)	availat	ole								
	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											
.5	statements available to the public during the tax year.	a miai	J.41								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
20	Deborah McKoy - 773-478-4569										
	3523 W. School, Chicago, IL 60618										

Form 990 (2014) 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.

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npei	nsat	ted any current officer, o	director, or trustee.		
(A)	(B)	Ī		(0	C)			(D)	(E)	(F)	
Name and Title	Average	(do		Pos	ition		one	Reportable	Reportable	Estimated	
	hours per	box	oox, unless person officer and a director		more than one rson is both an irector/trustee)		h an	compensation	compensation	amount of	
	week	_	Jer an	u a 0	11 ecto	Ji / if US	(66)	from	from related	other	
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e or c	stee stee			satec		(W-2/1099-MISC)	(***2/1099*****130)	organization	
	organizations	truste	Institutional trustee		yee	mper		(** = / ********************************		and related	
	below	idual	ution	 	Key employee	est co oyee	ler.			organizations	
	line)	Indiv	Instii	Officer	Key 6	Highest compensated employee	Former				
(1) Ann Dieter	20.00										
President		Х		Х				0.	0.	0.	
(2) Monica Schrager	20.00										
Vice President		Х		Х				0.	0.	0.	
(3) Linnea Blomgren	10.00										
Secretary		Х		Х				0.	0.	0.	
(4) Deborah McKoy	20.00										
Treasurer		Х		Х				0.	0.	0.	
(5) Pat Vesper	10.00										
Director		Х		Х				0.	0.	0.	
(6) Mary Veeneman	20.00										
Director		Х						0.	0.	0.	
(7) Linda Kawliche	20.00										
Director		Х						0.	0.	0.	
					<u> </u>						

(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable		Ec+	(F) imated	4
name and title	hours per week (list any	box offi	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	compensation from the	compensation from related organizations		amount of other compensation		of
	hours for related organizations	trustee or director	al trustee		yee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga	m the nization	on
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest co employee	Former				orga	nizatio	ns —
		_											
1b Sub-total							<u> </u>	0.		0.			0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A						▶	0.		0.			0.
2 Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportabl	e 		Yes	0 N o
Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual										3		Х
 For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive or 	50,000? <i>If</i> "Yes,	" co	mpl	ete S	Sche	edule	e J f	for such individual			4		X
rendered to the organization? If "Yes," co Section B. Independent Contractors											5		Х
1 Complete this table for your five highest of the organization. Report compensation for										pens	ation fr	om	
(A) Name and busines	ss address	N	INC	E				(B) Description of s	ervices	С	(C) compen		I
							-						
Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	sted	I above) who received n	nore than				
\$100,000 of compensation from the orga	nization >				(0					Farm C	00 (2	

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Form 990 (2014)

Pa	rt VII	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	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ 1a 1b 19, 191 1e 138,856	•			
<u> </u>	<u>n</u>	Total. Add lines 1a-1f				
Program Service Revenue	2 a b	Adoption fees Business Coo 900099	7,705.	7,705.		
ram S even	c d					
ю П	е					
ď	f	All other program service revenue	7 705			
$\overline{}$	g	Total. Add lines 2a-2f	7,705.			
	3	Investment income (including dividends, interest, and other similar amounts)	17,261.			17,261.
	5	Royalties				
	b	Gross rents Less: rental expenses Rental income or (loss) (i) Real (ii) Personal 1,200.				
		Net rental income or (loss)	1,200.			1,200.
		Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	_			
		Net gain or (loss)				
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See				
þer	L	4 0 4 0				
ğ		Less: direct expenses b 4,240 Net income or (loss) from fundraising events	8,642.			8,642.
	9 a	Gross income from gaming activities. See Part IV, line 19 a 5 , 367				3,3123
		Less: direct expenses b 600 Net income or (loss) from gaming activities	4,767.			4,767.
		Gross sales of inventory, less returns and allowances a 7,027				2,7.07.
	b	Less: cost of goods sold b 2,382				
	С	Net income or (loss) from sales of inventory	4,645.	4,645.		
		Miscellaneous Revenue Business Cod			1 250	
		Advertising 541800	1,250.		1,250.	
	b c		+			
		All other revenue	+			
		Total. Add lines 11a-11d	1,250.			
	12	Total revenue. See instructions.	203,517.	12,350.	1,250.	31,870.
43200 11-07	9 ·14					Form 990 (2014)

