Form **990** 

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2008
Open to Public Inspection

A	For th	e 2008 calendar year, or tax year beginning and ending		
В	Check it	Please C Name of organization	D Employer identifi	cation number
	applicat	l dise imp		
	Addr chan	pass label or ANIMAL DEFENSE LEAGUE OF TEXAS		
	Name	type	74-6	002033
F	Initia returi		·· <del>···</del>	
	Term		1 -	655-1481
H	lation Amer	ded tions		
F	Ireturr AppⅡ tion		G Gross receipts \$	2,147,257.
	tton pend	F Name and address of principal officer:	H(a) Is this a group re	
		r Name and address of principal officer:	for affiliates?	Yes X No
	<del></del>			luded? Yes No
		empt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		te: WWW.ADLTEXAS.ORG	H(c) Group exemptio	
		organization: X Corporation Trust Association Other ► L Yes	ar of formation: 1934 N	State of legal domicile: TX
10.0	Τ		100 T.000 3300	171770
ő	1	Briefly describe the organization's mission or most significant activities: SHELTER F		
Governance		ANIMALS, PROVIDING FOR THEIR CARE, TREATMENT		
Ş	2	Check this box if the organization discontinued its operations or disposed of mo		_
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
<u>مخ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		9
Ĕ	5	Total number of employees (Part V, line 2a)	5	146
Activities &	6	Total number of volunteers (estimate if necessary)	6	900
Ą	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	ь	Net unrelated business taxable income from Form 990-T, line 34		0.
		Contributions and events (Port VIII line 4h)	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,165,865.	1,604,616.
ver	9	Program service revenue (Part VIII, line 2g)	61,932.	311,926.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	128,497.	78,381.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,779.	99,686.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,434,073.	2,094,609.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	055 043	1 101 576
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	955,043.	1,181,576.
ĕ		Professional fundraising fees (Part IX, column (A), line 11e)	Anni de la ciama de la compansión de la co	
Ж		Total fundraising expenses (Part IX, column (D), line 25) 54,274.	YOUR COOK	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	927,998.	1,073,333.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,883,041.	2,254,909.
- 23	19	Revenue less expenses. Subtract line 18 from line 12	551,032.	<u>&lt;160,300.</u> >
Net Assets or Fund Balances		Total consts (Dot V. Bos 40)	Beginning of Year	End of Year
Sage	20	Total assets (Part X, line 16)	5,654,191.	5,415,112.
let d	21	Total liabilities (Part X, line 26)	453,664.	417,472.
P	22 irt II	Net assets or fund balances. Subtract line 21 from line 20	5,200,527.	4,997,640.
	H L 11	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	e and to the best of my knowledge	and helief it in true correct
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	9, alla 10 tilo 2631 all lily kitowica <u>.</u> 30.	3e ario never' it is final collact'
C:	_		1	
Sign		Signature of officer	Date	
Her	e		Duic	
		Type or print name and title		
				er's identifying number
Paid		constant Consulta Albaca S	self- (see ins	structions)
Prep	arer's	The state of the s	employed > []	P00950841
Use	Only	yours if AREN, DORERTY, KLEIN & FEUGE, P.C.	<u>EIN ► 74-</u>	2606559
		address, and address, and address, and address, and		0101 000 100-
1.7		ZIP+4 SAN ANTONIO, TX 78217		<u>210) 829-1300</u>
way	់ពេ <del>e</del> II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Form **8868** 

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

nternal	Hevenue Service File a Separate application for each return.		_L	
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box	nis form).		<b>&gt;</b> X
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A con	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and c only			▶□
All oth to file	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request income tax returns.	an extens	ion of time	
noted (not a you m	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extent below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electroutomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic irs.gov/efile and click on e-file for Charities & Nonprofits.	onically if consolida	(1) you want ted Form 99	the additional 0-T. Instead,
Type	or Name of Exempt Organization	Empl	oyer identifi	cation number
print	ANIMAL DEFENSE LEAGUE OF TEXAS	7.	1-6002	033
File by due dat filing yo	te for Number, street, and room or suite no. If a P.O. box, see instructions.			
return. instruct	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
<del></del>	SAN ANTONIO, TX 78217-2318			
Chec	k type of return to be filed (file a separate application for each return):			
X 	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form	4720 5227 6069		
	Form 990-PF	8870		
Te ● Ift ● Ift	ANIMAL DEFENSE LEAGUE OF TEXAS  e books are in the care of ▶ 11300 NACOGDOCHES RD - SAN ANTONIO, To  lephone No. ▶ 210-655-1481 FAX No. ▶  the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is for	the whole g	► I
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time AUGUST 15, 2009 , to file the exempt organization return for the organization name is for the organization's return for:  X calendar year 2008 or , and ending, and ending		The extensio	on
2	If this tax year is for less than 12 months, check reason: Initial return		Change in a	ccounting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	20	•	N/A
	See instructions.	3c 8870.	S for paym	
Caut	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Fo	WIII 001 A.		
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form	8868 (Rev. 4-2009

	990 (2008)		LEAGUE OF TEXAS	74-6002033 Page <b>2</b>
Part	III Statement of	Program Service Accor	nplishments (see instructions)	
1	Briefly describe the orga	anization's mission:		
			ANIMALS, PREVENTING O	CRUELTY TO ANIMALS,
		G HUMANE AND KI		
-				
2 1	Did the organization und	dertake any significant program	services during the year which were not lis	ited on
1	the prior Form 990 or 99	90-EZ?		Yes X No
		new services on Schedule O.		
3	Did the organization cea	ase conducting, or make signific	cant changes in how it conducts, any progr	am services?Yes X No
,	If "Yes", describe these	changes on Schedule O.		
4	Describe the exempt pu	rpose achievements for each o	f the organization's three largest program s	ervices by expenses.
:	Section 501(c)(3) and 50	01(c)(4) organizations and section	on 4947(a)(1) trusts are required to report ti	he amount of grants and
í	allocations to others, the	e total expenses, and revenue,	if any, for each program service reported.	
			CO.	
	(Code:	) (Expenses \$ 1,722,		) (Revenue \$
			NED ANIMALS, PROVIDING	FOR THEIR CARE,
	TREATMENT AN	D ADOPTION.		
-				
		<del></del>		
-				
-				
4b (	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$
	(O - d -	\ /C	in abuding grants of \$	) (Revenue \$
4c	(Code:	) (Expenses \$	including grants of \$	γιανοιίαο ψ
	<u> </u>			
-				
-				
•				
•				
	Other program services (Expenses \$	. (Describe in Schedule O.) including grants o	of \$ ) (Revenue \$	

