# (Rev. January 2020) Department of the Treasury

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

A For the 2019 calendar year, or tax year beginning C Name of organization D Employer identification number Address Animal Protective Association Name change Doing business as Harmony House for Cats 23-7137725 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ P.O. Box 18098 7732936103 termin-ated City or town, state or province, country, and ZIP or foreign postal code 104,067. G Gross receipts \$ Amended return Chicago, IL 60618-0098 H(a) Is this a group return Applica-F Name and address of principal officer: Ann Dieter for subordinates? Yes X No pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ hhforcats.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1970 M State of legal domicile: IL Part I Summary 1 Briefly describe the organization's mission or most significant activities: Animal Protective Association Activities & Governance operates an animal shelter and adoption center for cats. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 5 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 9 5 6 Total number of volunteers (estimate if necessary) 200 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 2,450. b Net unrelated business taxable income from Form 990-T, line 39 7b 626. **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 297,309. 1,033,979. Program service revenue (Part VIII, line 2g) 12,400. 16,950. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 454. 11,570. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 39,119. 37,075. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 099.574. 349,282. 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. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 173,229. 182,911. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 294,559. 314,097. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 467,788. 497,008. 19 Revenue less expenses. Subtract line 18 from line 12 -118,506. 602,566. 0 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 5,447,864. 4,857,248. 21 Total liabilities (Part X, line 26) 36,092. 684. let, Net assets or fund balances. Subtract line 21 from line 20 5,447,180. 4,821,156. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Date Ann Dieter, President Here Type or print name and title Print/Type preparer's name PTIN Preparer's signature Check Paid David J. Rambo 07/21/20 David J. Rambo P00513360 self-employed Preparer Firm's name Desmond & Ahern, Ltd. Firm's EIN ▶ 36-3321958 Firm's address 10827 S. Western Ave. Use Only Chicago, IL 60643 Phone no. 773-779-4720 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Form	1 990 (2019) Animal Protective Association	23-7137725	Page 2
Pa	rt 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 cru		
	providing an adoption service & shelter, working towards		on
	of cat overpopulation & educating the public about respon		
	care, including spay/neuter, safety, behavior & health i	ssues.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	ue \$	)
	Services provided by the Animal Protective Association's		se
	for Cats include emergency veterinary care and medication	n to sick an	<u>d</u>
	injured cats, initial and on-going veterinary care for si	helter	
	residents, spaying/neutering and adoption services, coun		
	potential and current adopters, and provide shelter, sup		
	care and housing for animals.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	)
	/ (Lipsing game of V		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reven	ue \$	
70	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$	,
	Other and the Control of Control		
4d	Other program services (Describe on Schedule O.)	· ·	
	(Expenses \$\frac{\text{including grants of \$\text{\$}}}{\text{Total program service expenses}} \rightarrow \frac{444,909}{\text{•}}	)	
<u>4e</u>	Total program service expenses ► 444,909.	C	90 (2019)
		Form •	(ZU19)

# Form 990 (2019) 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	Х	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,			x
^	Schedule D, Part III	8		
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?			<b>.</b>
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	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	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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	X	
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 approximation projection on office approximation of the Helbert Obstace	14a		Х
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		<del></del> -
D	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	שדו		
13	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	13		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Par	7 10   Checklist of Required Schedules (continued)	1143	Р	age 4
· u	Checklist of Required Continued)		Vaa	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<del></del>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		х
b	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		<u> </u>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		$\vdash$
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		<del></del>
0,	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?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 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 was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a 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 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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If "Yes," complete Form 4720, Schedule O.

