SCHEDULE B IS NOT AVAILABLE FOR PUBLIC INSPECT ENTENT'S COP

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)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2010 calendar year, or tax year beginning

A	rort	he 2010 calendar year, or tax year beginning and	ending		
B	Check	if C Name of organization		D Employer identi	fication number
	Add	ANIMAL DEFENSE LEAGUE OF TEXAS			
	Nar cha	ne Doing Business As		74-6	5002033
	lniti retu		Room/suite	E Telephone numb	
F	Ten atec	11300 NACOGDOCHES	*		-655-1481
낟	App	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,951,346.
_	pen pen	India SAN ANTONIO, TX 78217-2318 F Name and address of principal officer: JANICE DARLING		H(a) is this a group	
		11300 NACOGDOCHES RD, SAN ANTONIO, TX	70217	for affiliates?	Yes X No
1	Tax-e	xempt status: X 501(c)(3)	or 527	H(b) Are all affiliates in	
J	Webs	ite: ► WWW.ADLTEXAS.ORG	JI 327	H(c) Group exemption	a list. (see instructions)
		of organization: X Corporation Trust Association Other	L Year	of formation: 1934	M State of legal domicile: TX
	ert I				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SHELT	ER FO	R LOST AND	ABANDONED
T ag	2	ANIMALS, PROVIDING FOR THEIR CARE, TREATM	MENT A	ND ADOPTION	I
Sel	3	Check this box if the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)	ed of more	than 25% of its net a	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	•••••••	3	10
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 13)	••••••	5	10
i K	6	Total number of volunteers (estimate if necessary)			2016
Ag	7 a	rotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
Revenue	9	Contributions and grants (Part VIII, line 1h)		1,261,362.	1,246,041.
BVe	10	Program service revenue (Part VIII, line 2g)		551,241.	620,336.
Ľ,	11	Investment income (Part Vill, column (A), lines 3, 4, and 7d) Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		54,317.	22,743.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		51,852. 1,918,772.	59,794.
1	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,948,914.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,181,654.	1,140,336.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
A	D	Total fundraising expenses (Part IX, column (D), line 25)	7.		
	17 18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,180,593.	921,864.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		2,362,247.	2,062,200.
8		revenue less expenses. Subtract line 18 from line 12		-443,475.	-113,286.
Fund Balances	20	Total assets (Part X, line 16)		nning of Current Year 4,969,398.	End of Year
		Total liabilities (Part X, line 26)		419,446.	4,824,160.
킾	22	Net assets or fund balances. Subtract line 21 from line 20		4,549,952.	4,475,269.
		Signature Block			
Inde	penal	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and statemen	ts, and to the best of my	knowledge and bellef, it is
U8, (orrect	, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer h	as any knowledge. /	
ign		Signature of officer			19/2012
lere		JANICE DARLING, EXECUTIVE DIRECTOR		Date 7	
		Type or print name and title	_		
		Print/Type preparer's name Preparer's signature	Dat	(P) Check	PTIN
aid		JOSEPH A HERNANDEZ	11	09 17 If self-employed	
repa	-	Firm's name AKIN, DOHERTY, KLEIN & FEUGE, P.O.	3.	Firm's EIN > 7	14-2606559
se O	nly	Firm's address 8610 N. NEW BRAUNFELS, SUITE 101			1 600 437 [
15		SAN ANTONIO, TX 78217		Phone no. (2	10) 829-1300
		S discuss this return with the preparer shown above? (see instructions)			X Yes No
2001	02-22-	11 LHA For Paperwork Reduction Act Notice, see the separate instructions	s.		Form 990 (2010)