Form 990 (2008) ANIMAL DEFENSE LEAGUE OF TEXAS 74-6002033 Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? if "Yes," complete Schedule A \_\_\_\_\_\_ X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 2 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ... 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where 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 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; 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 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable X 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12 is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity 15 located outside the United States? If "Yes," complete Schedule F, Part II X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Part III 16 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I ...... 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Х 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ..... 22 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 23 23 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 questions 24b-24d and complete Schedule K. If "No", go to question 25 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a

Form 990 (2008)

25b

Х

X

X

27

prior year? If "Yes," complete Schedule L, Part I

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III

### 

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?	5		
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? 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		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		i	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		j	
	and that is treated as a partnership for federal income tax purposes? If *Yes,* complete Schedule R, Part VI	37		X

Form **990** (2008)

	Otatements Regarding Other Into Filings and Tax Compliance					
		ı	I		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable		3			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?	i	I	<u>1c</u>	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1		
	filed for the calendar year ending with or within the year covered by this return		146	1		
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 e-file this return. (see					
За		d by t	his return?	3a		X
				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	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and			
	Financial Accounts.					
				5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		_X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Rega	rding Prohibited			
	Tax Shelter Transaction?			5c		
6a				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			S .		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	ı		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_7d_				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				- 1	
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as re	quired?	<u>7</u> h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion 5	09(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	_				
	excess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				:	
а	Did the organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			_9b		
10	Section 501(c)(7) organizations. Enter: N/A	ı	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11	Section 501(c)(12) organizations, Enter: N/A	ı	I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
	amounts due or received from them.)	11b		1		1
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				

Form 990 (2008)

ANIMAL DEFENSE LEAGUE OF TEXAS

74-6002033

Pa
Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			<del></del>
		_	Yes	No_
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			į
	processes, or changes in Schedule O. See instructions.	.]		
	Enter the number of voting members of the governing body	4		
		2		
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	<u></u>	<u>X</u>
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		_X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		٠.	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		·	
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	x	
11	Is there any officer, director or 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	11		X
Sec	tion B. Policies	<u></u>		
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1.00	X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
-	to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	IZU		
·	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	-	X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
_		46.	x	
8	The organization's CEO, Executive Director, or top management official?	15a		37
D	Other officers or key employees of the organization?	15b	-	X
40	Describe the process in Schedule O. (see instructions)			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		1	
	exempt status with respect to such arrangements?	16b	<u> </u>	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	ınd fina	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	<b>_</b> _	
	ANIMAL DEFENSE LEAGUE OF TEXAS - 210-655-1481			
	11300 NACOGDOCHES RD, SAN ANTONIO, TX 78217-2318			
83200 12-18-	3	Form	990	2008)

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	l fc		Posi			lιλ	Reportable	Reportable compensation	Estimated amount of
	hours (check all that apply) compensation from the organization week week week with the patricular transfer or discontinuous transfer or discontinuo		from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations						
ANNA-LAURA HOWELL									_	_
PRESIDENT	1.00	X	<u> </u>		<u> </u>			0.	0.	0
MARGARET MAYBERRY	1 00	٠,							<u> </u>	_
VICE PRESIDENT	1.00	X	-				<u>_</u>	0.	0.	0
JIM ODELL SECRETARY	1.00	v						0.	0.	0
B.K. WIESNER, JR.	1.00	^						0.	0.	
TREASURER	1.00	×						0.	0.	0
JIM STURCH		1			-					
DIRECTOR	1.00	x						0.	0.	0
CAROLYN COYNE										
DIRECTOR	1.00	X						0.	0.	0
RYAN VAN POPERIN		I	<u> </u>							
DIRECTOR	1.00	X						0.	0.	0
CAROLINE SEAY	İ					ŀ				
DIRECTOR	1.00	X	ļ		<u> </u>	<b></b>		0.	0.	0
MELINDA YOUNG		l								
DIRECTOR	1.00	X	<del> </del>		├-			0.	0.	0
RON AARON EXECUTIVE DIRECTOR	40.00			х				75,000.	0.	0
		1	1	1	1	1	1	1	1	ţ

Form 990 (2008)

(A) Name and title	(B) Average hours		1	(( Posi	C) ition			(D) Reportable compensation	(E) Reportable compensation	,	Esti	(F) mated	
	per week	director	Institutional trustee	Otticer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	,	compo froi organ and	ther	on on d
												<del></del>	
										_			
											<u> </u>		
							:				-		
				,				75,000.		0.			
Total number of individuals (including those compensation from the organization	in 1a) who re	ceive	ed m	ore	tha			000 in reportable				·	0.
3 Did the organization list any former officer,													No X
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	mp	ensa	atior	n and	d otl	her compensation from			4		X
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Scheduler Sch									ices rendered to		5		X
Section B. Independent Contractors     Complete this table for your five highest contractors the organization.	mpensated inc	depe	ende	nt c	ont	racto	ors t	hat received more than	\$100,000 of com	pensa	ation fro	om	
(A) Name and business	address						-	(B) Description of s	services	Cc	(C) ompens		
							-						
<del></del>								<del> </del>					
2 Total number of independent contractors (in from the organization	ncluding those 0	e in '	1) W	no re	ecei	ved	mor	re than \$100,000 in con	npensation		Form 9	90 (2	008