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

<i>7b,</i> 8	ot include amounts reported on lines 6b,		Drogram convice	(C)	Eundraicina
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	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				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	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	143,257.	135,113.	6,850.	1,294
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,751.	8,226.	437.	88
	Payroll taxes	10,636.	9,998.	532.	106
	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	6,990.		6,990.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
	Advertising and promotion	986.	816.	170.	
	Office expenses	22,257.	17,322.	4,694.	241
	Information technology				
	Royalties				
	Occupancy	15,175.	14,264.	759.	152
	Travel	-	-		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
1	Payments to affiliates				
	Depreciation, depletion, and amortization	98,532.	92,620.	4,927.	985
3	Insurance	8,488.	7,124.	1,288.	76
;	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.)				
	Veternary service	63,779.	63,779.		
	Animal care	51,241.	51,241.		
c	Special event-printing	17,338.	-		17,338
	Program supplies	7,273.	7,273.		
	All other expenses	3,604.	475.		3,129
	Total functional expenses. Add lines 1 through 24e	458,307.	408,251.	26,647.	23,409
	Joint costs. Complete this line only if the organization		-		<u>-</u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	π λ	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	4,951.	1	34,810.		
	2	Savings and temporary cash investments		104,895.	2	237,390.	
	3	Pledges and grants receivable, net	38,257.	3	5,496.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	fficers, directors,				
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	10,598.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,451,987.			
	b	Less: accumulated depreciation	10b	260,164.	5,290,355.	10c	5,191,823.
	11	Investments - publicly traded securities		299,300.	11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	4)	5,737,758.	16	5,480,117.
	17	Accounts payable and accrued expenses	2,661.	17	3,276.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee					
jab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines		•			
		Schedule D			2 ((1	25	2 276
	26	Total liabilities. Add lines 17 through 25			2,661.	26	3,276.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Fund Balances		complete lines 27 through 29, and lines 33 an			E 72E 007		E 476 041
au	27	Unrestricted net assets			5,735,097.	27	5,476,841.
Bal	28	Temporarily restricted net assets		28			
u	29	Permanently restricted net assets		29			
ቯ		Organizations that do not follow SFAS 117 (A					
S		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			5 725 007	32	5 476 041
_	33	Total net assets or fund balances			5,735,097.	33	5,476,841.
	34	Total liabilities and net assets/fund balances			5,737,758.	34	5,480,117.

Form	1990 (2014) Animal Protective Association	<u>23-7</u> 2	<u> 137725</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			17.
2	Total expenses (must equal Part IX, column (A), line 25)	2			07.
3	Revenue less expenses. Subtract line 2 from line 1	3	-25		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,73		
5	Net unrealized gains (losses) on investments	5		3,4	66.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	5,47	6,8	41.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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				
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 separate	e basis,			
	consolidated basis, or both:				
	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				
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 requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Animal Protective Association

 $Employer\ identification\ number \\ 23-7137725$

Pa	rt I	Reason for Public (Charity Status (All organizations must c	omplete th	is part.) Se	ee instructions.	
Γhe	organ	ization is not a private found	lation because it is: ((For lines 1 through 11,	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in sect	•			` ` ` `		
3		A hospital or a cooperative		·	ection 170)(b)(1)(A)(ii	ii).	
4	m	A medical research organiz					-	the hospital's name
•		city, and state:	ation operated in co	injunioni with a noopita	ii deseribe	3 111 000110	ii ii o(b)(i)(A)(iii)i Eineoi	the hoopital o hame,
_			or the benefit of a co	llogo or university owne	d or opera	tod by a a	overnmental unit describ	and in
5	ш	An organization operated for		niege of university owne	d or opera	ted by a g	overnmental unit descrit	ed in
_		section 170(b)(1)(A)(iv). (Complete Part II.)						
6	37	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	X	An organization that norma	lly receives a substa	antial part of its support	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	oport from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions	, and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
10		An organization organized a	and operated exclus	sively to test for public sa	afety. See	section 50)9(a)(4).	
11		An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	·	•	•		· · · · · · · · · · · · · · · · · · ·	
		lines 11a through 11d that	~					
а		Type I. A supporting orga	* *			-		aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	•		
		organization. You must o		* * * *	,,			
b		Type II. A supporting org	•		tion with it	ts sunnorti	ed organization(s), by ha	vina
_		control or management o	-					-
		organization(s). You mus			Jame pere	5110 triat 00	manago aro our	portod
_		Type III functionally inte			in connec	tion with	and functionally integrate	ad with
Ŭ		its supported organizatio	- :				• •	od with,
d		Type III non-functionally						zation(s)
_		that is not functionally int						
		requirement (see instruct	-	-	•		-	iveness
_		7 '	•	-				
-	_	☐ Check this box if the orga					i Type i, Type ii, Type iii	
	Enta	functionally integrated, or er the number of supported of		many integrated support	ing organi	Zation.		
'		vide the following information	-	nd organization(s)				
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		organization	, ,	(described on lines 1-9		in your	support (see	other support (see
				above or IRC section	Yes	No	Instructions)	Instructions)
				(see instructions))	100	140		
<u> Fota</u>	ai 💮							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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.)