	artill Statement of Program Service Acc	SE LEAGUE OF TEXAS	74-6002033 Page 2
8.58	Check if Schedule O contains a manage to	complishments	
1	Briefly describe the organization's mission:	ny question in this Part III	
	CHARTERED IN 1934 THE ANIM	IAL DEFENSE LEAGUE IS A T	BILE NO KILL CHELMED
	FOR STRAI AND ABANDONED DO	OGS AND CATS. OUR MISSION	TO TO DECETTE THE
	ANTEND CARE, SHELTER, AND	MEDICAL TREATMENT WHILE	WORKING TO FIND THE
	DEGI LOSSIDIE LEKLINIENI. HO	ME FOR EACH ANIMAL.	
2	Did the organization undertake any significant progra	am services during the year which were not listed	on
	the prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Schedule C	0.	
3	Did the organization cease conducting, or make sign if "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each	n of the organization's three largest program servi	ices by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and sec	ction 4947(a)(1) trusts are required to report the a	mount of grants and
-	allocations to others, the total expenses, and revenu	e, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,621	, 930 _ including grants of \$) (Revenue \$ 620,336.)
	SHELTER, CARE, COMPASSION,	MEDICAL TREATMENT, AND	TRAINING ARE PROVIDED
	FOR THE DOGS AND CATS IN OF PERMANENT LOVING HOMES FOR	EACH ANIMAL IN THE CHORS	GOAL IS TO FIND
	BY INCREASING THE ADOPTION	BATE A CREATED NUMBER OF	TEST PERIOD OF TIME.
	BROUGHT INTO OUR SHELTER,	THUS SPARING MODE ANIMAL	OF ANIMALS CAN BE
	NEEDLESSLY EUTHANIZED BY O	THERS. IN SUPPORT OF OUR	COMMINITATELY CONT. OF
	BECOMING A NO-KILL COMMUNI	TY AND REDUCTNG THE NUMBER	COMMONITIES, GOAL OF
	ANIMALS, WE OFFER LOW-COST	PUBLIC SPAY AND NEUTER S	SERVICES FOR OWNER
	ANIMALS AND FOR FERAL CATS	•	PERVICES FOR OWNED
			.0.
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
			
4c	(Code:) (Expenses \$	Including grants of \$	V/D
		inclocing graits of \$) (Hevenue \$)
d	Other program and an ID in a Comment		
	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of the control of the	of \$ (Revenue \$ 21,930.)
<u> </u>	1, 0	21,730.	
2000			Form 990 (2010)

Form 990 (2010) ANIMAL DEFEN Part V Checklist of Required Schedules

,	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	_	1,	
2	If "Yes," complete Schedule A	1	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	X	+
	public office? If "Yes," complete Schedule C, Part I			v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection	3	+-	X
	during the tax year? If "Yes," complete Schedule C, Part II	١,		x
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	+-	1
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	13	+	+
	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? If "Ves " complete			12
	Schedule D, Part III	8		x
9	and 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	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quest-endowments?	1		
	if "Yes," complete Schedule D, Part V	10		X
11	if the organization's answer to any or the following questions is "Yes," then complete Schedule D, Parts Vi, Vii, Viii, IX, or X			
	as applicable.			
í	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	DOWNSOUGH	6,000,000	*********
	Part VI	11a	X	
t	bit the digalization 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
•	bid the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
C	bid 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		X
e	bid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's ilability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	business			
45	and program service activities outside the United States? 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 assistance to any organization	1		
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
,0	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
• •	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
.0	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
19	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20a	complete Schedule G, Part III	19		X
	bid the organization operate one or more nospitals? If "yes," complete Schedule H	20a		X
	if "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

Part V Checklist of Required Schedules (continued)