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp		not required to compl	ete columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		1		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			grand the first of	
	the U.S. See Part IV, line 22				ń.
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,047,897.	734,464.	313,433.	
8	Pension plan contributions (include section 401(k)			1	
	and section 403(b) employer contributions)	5,630.		5,630.	
9	Other employee benefits	44,851.	33,638.	11,213.	
10	Payroll taxes	83,198.	62,398.	20,800.	
11	Fees for services (non-employees):			1	•
a	Management				
b	Legal	300.		300.	
C	Accounting	21,279.		21,279.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		A.C. Karun da A. A. A.	ani kin samili na pama	
f	Investment management fees				
g	Other				
12	Advertising and promotion	7,256.	7,256.		
13	Office expenses	159,059.	70,670.	40,303.	48,086.
14	Information technology				
15	Royalties	50.050			
16	Occupancy	73,973.	73,973.		<del></del>
17	Travel				<del></del>
18	Payments of travel or entertainment expenses	:		1	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	04 700		04 500	
20	Interest	21,789.		21,789.	
21	Payments to affiliates	105 510	400 540		
22	Depreciation, depletion, and amortization	107,548.	107,548.		
23	Insurance	59,646.	59,646.		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	204 204	204 224		
а	HOSPITAL EXPENSES	321,234.	321,234.		<del></del>
þ		142,134.	142,134.		
C	KENNEL EXPENSE	49,745.	49,745.	46 04 4	
đ	MISCELLANEOUS	27,961.	5,559.	16,214.	6,188.
e	CUSTODIAL EXPENSES	26,234.	26,234.		
	All other expenses	55,175.	28,106.	27,069.	<b>-</b>
<b>2</b> 5	Total functional expenses. Add lines 1 through 24f	2,254,909.	1,722,605.	478,030.	54,274.
26	Joint Costs. Check here  if following				
	SOP 98-2. Complete this line only if the organization		4		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2008)
					C DDD (0000)

832011 12-18-08

га	<u>π Λ</u>	Datance Sheet	<del></del>		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	96,138.	1	48,410.
	2	Savings and temporary cash investments	2,094,648.		1,370,889.
	3	Pledges and grants receivable, net		3	550,492.
	4	Accounts receivable, net		4	3307152
	5	Receivables from current and former officers, directors, trustees, key		-	
	•	employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	•		
		1224(Y-),	· ·	6	•
	-	Part II of Schedule L		7	
ets	7	Notes and loans receivable, net		8	2,065.
Assets	8	Inventories for sale or use	2,003.		2,005.
,	9	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost basis	THE PERSON AND PROPERTY OF	9	
	b	Less: accumulated depreciation. Complete	2 406 054		2 505 052
		Part VI of Schedule D 10b 1,380,796.			2,595,952.
	11	Investments - publicly traded securities	137,417.	11	614,083.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	233,221.
	16	Total assets, Add lines 1 through 15 (must equal line 34)		16	5,415,112.
	17	Accounts payable and accrued expenses	107,705.	17	110,348.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,	26000 ENGRAPH.	Hitt	
		highest compensated employees, and disqualified persons. Complete Part II			
<b>=</b>		of Schedule L		22	_
	23	Secured mortgages and notes payable to unrelated third parties	345,959.	23	307,124.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	453,664.	26	417,472.
		Organizations that follow SFAS 117, check here   X and complete		A 6.8	Translation and
ű		lines 27 through 29, and lines 33 and 34.		Sanity.	
ဦ	27	Unrestricted net assets	4,680,527.	27	4,497,640.
33	28	Temporarily restricted net assets	520,000.		500,000.
Ä	29	Permanently restricted net assets		29	
š	20	Organizations that do not follow SFAS 117, check here  and			
Net Assets or Fund Balance		complete lines 30 through 34.		14	
20	30	Capital stock or trust principal, or current funds		30	
sse		Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	31	Retained earnings, endowment, accumulated income, or other funds		32	
Š	32		5,200,527.		4,997,640.
	33	Total net assets or fund balances  Total liabilities and net assets/fund balances	5,654,191.		5,415,112.
Dai	34 1 XI	Financial Statements and Reporting	<u> </u>	34	7,413,114.
rai	LAI	Financial Statements and Reporting		<del></del>	Yes No
			Othor		7.03 1.10
1		ounting method used to prepare the Form 990: Cash X Accrual	_ Other		
2a		the organization's financial statements compiled or reviewed by an independent			
		the organization's financial statements audited by an independent accountant?			
c		es" to lines 2a or 2b, does the organization have a committee that assumes respo			l I I
		w, or compilation of its financial statements and selection of an independent acco			
За		result of a federal award, was the organization required to undergo an audit or au			1 1 1
		and OMB Circular A-133?			
<u>b</u>	lf "Y€	es," did the organization undergo the required audit or audits?			
83201	1 12-18	-08			Form <b>990</b> (2008)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

ANIMAL DEFENSE LEAGUE OF TEXAS 74-60020	033
Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)	
The organization is not a private foundation because it is: (Please check only one organization.)	
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)	
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)	
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's	name,
city, and state:	
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in	
section 170(b)(1)(A)(iv). (Complete Part II.)	
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public descri	bed in
section 170(b)(1)(A)(vi). (Complete Part II.)	
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receives:	eipts from
activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross in	
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30	
See section 509(a)(2), (Complete the Part III.)	
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)	
11 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 t	
describes the type of supporting organization and complete lines 11e through 11h.	
a Type I b Type II c Type III - Functionally integrated d Type III - OI	ther
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other	er than
foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a	
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III	,,,
supporting organization, check this box	
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	
	Yes No
the governing body of the supported organization?	
(ii) A family member of a person described in (i) above? 11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	
h Provide the following information about the organizations the organization supports.	
(i) Name of supported (ii) EIN (iii) Type of organization (v) Is the organization (v) Did you notify the organization in col. (vii) Amo organization in col. (i) listed in your organization in col.	nunt of
above or JRC section governing document? (i) or your support? U.S.?	
(see instructions)) Yes No Yes No	
Total	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule A (Form 990 or 990)	0-FZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 ANIMAL DEFENSE LEAGUE OF TEXAS 74-6002033 Page 2