Form 990 (2019) 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 lines 2 through 7b below to lines 2 through 7b to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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	Did the organization have members or stockholders?	6		Х
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 on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This desire is requested in the internal of the control of the co		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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	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
	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			
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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
.5	statements available to the public during the tax year.	ail	-141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	Deborah McKoy - 773-478-4569			
	3523 W. School, Chicago, IL 60618			

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# 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.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization		orga	niza			npen	sate			<b>r</b>
(A)	(B)		<b>(C)</b> Position					(D)	(E)	(F)
Name and title	Average	(do	not c	POS heck	itior more	<b>)</b> than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson is both an director/trustee)		n an	compensation	compensation	amount of
	week	_			110010	1711 43		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	ruste	ll trus		ee/	mpen		(** 27 1033 141100)		and related
	below	dual t	rtiona	L	l old n	st col	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Ann Dieter	20.00									
President		Х		Х				0.	0.	0.
(2) Mary Veeneman	20.00									
Vice President		Х		Х				0.	0.	0.
(3) Kelly Brunick	20.00									
Secretary		Х		Х				0.	0.	0.
(4) Deborah McKoy	20.00	1							_	_
Treasurer		Х		Х				0.	0.	0.
(5) Pat Vesper	20.00									
Director		Х						0.	0.	0.
		-								
	-									
		-								
		-								
-	+									
	-	1								
	+									
		1								
		1								
		1								
		1								
		1								
		1								
			L	L	L		L			

Form **990** (2019)

Section A. Officers, Directors, Trust		Ploye	ees,			gnes	it C	ompensated Employee	s (continued)	<del></del>			
(A) Name and title	(B) Average	Position (do not check more than one box, unless person is both an					(D) Reportable	<b>(E)</b> Reportable			(F) timate		
	hours per week (list any	offic				is both or/trus		compensation from the	compensation from related organizations			ount o other oensa	
	hours for related	Individual trustee or director	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS		fr	om the anizati	е
	organizations below	dual truste	Institutional trustee	_	Key employee	Highest compensated employee	ar ar	(** =* ** ** ** ** ** ** ** **			and	d relati	ed
	line)	Indivi	Instit	Officer	Key er	Highe emplo	Former			$\dashv$			
										$\perp$			
										$\top$			
										+			
		$\vdash \vdash$								$\dashv$			
										$\dashv$			
1b Subtotal c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
<ul> <li>Total number of individuals (including but no compensation from the organization</li> </ul>	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				0
3 Did the organization list any <b>former</b> officer,	director, truste	ee. k	ev e	empl	ove	e. or	hia	hest compensated empl	ovee on	Γ		Yes	No
line 1a? If "Yes," complete Schedule J for so	uch individual										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										[	4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	· ·				-			~			5		X
Section B. Independent Contractors  1 Complete this table for your five highest cor										neati	on fro	m	
the organization. Report compensation for t								the organization's tax ye					
(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices	Cc	(C omper	s) nsatio	n
							$\dashv$						
Total number of independent contractors (ir \$100,000 of compensation from the organize)		ot lim	nited	to t	thos (		ted	above) who received mo	ore than				
										F	orm	99 <del>0</del> (2	2019)