Sec	ction A. Public Support		·				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	` ,	` ,	` ,		, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	881,558.	261,141.	607,602.	185,132.	158,372.	2093805.
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	001 550	0.61 1.11	605 600	105 100	150 250	000000
	Total. Add lines 1 through 3	881,558.	261,141.	607,602.	185,132.	158,372.	2093805.
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,						011 277
_	column (f)						814,377. 1279428.
	Public support. Subtract line 5 from line 4.						12/9420.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(a) 2012	(4) 2012	(a) 2014	(f) Total
	Amounts from line 4	(a) 2010 881,558.	(b) 2011 261,141.	(c) 2012 607,602.	(d) 2013 185,132.	(e) 2014 158, 372.	(f) Total 2093805.
	Gross income from interest.	001/3301	201/1110	00770020	103/1320	130/3/20	20330031
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	311.	5,722.	19,194.	15,773.	17,261.	58,261.
9	Net income from unrelated business		7				
	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						2152066.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	176,292.
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)	
_	organization, check this box and stor						<u></u> ▶□
	ction C. Computation of Publ						<u> </u>
	Public support percentage for 2014 (I					14	59.45 %
	Public support percentage from 2013					15	60.33 %
16a	33 1/3% support test - 2014. If the c	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c	•		•		•	
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fact						
h	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes						
ū	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ						
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						

Schedule A (Form 990 or 990-EZ) 2014

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.)

Se	ction A. Public Support	siow, picase com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 per-						
	formed, 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 bus-						
	iness 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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				,	i	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
•••	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u> </u>
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
<u> </u>	check this box and stop here ction C. Computation of Publ						P
	Public support percentage for 2014 (I			acluma (fl)		15	
	Public support percentage from 2013					16	<u>%</u> %
	ction D. Computation of Inves					1 10 1	70
17						17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2014. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2013. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
9c		
100		
10a		
10b		
990 or 99	0-EZ)	2014

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		<u></u>
	ction 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 instruct	ions):		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	a instructions	•)	
2		แารแนบแบบร	Yes	No
∠ a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	be a state of the second state of the state			
	those supported organizations and explain now these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Ves " describe in party, the role placed by the organization in this regard	3h		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	. ugo o
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting org	anization (see
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2014

Par	rt V Type III Non-Functionally Integrated 509	∂(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	S	
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	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	DICANGOWITOTIMIC 1.			
<u>а</u> b				
C				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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 Open to Public Inspection