United States on Part IX, column (N, line 17 If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (N, line 27 If "Yes," complete Schedule I, Parts I and III 22 Did the organization are "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cument and former officers, clirectors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III 23 Did the organization have a two-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I will be officed in the second of the organization in which are assorw account other than a refunding earow at any time during the year to defease any tax-exempt bonds? 1 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization and that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I II is the organization and that the transaction has not been reported on any of the organization engage 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not or by a cu	21	Did the organization report more than \$5,000 of grants and other sections as		Yes	No
column (k), like 2 / li */se, "complete Schedule Parts and like and column (k), like 2 / li */se, "complete for Schedule Parts and like and		the analysis and organizations in the			١
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 3, 2002? If "Yes," answer lines 246 through 24d and complete Schedule J. Part II Page 3 to 18 the organization invest as an You be seen to 18 the organization invest as an You be seen to 18 the organization invest as an You be seen to 18 the organization invest as an You be seen to 18 the organization invest as an You believe to 18 the organization invest as an You believe to 18 the organization invest as an You believe to 18 the organization invest as an You believe to 18 the organization invest as an You believe to 18 the organization invest as an You believe to 18 the organization seen that is enserow account other than a returning serow at any time during the year? 24d Did the organization waver that it engaged in an excess benefit transaction with a disqualified person during the year? 25d Section 501(e)(5) and 501(e)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person outling the year? 25d If the organization aware that it engaged in an excess benefit transaction with a prior year, and that the transaction was the time tengaged in an excess benefit transaction with a prior year, and that the transaction is not bean reported on any of the organization prior Forme 990 or 990-E27! If "Yes," complete Schedule I, Part II and 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 I, Part IV instructions for specifical biling thresholds, conditions, and exceptions): 27 Did the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV instructions for specifical biling thresholds, conditions, and exceptions): 28 A a lamine the organization receive contributions of art, histori	22	Did the organization report more than \$5,000 of grants and other resistance to laditiduals in the United Control of the Contro	. 21	-	X
and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 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 fixee 24th through 24d and complete Schedule K. If "No", go to fire 25 Did the organization maintain an ascrow account other than a refunding secrow at any three during the year to defease any tax-evempt bonds? d Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 24d d did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 24d d did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 24d d did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 24d d did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 24d d did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 24d d did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 24d d did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 24d d did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 24d d d did the organization act and any other organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and not obtain a prior year, and that the transaction and not obtain a prior year, and that the transaction and not obtain a prior year, and the organization proves of the end of the organization act and the end of the organization organi		column (A), line 2? If "Yes," complete Schedule I. Parts I and III			
and former ameers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 24a Did the organization have a tax-exampt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No", go to line 25	23	Did the organization answer "Yes" to Part VII, Section A. line 3, 4, or 5 about compensation of the organization is	. 22		X
23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization maintain an secrow account other than a refunding secrow at any time during the year to defease any tax-exampt bonds? d Did the organization maintain an secrow account other than a refunding secrow at any time during the year to defease any tax-exampt bonds? d Did the organization act as an "on behalf of" issuer for bonds duststanding st any time during the year? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization act sea no "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization act sea no "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization act sea no "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Did the organization act sea no "on behalf of" issuer for bonds outstanding at any time during the year? 24d b Is the organization act sea no "on behalf of" issuer for bonds outstanding at any time during the year? 25d Section 12 or 10		and former officers, directors, trustees, key employees, and highest compensated employees? If "Ves." complete			
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schedule K. If "No", go to line 25 b) bild the organization invest any proceeds of tax-exempt bonds beyond a temporary partod exception? 24b b) bild the organization and as an "on bahalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d) bild the organization and as an "on bahalf of" issuer for bonds outstanding at any time during the year? 24d d) bild the organization and as an "on bahalf of" issuer for bonds outstanding at any time during the year? 24d d) bild the organization and as an "on bahalf of" issuer for bonds outstanding at any time during the year? 24d d) bild the organization and as an "on bahalf of" issuer for bonds outstanding at any time during the year? 24d d) bild the organization and the time the time during the year? 25d Section 501(e)(3) and 501(e)(4) organizations, Did the organizations with a disqualified person in a prior year, and that the transaction during the year? If "Yes," complete Schedule L, Part I 25b bild the organization are organization or any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 26b by Was a loan to or by a current or former officer, director, rustes, 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 IV 27b bild the organization provide a grant or other assistance to an officer, director, trustes, key employee, substantial contributor, or a grant alested on committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV 28c by A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c by A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d by A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d b) bild the organiza	24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	 	X
Schedule K. If "No", go to line 25 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 b) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 241 b) Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 242 c) Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 243 d) Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 254 b) Is the organization avers 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-E27 if "Yes," complete Schedule L, Part II 258 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 III 279 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV III) 280 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV III) 281 b) A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV III III III III III III III III III		last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24h through 24d and complete			
b Did the organization maintain an escrow account other than a refunding serrow at any time during the year to defease any tax-exempt bonds? 24b 25c 25d 2		Schedule K. If "No", go to line 25	242		x
b. Dut the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d. Did the organization act as an 'no behalf of' issuer for bonds outstanding at any time during the year? 24d d. Did the organization act as an 'no behalf of' issuer for bonds outstanding at any time during the year? 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 I. Part I 25b 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 prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part II 26b 27c 28d 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 I., Part II 27d 28d Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule I., Part IV 28d 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule I., Part IV 28d 28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV 28d 28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV 29d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I., Part II 29d Did the organization liquidate, terminate, or disadve and cease operations? If "Yes," complete Schedule II, Part II 30d Did the organization liquidate, terminate, or disadve and cease operations? If "Yes," complete Schedule II,		bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
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and that is treated as a partnership for federal Income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	17	Did the organization conduct more than 5% of its activities through an entity that is not a related property.	36	_	<u>X</u>
Note. All Form 990 filers are required to complete Schedule O		and that is treated as a partnership for federal income tax purposes? If "Yes " complete Schedule D. Dort VI	0-		v
Note. All Form 990 filers are required to complete Schedule O	8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11 and 102	3/		<u>X</u>
		Note. All Form 990 filers are required to complete Schedule O	20	v	
					10