932008 01-20-20

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
ir oui	k	Membership dues1b					
δ,ς Am	C	Fundraising events 1c	28,364.				
# Z	c	Related organizations 1d					
S, Eli	6	Government grants (contributions)					
Sign	f	All other contributions, gifts, grants, and					
ber Er			005,615.				
ĕ₹	,	Noncash contributions included in lines 1a-1f	5,757.				
οg		Total. Add lines 1a-1f		1,033,979.			
0 10		Total: Add lines 1a 11	Business Code				
		Adoption fees	900099	16,950.	16,950.		
ice			300033	10,930.	10,930.		
Program Service Revenue	k						
n S	(	•					
ran Sev	C	l					
og F	6						
Ā	f	All other program service revenue					
	ç	Total. Add lines 2a-2f	<b>&gt;</b>	16,950.			
	3	Investment income (including dividends, intere					
		other similar amounts)		11,570.			11,570.
	4	Income from investment of tax-exempt bond p		,			,
	5	Royalties					
	J	(i) Real	(ii) Personal				
	٠.		(ii) i Greenai				
		Gross rents 6a		-			
		Less: rental expenses 6b		-			
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	k	Less: cost or other basis					
ne		and sales expenses <b>7b</b>					
her Revenue	c	Gain or (loss) 7c					
Şe.		Net gain or (loss)					
ē		Gross income from fundraising events (not	,				
퉏	_	including \$ 28,364. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	17,644.				
			1,340.	16,124.			16,124.
		Net income or (loss) from fundraising events	·····	10,124.			10,144.
	9 8	Gross income from gaming activities. See	6 216				
		Part IV, line 199a		-			
		Less: direct expenses 9b	1,075.	F 4.44			F 4.44
	C	Net income or (loss) from gaming activities	<b>_</b>	5,141.			5,141.
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	15,258.				
	k	Less: cost of goods sold10b	1,898.				
_		Net income or (loss) from sales of inventory	<b>&gt;</b>	13,360.	13,360.		
			Business Code				
snc	11 =	Advertising	541800	2,450.		2,450.	
nec	t	· ·		,		,	
Miscellaneous Revenue							
Sce		All other revenue					
Ξ			<b>&gt;</b>	2,450.			
		Total Add lines 11a-11d	,	1,099,574.	30,310.	2,450.	32,835.
	12	Total revenue. See instructions	<u></u>	<u>µ,UJJ,J/4•</u>	JU, JIU.	4,400.	J4,033.

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. 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 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) 163,242. 162,348. 894. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,234. 7,194. 40. Other employee benefits 9 12,435. 12,367. 68. 10 Payroll taxes Fees for services (nonemployees): Management Legal 7,620. 7,620. Accounting 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 O.) 1,040. 860. 180. Advertising and promotion 12 29,016. 21,859. 7,157. Office expenses 13 Information technology 14 15 Royalties 18,248. 18,148. 100. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 100,352. 99,802. 550. Depreciation, depletion, and amortization 22 13,678. 12,308. 1,370. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 60,320. Veternary service 60,320. 40,821. Animal care 40,821. 26,101. 270. 378. 25,453. Special event-printing 8,384. 8,384. d Special event 8,517.8,504. 13. e All other expenses 497,008. 444,909. 18,262. 33,837. Total functional expenses. Add lines 1 through 24e 25 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)

Part	^	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			4,098.	1	12,448.
:	2	Savings and temporary cash investments			7,990.	2	690,047.
;	3	Pledges and grants receivable, net		31,129.	3	31,690.	
4	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	sons (as defined				
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
<u>ب</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥   9	9	Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,479,481.			
	b	Less: accumulated depreciation	10b	765,802.	4,814,031.	10c	4,713,679
1	1	Investments - publicly traded securities			11		
1:	2	Investments - other securities. See Part IV, line	11			12	
1:	3	Investments - program-related. See Part IV, line		13			
14	4	Intangible assets		14			
1	5	Other assets. See Part IV, line 11		15			
10	6	Total assets. Add lines 1 through 15 (must equ	ual line 3	3)	4,857,248.	16	5,447,864
1	7	Accounts payable and accrued expenses	36,092.	17	684.		
18	8	Grants payable		18			
19	9	Deferred revenue			19		
20	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
g 2	2	Loans and other payables to any current or form	mer offic	er, director,			
<u>≝</u>		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
ے <sub>  2</sub>	3	Secured mortgages and notes payable to unrel				23	
2	4	Unsecured notes and loans payable to unrelate	d third p	parties		24	
2	5	Other liabilities (including federal income tax, pa	ayables t	to related third			
		parties, and other liabilities not included on line	s 17-24).	. Complete Part X			
		of Schedule D				25	
20	6	Total liabilities. Add lines 17 through 25			36,092.	26	684.
		Organizations that follow FASB ASC 958, ch	eck here	• ► X			
ĕ		and complete lines 27, 28, 32, and 33.			1 001 156		- 44- 400
<u>E</u> 2	7				4,821,156.	27	5,447,180.
<u>e</u> 2	8	Net assets with donor restrictions		L		28	
<u> </u>		Organizations that do not follow FASB ASC 9	958, che	ck here 🕨 📖			
드		and complete lines 29 through 33.					
o မျှ 2	9	Capital stock or trust principal, or current funds				29	
Se   36	0	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	1	Retained earnings, endowment, accumulated in			4 004 455	31	
S 3	2	Total net assets or fund balances		ı	4,821,156.	32	5,447,180.
3	3	Total liabilities and net assets/fund balances			4,857,248.	33	5,447,864.