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	(Complete	only if you ch	necked the bo	x on line 5. 7	or 8 of Part I.)
--	-----------	----------------	---------------	----------------	------------------

Sec	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1								
	membership fees received. (Do not			:	:			
	include any "unusual grants.")	2096246.	2376113.	1228437.	2039106.	1604616.	9344518.	
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						ı	
	the organization without charge							
4	Total. Add lines 1 - 3	2096246.	2376113.	1228437.	2039106.	1604616.	9344518.	
5	The portion of total contributions							
	by each person (other than a						!	
	governmental unit or publicly						!	
	supported organization) included				Tanga kecaba			
	on line 1 that exceeds 2% of the	Brand Sirish						
	amount shown on line 11,	A Property States						
	column (f)	्रमण्डाः जन्मिक् क्षेत्रक्षेत्रस्य सम्बद्धाः सम्बद्धाः होत्स्य स्टब्स्		ere dej la factori de la coltecta. La presidenta de la coltecta de la	nigayan (gariy		1489467.	
6	Public Support. Subtract line 5 from line 4.						7855051.	
Sec	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
7	Amounts from line 4	2096246.	<u>2376113.</u>	1228437.	2039106.	1604616.	9344518.	
8	Gross income from interest,							
	dividends, payments received on		,					
	securities loans, rents, royalties							
	and income from similar sources	38,883.	74,134.	263,072.	128,497.	90,214.	594,800.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on			122,981.	36,739.		159,720.	
10	Other income. Do not include gain		i					
*	or loss from the sale of capital							
	assets (Explain in Part IV.)	11,994.	16,055.	25,029.		12,708.		
11	Total support. Add lines 7 through 10		e wasti ka		Control of the second		<u> 10176270.</u>	
12	Gross receipts from related activities,						<u>,455,549.</u>	
13	First five years. If the Form 990 is for						<del></del>	
	organization, check this box and stor	here					<u>&gt;</u>	
	ction C. Computation of Publ							
	Public support percentage for 2008 (					14	77.19 %	
	Public support percentage from 2007						80.36 %	
16a	33 1/3% support test - 2008. If the c	_						
	stop here. The organization qualifies							
b	33 1/3% support test - 2007. If the c						. 1 1	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"	•	•			••••		
b	10% -facts-and-circumstances tes							
	more, and if the organization meets the				•			
	organization meets the "facts-and-cire		-					
18	Private foundation, If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17				
	Schedule A (Form 990 or 990-EZ) 2008							

			<u>`</u> .	· / (00///p/010 0///)	if you checked the box	
ection A. Public Support	<del></del>				1	
alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")					1	
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	ļ				[	
are not an unrelated trade or bus- iness under section 513						
Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				<u> </u>		
Total. Add lines 1 - 5						
a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b	2000.00			Tank a superior of the		
Public support (Subtract line 7c from line 6.)	Modeling and Highlight	of the Spirit	upoje graji tek istorija da je ig	articular de la production	grayers was as	
ection B. Total Support						
lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						-
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			·			
Other income. Do not include gain					T	
or loss from the sale of capital assets (Explain in Part IV.)						
	1, 14 <u> 1 1</u>					
U(&1 SUPPORt (Add lines 9, 10c. 11, and 12.)		s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiza	ation,
	r the organization's					
First five years. If the Form 990 is fo						
First five years. If the Form 990 is fo check this box and stop here	· · · · · · · · · · · · · · · · · · ·				······	
First five years. If the Form 990 is fo check this box and stop herection C. Computation of Pub	lic Support Pe	rcentage			15	
First five years. If the Form 990 is fo check this box and stop here	lic Support Pe line 8, column (f) d	rcentage ivided by line 13, o	column (f))		<del>,</del>	
First five years. If the Form 990 is for check this box and stop here	lic Support Pe line 8, column (1) d 7 Schedule A, Part	rcentage ivided by line 13, o IV-A, line 27g	column (f))		15	
First five years. If the Form 990 is fo check this box and stop here	lic Support Pe line 8, column (f) d 7 Schedule A, Part stment Incom	rcentage ivided by line 13, o IV-A, line 27g e Percentage	column (f))		15	
First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2008 (Public support percentage from 200) ection D. Computation of Investment income percentage for 20	lic Support Pe line 8, column (f) d 7 Schedule A, Part stment Incom 008 (line 10c, colur	rcentage ivided by line 13, o IV-A, line 27g e Percentage mn (f) divided by li	column (f))		15 16	
First five years. If the Form 990 is for check this box and stop here	lic Support Pe line 8, column (f) d 7 Schedule A, Part stment Incom 008 (line 10c, colur 2007 Schedule A,	rcentage ivided by line 13, o IV-A, line 27g e Percentage mn (f) divided by line Part IV-A, line 27h	ne 13, column (f))		15 16 17 18	
First five years. If the Form 990 is for check this box and stop here	lic Support Pe line 8, column (f) d 7 Schedule A, Part stment Incom 2008 (line 10c, colur 2007 Schedule A, e organization did r and stop here. The	rcentage ivided by line 13, o IV-A, line 27g e Percentage mn (f) divided by line Part IV-A, line 27h not check the box e organization qual	ne 13, column (f)) on line 14, and line ifies as a publicly s	e 15 is more than supported organiz	15 16 17 18 33 1/3%, and line 1 zation	7 is not
Public support percentage for 2008 ( Public support percentage from 2003 ( Public support percentage from 20	lic Support Pe line 8, column (f) d 7 Schedule A, Part stment Incom 2008 (line 10c, colur 2007 Schedule A, e organization did r and stop here. The	rcentage ivided by line 13, of IV-A, line 27g e Percentage mn (f) divided by line 27h not check the box e organization qual not check a box or	one 13, column (f)) on line 14, and line lifes as a publicly so	e 15 is more than supported organiza, and line 16 is m	15 16 17 18 33 1/3%, and line 1 zation	7 is not