Form 990 (2010)
Part V Sta Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

	Crieda is Scriedule O contains a response to any question in this Part V					
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	1	∩	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a	1	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1b	hla annin	<u> </u>		
	(gambling) winnings to prize winners?	rehous	ible gaming			#
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	···]	1c	X	*****
	filed for the calendar year ending with or within the year covered by this return	0-	10:	,		
b	if at least one is reported on line 2a, did the organization file all required federal employment tax ret	2a	10.			#
	Note. if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction), 1811IL		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	iis)				
b				3a	-	K
4a	At any time during the calendar year, dld the organization have an interest in, or a signature or other		***************************************	3b		-
	financial account in a foreign country (such as a bank account, securities account, or other financial	antuol	Tty over, a			١.,
b	If "Yes," enter the name of the foreign country:	accou	nt)?	4a	2 33320320	X
	See Instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ACCOU	nts.			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		••••••	5a	<u> </u>	X
c	if "Yes," to line 5a or 5b, did the organization file Form 8886-T?	action?	•••••••	5b	ļ	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			5c		<u> </u>
	any contributions that were not tax deductible?	ne orga	anization solicit			١
ь	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		X
	were not tax deductible?	tions o	r gifts			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	•••••		6b		
а	Did the organization receive a payment in excess of \$75 made partly or a contribution and partly for a contribution and partly					
ь	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and self "Yes," did the organization notify the donor of the value of the goods or services provided?	rvices p	rovided to the payor?			X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7b		<u> </u>
	to file Form 8282?	as requ	uired			
d	If "Yes," Indicate the number of Forms 8282 filed during the year			7c		X
e	Did the organization receive any funds, directly or indirectly to now another and a second se	7d				
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	17	7e		X
9	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont if the organization received a contribution of qualified intelligence or the standard of the organization received a contribution of qualified intelligence or the standard organization and the standard organization received a contribution of qualified intelligence or the standard organization and the standard organizatio	ract?		7f		X
h	If the organization received a contribution of qualified intellectual property, did the organization file File if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	orm 88!	99 as required?	7g_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	ation fil	a Form 1098-C?	7h	Sitemate	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	o the su	pporting			
9	Sponsoring organizations maintaining donor advised funds.	any time	during the year?	8	83000000	en en
а	Did the organization make any taxable distributions under section 4966?					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	••••••		9a		
10	Section 501(c)(7) organizations. Enter:	••••••		9ь		2000000
	initiation feed and conital contributions to built to the contributions to the contribution to t	l I				
ь	Grope receipts included as Farm COO Dard Mill III as a community	10a				
11 ;	Section 501(c)(12) organizations. Enter:	10b				
	Owner to the second sec	1				
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
	amounts due or received from them)					
2a !	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b				
b i	f 'Yes.' enter the amount of tax-exempt interest received as a second thing form 990 in lieu of Form	1		12a		
3 5	f "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
a i	s the organization licensed to issue qualified books along is as a second					
	s the organization licensed to issue qualified health plans in more than one state?	••••••		13a		
ь .	Note. See the Instructions for additional information the organization must report on Schedule O.					
	inter the amount of reserves the organization is required to maintain by the states in which the	. 1				
c E	organization is licensed to issue qualified health plans	13b				
4а г	nter the amount of reserves on hand	13c				
ЬН	bid the organization receive any payments for indoor tanning services during the tax year?			14a		X
	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b	-	
				r	100 to	0401