Form	1 990 (2019) Animal Protective Association	23-71	37725	Pag	e 12
Pai	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	1,099		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,00	
3	Revenue less expenses. Subtract line 2 from line 1	3	602	, 56	<u>66.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,821	.,15	<u> 6.</u>
5	Net unrealized gains (losses) on investments	5	23	, 45	8.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,447	,18	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part 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	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	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 Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

932012 01-20-20

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

**Employer identification number** Name of the organization Animal Protective Association 23-7137725 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# 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	71		,						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Gifts, grants, contributions, and			• •						
	membership fees received. (Do not									
	include any "unusual grants.")	195,778.	250,206.	253,152.	297,309.	1033979.	2030424.			
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	105 550	050 006	050 450	005 000	1000000	0000404			
	Total. Add lines 1 through 3	195,778.	250,206.	253,152.	297,309.	1033979.	2030424.			
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,						701 706			
	column (f)						701,786.			
	Public support. Subtract line 5 from line 4.						1328638.			
		( ) 2045	(1) 2012	( ) 0047	( 1) 0040	( ) 2040	(A.T.)			
	ndar year (or fiscal year beginning in)	(a) 2015 195,778.	(b) 2016 250, 206.	(c) 2017 253, 152.	(d) 2018 297, 309.	(e) 2019 1033979.	(f) Total 2030424.			
	Amounts from line 4	193,110.	230,200.	233,132.	291,309.	1033373.	2030424.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	4,878.	647.	337.	454.	11,570.	17,886.			
•	and income from similar sources	4,070.	047•	337•	434.	11,570.	17,000.			
9	Net income from unrelated business									
	activities, whether or not the									
10	business is regularly carried on  Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						2048310.			
12	Gross receipts from related activities,	etc (see instruction	nne)			12	240,811.			
	First five years. If the Form 990 is for	•	,	 I fourth or fifth ta						
	organization, check this box and <b>stop</b>	_					ightharpoonup			
Sec	ction C. Computation of Publi		centage							
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	64.87 %			
15	Public support percentage from 2018					15	94.27 %			
16a	33 1/3% support test - 2019. If the c					ore, check this box				
	stop here. The organization qualifies									
b	33 1/3% support test - 2018. If the o									
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ition			<b>&gt;</b>			
17a	'a 10% -facts-and-circumstances test - 2019. 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-	ts-and-circumstand	ces" test, check th	is box and stop h	<b>iere.</b> Explain in Pa	rt VI how the organ	ization			
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization					
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	<b>stop here.</b> Explair	n in Part VI how the				
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶∐			
18	Private foundation. If the organizatio	rivate 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) 2019

# Schedule A (Form 990 or 990-EZ) 2019 Animal Protective Association | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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								
78	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
k	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.)						<u> </u>		
	ction B. Total Support		1	Г	T	1	T		
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
k	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 Other income. Do not include gain						-		
12	or loss from the sale of capital								
	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	-			-				
Se	check this box and stop herection C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2019 (I			oolumn (f))		15	%		
	Public support percentage from 2018					16			
	ction D. Computation of Inves					1 10 1	70		
				ne 13 column (fl)		17	%		
18		or <b>2019</b> (line 10c, column (f), divided by line 13, column (f))							
	a 33 1/3% support tests - 2019. If the								
130	more than 33 1/3%, check this box ar						s.not		
	33 1/3% support tests - 2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		V	N
		Yes	NO
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Pai	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		
	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. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance)	ructions)		L
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01-		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	25		
<b>L</b>	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or to supported organizations: If Tes. Describe III Fait VI (He role biaved by the organization in this regard	l OD	, ,	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	- agr
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	tion 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	tion 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	tion 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	lly integrat	ed Type III supporting orga	nization (see
	instructions)	. •		•