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number Name of the organization 74-6002033 ANIMAL DEFENSE LEAGUE OF TEXAS Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules [X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Employer identification number

#### ANIMAL DEFENSE LEAGUE OF TEXAS

74-6002033

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANIMAL DEFENSE LEAGUE FOUNDATION  108 BLACKHAWK TRAIL  SAN ANTONIO, TX 78232	\$520,000.	Person X Payroll
(a)	(b)	(c)	(d)
No2	Name, address, and ZIP + 4  JILL HOWE (EXECUTOR OF ESTATE OF BESS HIERONYMOUS)  6338 NORTH NEW BRAUNFELS  SAN ANTONIO, TX 78209	\$ 63,166.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	KIM AND GEORGE RAPIER CHARITABLE LEAD UNITRUST  405 W. MAGNOLIA  SAN ANTONIO, TX 78212	\$ <u>45,000</u> .	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	TRUST OF CHESTER J.FOX  PO BOX 17001  SAN ANTONIO, TX 78217	\$ 28,860.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	ESTATE OF JESSIE ANNA STRANGE  224 AZALEA TRAIL  BOERNE, TX 78006	\$ 25,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d) Type of contribution
6	Name, address, and ZIP + 4  FAYE & WILLIAM COWDEN CHARITABLE FOUNDATION,  BROADWAY BANK  SAN ANTONIO, TX 78217	\$ <u>20,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	<del></del>	Cahadula D /Earm	000 000-F7 or 000-PF1 (2008)

Name of organization

Employer identification number

ANIMAL	DEFENSE	LEAGUE	OF	TEXAS

74-6002033

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	PO BOX 990063  HARTFORT, CT 06199	\$ <u>17,282.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	CAMP OIL COMPANY 7898 BROADWAY, #110 SAN ANTONIO, TX 78209	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	PATTY AND FRED FLETCHER  19547 MILL OAK  SAN ANTONIO, TX 78258	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	SHARON HOWARD  102 CLAYWELL DRIVE  SAN ANTONIO, TX 78209-3342	\$10,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	MADDIES FUND  4804 FREDERICKSBURG ROAD  SAN ANTONIO, TX 78229	\$ 7,945.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	UNITED WAY COMBINED FEDERAL CAMPAIGN PO BOX 896 SAN ANTONIO, TX 78293-0898	\$ <u>18,103.</u>	Person X Payroll
823452 12-		Schedule B (Form	990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

74-6002033

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	ANGELA BARTON  8321 LAURELHURST DRIVE  SAN ANTONIO, TX 78209	\$ 5,505.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	LIELANI GARY FAMILY TRUST  PO BOX 17553  SAN ANTONIO, TX 78217	\$5,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>15</u>	PRINCIPAL COMBINED FUND ORGANIZATION PO BOX 898  SAN ANTONIO, TX 78293	\$5,327.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>16</u>	SAN ANTONIO AREA FOUNDATION  110 BROADWAY, SUITE 230  SAN ANTONIO, TX 78205	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>17</u>	AUSTIN, CALVERT, & FLAVIN, INC.  755 EAST MULBERRY, #400  SAN ANTONIO, TX 78240	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18	WELLMED CHARITABLE FOUNDATION  8637 FREDERICKSBURG ROAD, #360  SAN ANTONIO, TX 78217	\$5,000.	Person X Payroll
		Sahadula D / Carm	uun uun.s/ ar00A.DE\{9AAQ

823452 12-18-08

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2008)		Page 4 of 4 of Part 1
	ganization	Emp	loyer identification number
ANIMA	L DEFENSE LEAGUE OF TEXAS	,	74-6002033
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
19	JOHNSTON INDUSTRIES, INC.  PO BOX 717  MARION, TX 78124	sss	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) S Type of contribution
<del></del>		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)  Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution.)

19

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

Employer identification number

	ANIMAL DEFENSE LEA	GUE OF TEXAS	74-6002033
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible pr	ivate benefit? Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of certif	ed historic structure
	Preservation of open space	•	
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a con	servation easement on the last day
	of the tax year.		estimos de
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	1 1
d	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		:
Pa	till Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
þ	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tro		al gain, provide
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
LHA	For Privacy Act and Paperwork Reduction Act Notice, se	ee the Instructions for Form 990.	Schedule D (Form 990) 2008

Sche	dule D (Form 990) 2008 ANIMAL	DEFENSE LE	AGUE OF TE	XAS	74-60	02033 Page 2	
Par	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Oth	er Similar Asse	ts (continued)	
3	Using the organization's accession and other	r records, check an	y of the following tha	t are a significant us	se of its collection ite	ms (check all	
	that apply):						
а	Public exhibition	(		hange programs			
b	Scholarly research	•	e Dther		<del> </del>		
C	c Preservation for future generations						
	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.						
5	During the year, did the organization solicit or	r receive donations	of art, historical trea	sures, or other simil	ar assets	, <u> </u>	
	to be sold to raise funds rather than to be ma					Yes No	
Par	t IV Trust, Escrow and Custodial		<ol><li>Complete if organi</li></ol>	zation answered "Y	es" to Form 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Par						
	Is the organization an agent, trustee, custodi						
	on Form 990, Part X?					」Yes       No	
b	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing table:		[····		
						Amount	
C	Beginning balance			······································			
	Additions during the year						
е	Distributions during the year				1 1		
f	Ending balance					7	
	Did the organization include an amount on Fo		a 21?		<u> </u>	∐Yes ∐No	
	If "Yes," explain the arrangement in Part XIV.			200 Dest IV line 10			
Par	t V Endowment Funds. Complete it					t-3 Four years back	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	lej Four years back	
1a	Beginning of year balance		e etablitanis, maja				
b	Contributions		TERROR STANDARD FOR	de de la companya de			
C	Investment earnings or losses		The class for all solve to the				
d	Grants or scholarships		12012-1256-121-12012-1		Amilia Congression (A	e Parkhara	
e	Other expenditures for facilities			· 基本			
	and programs				Ship Control	Assistant and a second	
f	Administrative expenses		<ul> <li>Interpretation of the Machine Council State</li> </ul>				
	End of year balance [ Provide the estimated percentage of the year	r and balance held	Andrew Combinet to	<u></u>			
2			%				
a	Board designated or quasi-endowment  Permanent endowment	%					
0		/3 %					
_	Are there endowment funds not in the posse	• -	zation that are held a	and administered for	the organization		
зa		ssion of the organi	zanon mat are non e	ina administered for	ino organization	Yes No	
	by: (i) unrelated organizations						
	(ii) unrelated organizations						
L.	If "Yes" to 3a(ii), are the related organizations						
4	Describe in Part XIV the intended uses of the			******************************	***************************************	. [ ]	
	t VI Investments - Land, Building			). Part X. line 10.			
	Description of investment	(a) Cost or			Depreciation	(d) Book value	
	Description of investment	basis (invest		(other)		(4)	
	Land	<del> </del>				391,752.	
ıa b	LandBuildings						
ח	Leasehold improvements						
ن		1					
	Equipment Other		3 59	34,996. 1	,380,796.	2,204,200.	
	. Add lines 1a-1e. (Column (d) should equal F				<b>b</b>	2,595,952.	
I ULD	, , ad midd fa fo, [Colditii (d) difodid equal f						