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

Enter the number of voting members of the governing body at the end of the tax year b. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee? 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? 3 Did the organization delegate control over menagement duties customatify performed by or under the direct supervision of officers, directors or trustees, or key employees? 4 Did the organization make any significant changes to its agoverning documents almost the prince Form 990 was filed? 4 Did the organization have marke any significant changes to its agoverning documents almost the prince Form 990 was filed? 5 Did the organization have members or stockholders? 6 Doss the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 7 Doss the organization have members attockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 9 Did the organization contemporareously document the meetings held or written actions undertaken during the year by the following: 9 Did the organization between the members of electrons and prince of the properties of the governing body? 9 Each committee with eatherity to act on shelf of the governing body? 9 Is there any officer, director, trustee, or key amployee listed in Part VII, Section A, who cannot be reached at the organization analing address? If Yes, provide the names and advises of the Schedule O. 9 Section B, Policies (This Section B requests information about policies not required by the Internet Revenue Code.) 10 If Yes, does the organization have local chapters, branches, or affillates? 10 Did the organization have a written policies and procedures governing bod	Sec	Check if Schedule O contains a response to any question in this Part VI	·····		······	X
be Enter the number of voting members of the governing body at the end of the tax year 1				_	Yes	No
b Enter the number of voting members included in line 1s, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any algoriticant changes to its poverning documents since the prior Form 950 was filed? 4 Did the organization have management company or other person? 5 Did the organization have aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 7 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The poverning body? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 1 The governing body? 1 The governing body? 2 Is there any officer, director, fustee, or key employee letted in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, organization about pallelss not required by the internal Revenue Code. 5 Section B. Policies (This Section B requests Information about pallelss not required by the internal Revenue Code.) 7 Line Does the organization have local chapters, branches, or affiliates? 10 Des the organization have local chapters, branches, or affiliates? 11 H Yes, does the organization have written policies and procedures governing the activities of such chapters, effiliates, and branches to ensure their operations are consistent with those of the organization? 11 H Set the organization have a written conflict of interest policy? 12 Does the organization have a written conflict of interest policy? 13 Des the organization have a written conflict of interest policy? 14 Des organization have a written c		Enter the number of voting members of the governing body at the end of the tax year1a	10			
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List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	,,	r joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
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Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.		Section 6104 reculting a copy of this Form 990 is required to be filled NONE				
Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of Interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.		nection 6 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availal	ole for	r		
Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ا					
State the name, physical address, and telephone number of the person who possesses the books and records of the organization.						
State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	-	rescribe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy.	, and	finan	cial	
ANIMAL DEFENSE LEAGUE OF TEXAS - 210-655-1481	S	tatements available to the public.				
	<u> </u>	1200 DEFENSE LEAGUE OF TEXAS - 210-655-1481	zatior	n: ▶		
11300 NACOGDOCHES RD, SAN ANTONIO, TX 78217-2318		1300 NACOGDOCHES RD, SAN ANTONIO, TX 78217-2318				

032006 12-21-10

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII.

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."

/DI

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average	(C) Position						(D)	(E)	(F)	
	hours per	(0	hec				olv)	Reportable compensation	Reportable compensation	Estimated amount of	
	week (describe hours for related organizations In Schedule O)	ustee or director	Institutional trustee	Officer		sated		from the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
ANNA-LAURA HOWELL					Г						
PRESIDENT	1.00	X		_		L		0.	0.	0.	
MARGARET MAYBERRY											
VICE PRESIDENT	1.00	X			L			0.	0.	0.	
JIM ODELL											
SECRETARY	1.00	X						0.	0.	0.	
B.K. WIESNER, JR.											
TREASURER	1.00	X						0.	0.	0.	
CAROLYN COYNE				-11							
DIRECTOR	1.00	X						0.	0.	0.	
MELINDA YOUNG											
DIRECTOR	1.00	X				11		0.	0.	0.	
LOURDES CAMPOS			77_								
DIRECTOR	1.00	X						0.	0.	0.	
MELISSA CLIVER											
DIRECTOR	1.00	X						0.	0.	0	
MAITLAND RUTLEDGE						Ì					
DIRECTOR	1.00	X		\perp				0.	0.	0.	
JUNE LANTZ WALBERT	1 2 2 2	_			ļ	ł					
DIRECTOR CONE WELLS	1.00	X	_	_	4		_	0.	0.	0.	
DIRECTOR OF BUSINESS OPERATIONS	40.00			x				60,102.	0.	0.	
JANICE DARLING		T									
EXECUTIVE DIRECTOR	40.00	+	+	X	\dashv		_	57,301.	0.	0.	
032007 12-21-10										000 (00) 0	

\$100,000 in compensation from the organization

Total number of Independent contractors (including but not limited to those listed above) who received more than