Name of the organization

Animal Protective Association

Employer identification number 23-7137725

Pai	rt I	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	(1	b) Funds and other accounts
1	Total	number at end of year			
2	Aggre	gate value of contributions to (during year)			
3	Aggre	gate value of grants from (during year)			
4	Aggre	gate value at end of year			
5	Did th	e organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed fun	ds
	are th	e organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did th	e organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used c	only
		aritable purposes and not for the benefit of the donor o			
	imper	missible private benefit?			Yes No
Pai	rt II	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV,	line 7.
1	Purpo	se(s) of conservation easements held by the organizati	on (check all that apply).		
		Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	torically	important land area
		Protection of natural habitat	Preservation of a cer	tified his	storic structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a co	onservation easement on the last
	day o	f the tax year.			
					Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total	acreage restricted by conservation easements			2b
С	Numb	er of conservation easements on a certified historic str	ucture included in (a)		2c
d	Numb	er of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture	
	listed	in the National Register			2d
3		er of conservation easements modified, transferred, rel		e organ	ization during the tax
	year 🕽	-			
4	Numb	er of states where property subject to conservation ea	sement is located >		
5	Does	the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violati	ons, and enforcement of the conservation easements if	t holds?		Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting,			
7	Amou	nt of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the ye	ear ▶ \$
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	D(h)(4)(B	B)(i)
	and s	ection 170(h)(4)(B)(ii)?			Yes No
9	In Par	t XIII, describe how the organization reports conservati	on easements in its revenue and expens	e stater	nent, and balance sheet, and
	includ	e, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the org	ganization's accounting for
		rvation easements.			
Pai	rt III	Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other S	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 (AS	SC 958), not to report in its revenue state	ment ar	nd balance sheet works of art,
	histor	ical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	ance of	public service, provide, in Part XIII,
	the te	xt of the footnote to its financial statements that descri	bes these items.		
b	If the	organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	nt and b	alance sheet works of art, historical
	treasu	res, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic ser	rvice, provide the following amounts
	relatir	g to these items:			
	(i) R	evenue included in Form 990, Part VIII, line 1			
					k 4
2	If the	organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain,	provide
	the fo	llowing amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Rever	nue included in Form 990, Part VIII, line 1			> \$
b		: 1 1 1: F 000 B 1 1			▶ \$

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

Schedule D (Form 990) 2014

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, d	or Other	Similar A	sset	S (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	ıt are a sigr	nificant use	of its c	ollection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									_
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizati	on's exem	ot purpose i	n Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	istorical trea	asures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's c	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered '	"Yes" to Fo	orm 990, Pai	rt IV, liı	ne 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia								Ī	
	on Form 990, Part X?								Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance									
	Did the organization include an amount on Fo					-	/?	L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if				1			haal.	/) Farmer	
	<u></u>	(a) Current year	(b) F	Prior year	(c) Two year	s back (a) Three years	раск	(e) Four y	ears back
_	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		- /!: 4		-\\ -					
2	Provide the estimated percentage of the curr	ent year end baland		g, column (a)) neid as:					
a	Board designated or quasi-endowment	0/	_%							
	Permanent endowment ▶ Temporarily restricted endowment ▶	%								
C		%								
20	The percentages in lines 2a, 2b, and 2c shou		ation the	at ara bald a	and administa	rad far tha	organizatio	_		
Sa	Are there endowment funds not in the posses	SSION OF THE ORGANIZA	auon in	at are rielu a	and administe	red for the	organizatio	''	Γ _ν	es No
	by: (i) unrelated organizations								3a(i)	es No
	(i) unrelated organizations (ii) related organizations								3a(ii)	_
h	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the								00	
	t VI Land, Buildings, and Equipm		WITIOTIC	idildo.						
	Complete if the organization answered		. Part IV	/. line 11a. S	See Form 990	. Part X. lin	e 10.			
	Description of property	(a) Cost or o			t or other		umulated		(d) Book	value
	Becompaint of property	basis (investr			(other)		eciation		(u) Book	valuo
	Land	,		1,76	8,415.	•			1,768	,415.
	Buildings				0,265.	24	15,187		3,415	
	Leasehold improvements			, · ·	-		<u> </u>	1		<u> </u>
d	Equipment				5,742.		5,742			0.
	Other			1	7,565.		9,235		8	,330.
	. Add lines 1a through 1e. (Column (d) must ed	_	X, colur				>		5,191	
	:== := :::: :::	,	,	(),	- /		············			