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

832053 12-23-08

	idule D (Form 990) 2008 ANIMAL DEFENSE LEAGUE OF T				0002033 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Financia	I Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				2,094,609.
2	Total expenses (Form 990, Part IX, column (A), line 25)				2,254,909.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				<160,300.
4	Net unrealized gains (losses) on investments				<42,587.
5	Donated services and use of facilities		5		
6	Investment expenses				
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4-8	***********	9		<42,587.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		<202,887.
Pai	t XII. Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue p	<u>er Return</u>	
1	Total revenue, gains, and other support per audited financial statements			1	<u>2,075,175.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	. 2a			
b	Donated services and use of facilities	. 2b			
c	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIV)	. 2d	<42,5	<u>87.</u> >	
е	Add lines 2a through 2d			2e	<42,587.
3	Subtract line 2e from line 1				2,117,762.
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 XIV)		<23,1	53.> l	
	Add lines 4a and 4b			<del></del> -	<23,153.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				2,094,609.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	nents With	n Expenses	per Retui	rn
1	Total expenses and losses per audited financial statements				2,278,062.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
-	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Losses reported on Form 990, Part IX, line 25				
d			23,1	53.	
e	Add lines 2a through 2d				23,153.
3	Subtract line 2e from line 1				2,254,909.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		.,,,		
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b			
		·· Linda		4c	0.
-	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)				2,254,909.
5 Da	rt XIV Supplemental Information		<u></u>	1 5	2,254,505.
		III Bess de :	nd 4: Dart 11/19	noc th and C	Ohr Dart V. line 4: Dart
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a a	ing 4; Part IV, li	nes 10 and 2	ω; Paπ V, line 4; Paπ
X; Pa	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.				

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization						Employer ide	ntification number
ANIMAL	DEFENSE LEAGUE OF	TEX	AS			74-6002	
Part I Fundraising Activities	S. Complete if the organization answ	ered "\	es" t	o Form 990, Part IV,	line 1	7.	
<ul> <li>1 Indicate whether the organization rate</li> <li>a Mail solicitations</li> <li>b Email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, Feb If "Yes," list the ten highest paid income</li> </ul>	ised funds through any of the following and solicitation of the So	ng acti tion of tion of fundra (includerofess uant to	vities. non-g gover aising ding o ional to agre	Check all that apply overnment grants ment grants events fficers, directors, truitundraising services? ements under which	stees	or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or con contrib	Did alser ustody trol of utlons?	(iv) Gross receipts from activity	[ 1	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	·						
		<del></del>					
Total	<u></u>						
3 List all states in which the organization		funds o	or has	been notified it is ex	empt	from registrati	on or licensing.
							<del></del>
		- :-		•			
LHA For Privacy Act and Paperwork Re	duction Act Notice, see the Instru	ctions	for F	orm 990.	Sche	dule G (Form 9	990 or 990-EZ) 2008

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events GALA/LUNCHEO (Add col. (a) through THRIFT SHOP col. (c)) (total number) (event type) (event type) Revenue 36,766. 2,948 100,319. 60,605 Gross receipts \_\_\_\_\_ 2 Less: Charitable contributions 2.948. 100,319. 60,605 36,766. Gross revenue (line 1 minus line 2) Cash prizes Non-cash prizes Direct Expenses Rent/facility costs 12,165. 17,330. 29,495. Other direct expenses 29,4951 Direct expense summary. Add lines 4 through 7 in column (d) 70,824. 9 Net income summary. Combine lines 3 and 8 in column (d) .... Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add (b) Pull tabs/Instant (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue ..... 2 Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses % Yes % Yes Yes No Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a ь If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 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?