Schedule A (Form 990 or 990-EZ) 2019

Par	¹t V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organizations	5	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	-	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	r		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Animal Protective Association

**Employer identification number** 23-7137725

Pai	art I Organizations Maintaining Donor	Advised Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, F	Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor ad	lvisors in writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organ	nization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, an	d donor advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of th	e donor or donor advisor, or for any other purpose co	onferring
Pai	art II Conservation Easements. Complete	e if the organization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the o	organization (check all that apply).	
	Preservation of land for public use (for examp	ole, recreation or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2		eld a qualified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
a			
b	,		
С		istoric structure included in (a)	
d		acquired after 7/25/06, and not on a historic structure	l l
•			
3	_	ferred, released, extinguished, or terminated by the o	organization during the tax
4	year	votion accoment is located	
4	Number of states where property subject to conser		
5	Does the organization have a written policy regardir violations, and enforcement of the conservation eas		Yes No
6	•	sements it holds?specting, handling of violations, and enforcing conse	
Ü	L	specting, narraining of violations, and emoreing consci	rvation casements during the year
7	Amount of expenses incurred in monitoring inspec	ting, handling of violations, and enforcing conservation	on easements during the year
•	<b>▶</b> \$	ang, nanamig or violations, and officially consolvation	on casemente danning the year
8		2(d) above satisfy the requirements of section 170(h)	(4)(B)(i)
9		conservation easements in its revenue and expense st	
		f the footnote to the organization's financial statemen	
	organization's accounting for conservation easemen		
Pai	art III Organizations Maintaining Collec	tions of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets he	eld for public exhibition, education, or research in furt	herance 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 FAS	B ASC 958, to report in its revenue statement and ba	llance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, his	torical treasures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Ins	structions for Form 990.	Schedule D (Form 990) 2019

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

		Protective							37725		e <b>2</b>
Par	t III   Organizations Maintaining C	collections of Ar	t, Histo	rical Tre	asures, or 0	Other S	imilar A	<u>Assets</u>	(continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	ollowing that m	nake signi	ificant use	e of its			
	collection items (check all that apply):										
а	Public exhibition	C	<b>i</b> 🗌 L	oan or exc	hange program	1					
b	Scholarly research	e	• 🔲 c	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organization	s exempt	purpose	in Part >	KIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hist	orical treas	sures, or other	similar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi:	zation's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "Y	es" on Fo	rm 990, F	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for co	ontributions	s or other asset	ts not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?	🗀	Yes		No
b	If "Yes," explain the arrangement in Part XIII.							<u></u>			
Par	t V Endowment Funds. Complete	if the organization ar	swered "	Yes" on Fo	rm 990, Part IV	<sup>'</sup> , line 10.					
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two years	back (d)	Three yea	ars back	(e) Four y	ears ba	<u>ck</u>
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g,	column (a)	) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administered	d for the c	organizatio	on	_		
	by:								\	es l	No_
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Scl	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990, F	Part X, line	e 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Accı	umulated		(d) Book	value	
		basis (investr	ment)		(other)	depre	ciation				
1a	Land				8,415.				1,768		
	Buildings			3,66	0,265.	71	9,452	2. 2	2,940	,81	3.
	Leasehold improvements										
	Equipment			5	0,801.	4	6,350	0.	4	<b>, 4</b> 5	<u>L.</u>
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990 Part	X column	n (R) line 1	0c)			<b>\</b>	4,713	,679	θ.

Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.	on Farma 000 Dart IV line	11h Coo Fours 200 Book V line 10	
(a) Descrip	Complete if the organization answered "Yes" option of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
-	al derivatives	(b) Book value	(c) meaned of valuation, cool of one	or your market value
	to a fact a construction of the fact and a fact			
(3) Other	neid equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.		•	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (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, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>15.)</u>	<b>&gt;</b>	
FaitA		F 000 B+ IV I'	44 446 O Faura 200 Bank V. Kan 25	
	Complete if the organization answered "Yes" (  (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(h) Dook volue
1.	.,			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	<u>ımn (b) must equal Form 990, Part X, col. (B) line</u>	25.)	<b>&gt;</b>	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sche	edule D (Form 990) 2019 ANIMAI Protective Associa	tion		<u> 23-</u>	/13//25 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,123,032.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				l
а	Net unrealized gains (losses) on investments	2a	23,458.		l
b	Donated services and use of facilities	2b			l
С	Recoveries of prior year grants	2c			l
d	Other (Describe in Part XIII.)	2d			l
е	Add lines 2a through 2d			2e	23,458.
3	Subtract line 2e from line 1			3	1,099,574.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				l
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			l
b	Other (Describe in Part XIII.)	4b			l
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.)			5	1,099,574.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	497,008.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				l
а	Donated services and use of facilities	2a			l
b					l
С	Other losses	2c			l
d					l
е	= (= ···· · ···· · · · · · · ·				
	Add lines 2a through 2d			2e	0.
3	Add lines 2a through 2d			2e 3	0. 497,008.
3 4	,				
3 4 a	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
4 a	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			_

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.

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 above. 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 generally subject to examination for three years after filing.

Schedule D (Form 990) 2019 Part XIII   Supplemental Infor	Animal Protective	Association	23-7137725 Page 5
Part XIII   Supplemental Infor	mation <sub>(continued)</sub>		
-			

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Dankaskias Associat	L					ntification number
	Protective Associate Complete if the organization answe			Form 990. Part IV. I	ine 1	23 – 7137 7. Form 990-EZ	
required to complete this par	t.						
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total     List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	I gistration
or noonoling.							

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

Schedule G (Form 990 or 990-EZ) 2019

	11 L I	of fundraising event contributions and gro	•	,	, , ,	. ,
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			Spring Dinner	 Walk-a-thon	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
e			(event type)	(GVGIII LYPO)	(total Hambol)	
Revenue	1	Gross receipts	13,076.	7,976.	1,057.	22,109.
	2	Less: Contributions	4,076.	590.	1,057.	5,723.
	3	Gross income (line 1 minus line 2)	9,000.	7,386.		16,386.
	4	Cash prizes				
တ္	5	Noncash prizes				
pense	6	Rent/facility costs	1,000.			1,000.
Direct Expenses	7	Food and beverages	4,463.			4,463.
	8	Entertainment				
	9	Other direct expenses		500.	3,520.	11,249.
	10				<b>&gt;</b>	16,712.
		Net income summary. Subtract line 10 from li			<b>&gt;</b>	-326.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Т	I		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вè		Cross revenue				
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %  No	Yes %  No	Yes %  No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
k	lf "I	No," explain:				
	_					
		ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	rear?	Yes No
	_					

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 Animal Protective Association 23-	<u>7137725</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
•	Enter the harre and address of the person who propares the organization organization of gaming operation of the person and resolution.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
С	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?	Yes	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 P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	G (Form 990 or 990-EZ)	Animal Protectiv	e Association	23-7137725 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation <sub>(continued)</sub>		
	<u> </u>			

## **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.

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

OMB No. 1545-0047 Inspection

Name of the organization

Animal Protective Association

**Employer identification number** 23-7137725

Form 990, Part VI, Section B, line 11b:
The 990 was forwarded to all Board Members for comments 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.