Schedule D (Form 990) 2014

Schedule D (Form 99		Protective <i>P</i>	Associat	tion	2	3-7137725	Page 3
	tments - Other Securit						
	ete if the organization answere						
	curity or category (including name of		value	(c) Method of v	aluation: Cost or e	nd-of-year market v	alue
	ives						
(2) Closely-held equ	ity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)			-				
(E)							
(F)							
(G)							
(H)	rual Farma 000 Dart V and (D) line	10.)					
	qual Form 990, Part X, col. (B) line tments - Program Rela						
	_			0 5 000	D 1 V II 10		
Comple (a) Do	ete if the organization answere escription of investment	(b) Book		c. See Form 990,	Part X, line 13.	nd-of-year market v	عاباه
	escription or investment	(b) BOOK	value	(C) Welliod of V	aluation. Cost of e	nd-or-year market v	alue
(1)			+				
(2)			+				
(3)							
(4) (5)			+				
(6)			<u> </u>				
(7)							
(8)			+				
(9)			+				
	qual Form 990, Part X, col. (B) line	13)					
	Assets.	10.1/					
	ete if the organization answere	d "Yes" to Form 990, P	art IV, line 11	d. See Form 990,	Part X, line 15.		
·	<u> </u>	(a) Description		•	·	(b) Book val	lue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	ust equal Form 990, Part X, co	ol. (B) line 15.))	<u> </u>	
Part X Other	Liabilities.						
Comple	ete if the organization answere				990, Part X, line 2	25.	
1.	(a) Description of liabilit	У	(b)	Book value			
(1) Federal inco	me taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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) 2014

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Par	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	200,	,051		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-3,466.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-3,466.
3	Subtract line 2e from line 1			3	203,517.
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	458,307.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
	Other losses 2c				
	Other (Describe in Part XIII.)				
е	e Add lines 2a through 2d				0.
3	Subtract line 2e from line 1		3	458,307.	
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	c Add lines 4a and 4b			4c	0.
_5	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				458,307.

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.

Part X, Line 2:

FIN 48 Note from Audited Financial Statements

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) 2014	Animal	Protective	Association	23-7137725	Page 5
Schedule D (Form 990) 2014 Part XIII Supplemental Interview	formation (con	tinued)			

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Animal Protective Association

Employer identification number 23 – 7137725

AIIIIIIai	FIOLECTIVE ASSOCIA	CIO	11		23-7137	123
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.						
					•	
a Mail solicitations				overnment grants		
b Internet and email solicitations	f Solicitat	ion of	gover	nment grants		
c Phone solicitations	g Special	fundra	isina (events		
d In-person solicitations	3 —					
		, ,				
2 a Did the organization have a written of						
key employees listed in Form 990, Pa	art VII) or entity in connection with p	rofess	ional f	undraising services?	P	└── No
b If "Yes," list the ten highest paid indi	viduals or entities (fundraisers) pursi	uant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the			Ū			
Tompondated at least 40,000 by the	organization.					
		/iii\	Did		(v) Amount paid	
(i) Name and address of individual	(ii) A ativity	fundr	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of		from activity	fundraiser	to (or retained by) organization
,		contrib	utions?		listed in col. (i)	organization
		Yes	No			
		163	NO	-		
Гotal						
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.	g			55		J

432081 08-28-14

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

Schedule G (Form 990 or 990 EZ) 2014 Animal Protective Association 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 Spring (add col. (a) through dinner Walk-a-thon 1 col. (c)) (event type) (event type) (total number) 7,538. 6,359 5,237. 19,134. 1 Gross receipts 59 6,193. 6,252. 2 Less: Contributions 6,300. 1,345. 5,237. 12,882. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 3,159. 3,159. 7 Food and beverages 8 Entertainment 9 Other direct expenses 3,159. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III 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 (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct 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? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2014

Sch	nedule G (Form 990 or 990-EZ) 2014 Animal Protective Association 23-7	137725	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	Yes	□ No
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	1es	
	a The organization's facility	13a	%
	o An outside facility	13b	——————————————————————————————————————
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	.00	70
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	· Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year > \$	0.01.4	01 451
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	nes 9, 9b, 1	0b, 15b,
	130, 10, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G	G (Form 990 or 990-EZ)	Animal Protective	e Association	23-7137725 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	ormation (continued)		
		(

SCHEDULE 0

(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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Animal Protective Association

Employer identification number 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 Board for review prior to filing.
Form 990, Part VI, Section B, Line 12c:
Since Animal Protective is a small Organization, all Board Members are
aware of potential conflicts and monitor compliance.
Form 990, Part VI, Section B, Line 15b:
Board of Directors are advised of written annual reviews and vote on any
raises for key employees of the Organization.
Form 990, Part VI, Section C, Line 19:
Governing documents, conflict of interest policy, and financial statements
are available upon request.