Schedule G (Form 990 or 990-EZ) 2008 ANIMAL DEFENSE LEAGUE OF TEXAS	74-600	203	3 Pa	age 3
			Yes	Nο
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility 13a	%			
b An outside facility 13b	%			
14 Provide the name and address of the person who prepares the organization's gaming/special events books and	ecords:			
Name >				
Address ►				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the ar	nount			<u> </u>
of gaming revenue retained by the third party ►\$				
c If "Yes," enter name and address:				
Name >				
Address >				
16 Gaming manager information:				
Name >				
Gaming manager compensation > \$				
Description of services provided	·			
[]				1
Director/officer Employee Independent contractor				
		'		
17 Mandatory distributions:			1	
a is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in t	110	Y 4-		
organization's own exempt activities during the tax year 🕨 \$		1	L * '	.1

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

QMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization  ANIMAL DEFENSE LEAGUE OF TEXAS	74-6002033
FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS RE	VIEWED AND
APPROVED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15: REQUIRES BOARD OF	DIRECTORS
APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS WI	LL BE PROVIDED BY
THE ORGANIZATION UPON REQUEST.	
<u> </u>	

2008 DEPRECIATION AND AMORTIZATION REPORT

S	990 PAGE 10	PAGE 10				5				1000	066	Ozotton 170			G. S.		7	1 1 1
391,752.  2,099,711. 416,938. 49,602. 468, 835,234. 473,740. 22,093. 495, 90,372. 27,040. 28,500. 429, 63,929. 60,184. 4,861. 65, 3,976,748.1,380,796. 107,548.1,488,	Asset Description Acquired Method Life on No.	Date Method Life o	Date Method Life o	Date Method Life o	Method Life o	Method Life o	00=>	- 1		Unadjusted Cost Or Basis	Excl	Section 179 Expense	Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
234.       473 740.       22,093 495.         372.       39,372.       27,040.       2,292.       29.         850.       495,850.       400,994.       28,500.       429.         748.       63,829.       60,184.       4,861.       65.         748.       3,976,748.1,380,796.       107,548.1,488.       107,548.1,488.	1 LAND 01/01/07 L HY 2 BUTLDINGS 01/01/07 SL HYLS	DAND 01/01/07 L HY BUILDINGS 01/01/07 SE	01/01/07 L HY 01/01/07 SL 0000 HY16	01/01/07 L HY 01/01/07 SL 1000 HY16	01/01/07 L HY 01/01/07 SL +000 HY16	HY 0000-		19		,752 711				391,752. 2,099,711.	418,838		.თ	
63,829, 60,184, 4,861, 65,045 748.  3,976,748,1,380,796. 107,548,1,488,344	3 BUILDING IMPROVEMENTS 01/01/07 SL .000 HY16 (PET PARK 01/01/07 SL .000 HY16	BUILDING IMPROVEMENTS 01/01/07 SL .000 HY PET PARK 01/01/07 SL .000 HY	IMPROVEMENTS 01/01/07 SL .000 HY 01/01/07 SL .000 HY	01/01/07 SL .000 HY	01/01/07 SL .000 HY	хн 000°	AH.			, 234 , 372			1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	835,234.	73 27,		22,093	95,
3,976,748,1,380,796.	5 OFFICE FURNITURE & EQUIPMENT 01/01/07 St000 HY16 6 VEHICLES 01/01/07 SL .000 HY16	JEFICE FURNITURE & EQUIPMENT 01/01/07 SL .000 HY JEHICLES 01/01/07 SL .000 HY	JRNITURE & EQUIPMENT         01/01/07         SL         .000         HX           01/01/07         SL         .000         HX	SL .000 HY	SL .000 HY	SL .000 HY	000° HX	HY1 6	er frukriget	195,850. 63,829.				495,850.	400,994.		28,500	,494 ,045
	* TOTAL 990 PAGE 10 DEPR	の できない できない できない かんしゅう かんしゅん かんしゃ かんしゃ かんしゃ かんしゃ かんしゃ かんしゃ かんしゃ かんし	の できない できない できない かんしゅう かんしゅん かんしゃ かんしゃ かんしゃ かんしゃ かんしゃ かんしゃ かんしゃ かんし	の できない できない できない かんしゅう かんしゅん かんしゃ かんしゃ かんしゃ かんしゃ かんしゃ かんしゃ かんしゃ かんし	Secretary of the secret	Secretary of the secret			7 1 11	,976,748.				976,			, 548	488,344
	の	のできない。 のでは、 ので	のできない。 のでは、 ので	のできない。 のでは、 ので	のできない。 のでは、 ので		15 1245 25 1545		55 to 5 ft -								n 4	
								The second of th										
	The second secon																	
			144	144	144	144	144				146 - 166 -							
											1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

## Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. 67

➤ See separate instructions.

➤ Attach to your tax return. Business or activity to which this form relates

Identifying number

ANIMAL DEFENSE LEAGUE	OF TEXAS	FOF	M 990 P	AGE 10		74-6002033
Part I Election To Expense Certain Prop		9 Note: If you have any lis	sted property, co	omplete Part \	/ before y	ou complete Part I.
1 Maximum amount. See the instruction						250,000.
2 Total cost of section 179 property pla	<del>-</del>				1	
3 Threshold cost of section 179 proper					1 -	800,000.
4 Reduction in limitation. Subtract line 3	-				- 1	
5 Dollar limitation for tax year. Subtract line 4 from li						
6 (a) Description of		I	ness use only)	(c) Elected		
		-				
7 Listed property. Enter the amount fro	m line 29		7			
8 Total elected cost of section 179 prop					8	
9 Tentative deduction. Enter the smaller						,
10 Carryover of disallowed deduction from						
11 Business income limitation. Enter the						
12 Section 179 expense deduction. Add						
13 Carryover of disallowed deduction to						7.47.4.4.7.1.4.4.3.5 N.E.A.S. V. V. H. 1.5.5
Note: Do not use Part II or Part III below i						
Part II Special Depreciation Allow	ance and Other De	preciation (Do not inclu	ide listed prope	rty.)		
14 Special depreciation for qualified proj	perty (other than liste	ed property) placed in se	rvice during the	tax year	14	
15 Property subject to section 168(f)(1) e						
16 Other depreciation (including ACRS)					- 1	107,548.
Part III MACRS Depreciation (Do						
	! ==	Section A				
17 MACRS deductions for assets placed	in service in tax vea	ars beginning before 200	08		17	
18 If you are electing to group any assets placed in s						FEET OF THE STATE
		During 2008 Tax Year			tion Syst	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property		<u></u>				
g 25-year property			25 yrs.		S/L	
	/		27.5 yrs.	MM	S/L	
h Residential rental property	/		27.5 yrs.	ММ	S/L	
	1		39 yrs.	MM	S/L	
<ul> <li>Nonresidential real property</li> </ul>	,			MM	S/L	
Section C - Assets	Placed in Service	During 2008 Tax Year U	Jsing the Alterr	native Depre	iation Sy	stem
			T		S/L	-
			12 yrs.		S/L	
	<del>                                     </del>		40 yrs.	MM	S/L	
c 40-year Part IV Summary (See instructions	3				· · · · · · · · · · · · · · · · · · ·	<u></u>
					21	_
<ul><li>21 Listed property. Enter amount from li</li><li>22 Total. Add amounts from line 12, line</li></ul>		ne 10 and 20 in column i			····   <del></del>	-
				r	22	107,548.
Enter here and on the appropriate lin			200119 - 966 11181		22	107,340
23 For assets shown above and placed			23			
portion of the basis attributable to se		tona	23			Form <b>4562</b> (2008)
816251 11-08-08 LHA For Paperwork Reducti	UII AGL NOTICE, SEE	១៩៦៧ ១៤ នេះ ភេសា ១៩២០ ខេត				, om (2000)

818252 11-08-08

Part V	Listed Proper			ertain o	ther vehic	les, cel	lular tele	phone	s, certain	compute	rs, and p	property	used fo	r enterta	inment,
	recreation, or a Note: For any	imusement.) vehicle for w	hich vou are	usina the	standar	d milead	ge rate o	r dedu	ctina lease	e expens	e, comp	lete only	24a, 24	b, colum	ıns (a)
	through (c) of S	Section A, ali	of Section E	<u>, and Se</u>	ction C if	applica	able.								
Section	A - Depreciation a	and Other In	formation (C	aution:	See the i	nstructi	ions for	limits fo							
24a Doy	ou have evidence to	support the bu	siness/investr	ent use o	laimed?	Y	es L	No	24b If "Y	es," is th	<u>e evider</u>	nce writte	en?	J Yes L	No_
Ty	(a) pe of property vehicles first )	(b) Date placed in	(c) Business investmer	r <del>.</del>	(d) Cost or other basis	ببطارا	(e) sis for dep siness/inv	reclation estment	(f) Recovery period	Met	g) hod/ ention	() Depred dedu		Elec sectio	
	· · · · · · · · · · · · · · · · · · ·	service	use percent	aye			use on				1			co	st
-	cial depreciation alle														
	I more than 50% in					·····		********			25				
26 Prop	erty used more tha	in 50% in a c	ualified busi	ness use	): 										
	<u></u>			%						-					
		<u> </u>		%											
		<u> </u>	<u> </u>	%					<u> </u>	L		•			
27 Prop	erty used 50% or I	1	ified busines			1			T	0.0					
				%						S/L·					
		1 1		%						S/L ·					
		# : : : · · · · · · · · · · · · · · · ·		%		Line Of			<u> </u>	S/L-	28				
	amounts in column											L	29	· .	
29 Add	amounts in column	i (i), line 26. E	nter nere an		B - Infor						**********	***********			
	e this section for ve	المحجدة حدادات	hl							or related	l nereon				
Complet If you br	e this section for ve ovided vehicles to y	enicies usea Volumemolove	by a sole pro	prietor, ver the c	parmer, c mestions	in Sect	inore ii tion C to	see if	vou meet :	an exced	tion to	completir	na this s	ection fo	r
those ve		your omploys	oo, mor and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.0.10	000.			,			•	•		
				Т	/a\		(b)	1	(c)	1	٠	(6	٠١	(f	
oo Total	business/investment	milae drivan d	luring the		(a) ehicle	ł.	Vehicle Vehicle		1 ''			ehicle Vehicle			
	(do not include com				STILL COLOR	1	, IIIOIG	<del></del> `	rottioto	700	1010			10	<u> </u>
-	( <b>ao not</b> include com I commuting miles :			1						<del>                                     </del>				1	
	l other personal (no					-									
	n							-		<u> </u>					,
	lines 30 through 32	-													
	the vehicle availab			Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
	ng off-duty hours?			-	1	100	1.09		, ,,,,						
	the vehicle used p				_	<u> </u>									
	5% owner or relat				+										
	nother vehicle availa														
use?	_														
430			- Questions		plovers V	Vho Pro	ovide Ve	ehicles	for Use b	y Their I	Employe	ees			
Answert	these questions to												e not m	nore than	5%
	or related persons.		•	•											
	ou maintain a writt	en policy sta	tement that	orohibits	all perso	nal use	of vehic	cles, ind	cluding co	mmuting	, by you	r		Yes	No
-	loyees?														
38 Doy	ou maintain a writt	en policy sta	tement that	orohibits	persona	l use of	vehicles	s, exce	pt commu	ting, by y	our/				1
emp	loyees? See the in:	structions for	r vehicles us	ed by co	rporate o	fficers,	director	s, or 19	% or more	owners			······		
39 Doy	ou treat all use of v	vehicles by e	mployees as	persona	al use?										<del> </del>
40 Doy	ou provide more th	nan five vehic	les to your e	mployee	s, obtain	informa	ation fro	m your	employee	s about					
the i	use of the vehicles,	and retain th	ne informatio	n receiv	ed?										-
	ou meet the requir												•••••		<del> </del>
Not	e: If your answer to	37, 38, 39, 4	10, or 41 is "	es," do	not comp	lete Se	ction B	for the	covered v	ehicles.				[	
Part \	/I Amortization								<del></del>			·			
	(a)			(b)		(c)			(d) Code		(e) Amortiz		Δ	(f) mortization	
	Description of	or COSIS	E	ate amortizati begins	) II	Amortiz amou	auis Mt		section		period or pe		ŕ	or this year	
42 Amo	ortization of costs t	hat begins di	uring your 20	08 tax y	ear:					. ,					
				1											
				_: :											
43 Am	ortization of costs t	hat began be	efore your 20	08 tax y	ear							43			
44 Total	at Add amounts in	column (f). S	ee the instru	ctions fo	or where t	to repor	rt					44			

Form 4562 (2008)