8			Statement of Reven	U DEFEN	DE LEAGU	E OF TEXAS		74-600	2033 Page
				ше		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
智	5	1	a Federated campaigns	1a					010,01014
gra	2		b Membership dues						
Ę,			c Fundraising events	1c					
, p			d Related organizations						
Contributions, gifts, grants			e Government grants (contribution						
Ŧ			f All other contributions, gifts, grants		046 044				
1	5		similar amounts not included above		,246,041	<u>•</u>			
Ö			9 Noncash contributions included in lines 1	a-1f: \$		1 246 241			
	Ť		h Total. Add lines 1a-1f	***************************************			-		
ø		2	a MEDICAL SERVICES	3	900099	359,769.	250 760		
Ž,			b ANIMAL ADOPTIONS		900099	201,998.			
Se			C		300033	201,330.	201,330.		
E			d						
Program Service			e						
n.		1	f All other program service revenue	ue	900099	58,569.	58,569.		
	\downarrow		g Total. Add lines 2a-2f			620,336.			
		3	investment income (including di	ividends, inter	est, and				
			other similar amounts)			22,743.	22,743.		
		4	income from investment of tax-s	exempt bond p	proceeds >				
		5	Royalties			23,612.	23,612.		
	١.	۵.	a Cross Banks	(i) Real	(ii) Personal				
	'		a Gross Rentsb Less: rental expenses	 		-			
			c Rental income or (loss)						
			d Net rental income or (loss)			-			
		7 a	_	(i) Securities	(ii) Other				
			assets other than inventory	M Condition	(ii) Other				
		b	b Less: cost or other basis						
			and sales expenses						
			c Gain or (loss)						
		d	d Net gain or (loss)						
ne	8	a	a Gross income from fundraising e	vents (not					
Other Revenue			including \$						
8			contributions reported on line 1c		20 614				
her		h	Part IV, line 18		38,614.				
δ			Less: direct expenses		2,432.	26 102			
	g		 Net income or (loss) from fundrai Gross income from gaming activity 		>	36,182.			36,182.
	,		Part IV, line 19						
		b	Less: direct expenses	h					
H			Net Income or (loss) from gaming		>				
	10		Gross sales of inventory, less reti						
			and allowances	а					
- 1			Less: cost of goods sold	b					
+		C	Net Income or (loss) from sales of	inventory					
-	_	_	Miscellaneous Revenue		Business Code				
	11								
		b							
		C	All other years						
		0	All other revenue						
	12	9	Total. Add lines 11a-11d			1 949 014	666 601		
2009		-		*******************		1,948,914.	666,691.	0.	36,182.
						•			Form 990 (2010)

Form 990 (2010) ANIMAL DEFENS Part X Statement of Functional Expenses

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

	All other organizations must con not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				345011003
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	117,403.	52,831.	55,977.	8,595
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			33,377	0,333
7	Other salaries and wages	903,220.	742,852.	98,829.	61,539
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	44,751.	29,677.	15,074.	
10	Payroli taxes	74,962.	47,499.	27,463.	
11	Fees for services (non-employees):				
a	Management				
Ь	Legal	1,014.		1,014.	
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	4.			
f	Investment management fees	20 440			
9 12	Other Advertising and promotion	20,448.		20,448.	
13	Advertising and promotion	5,357.	22 667	5,357.	
14	Office expenses	104,538.	22,667.	42,384.	39,487
15	Royalties				
16	Occupancy	77,126.	77,126.		
17	Travei	11,120.	17,120.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	813.	300.	513.	
20	Interest	28,964.	300.	28,964.	
21	Payments to affiliates	3		20,704.	
22	Depreciation, depletion, and amortization	120,212.	120,212.	-	
	Insurance	44,880.	44,880.		
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
	CONTRACT LABOR	198,815.	183,389.	15,426.	
	HOSPITAL EXPENSES	198,229.	198,229.		
	KENNEL EXPENSE	48,157.	48,157.		
	REPAIRS & MAINTENANCE MISCELLANEOUS	45,905.	45,905.		
•		27,406.	8,206.	18,354.	846.
	All other expenses	2 062 200	1 601 000	000	
	Total functional expenses. Add lines 1 through 24f	2,062,200.	1,621,930.	329,803.	110,467.
	Joint costs. Check here If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising colicitation				

032010 12-21-10

Form 990 (2010)

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			87,031.	1	106,807
	2	Savings and temporary cash investments		645,723.		82,536	
	3	Piedges and grants receivable, net			677,335.		670,377
	4	Accounts receivable, net		F		4	0.07077
	5	Receivables from current and former officers, d	lrectors,	trustees, kev			
		employees, and highest compensated employe					
		of Schedule L			5		
	6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instru			6		
Assets	7	Notes and loans receivable, net	,			7	
Ass	8	inventories for sale or use	••••••	·····-	2,065.		20 226
`	9	Prepaid expenses and deferred charges	•••••••		2,005.	_	20,236.
1.	10a		1 1			9	
		basis. Complete Part VI of Schedule D	100	4 275 384			
	b	Less: accumulated depreciation	106	1 608 863	2 722 027		2 (((501
	11	investments · publicly traded securities		2,722,027.		2,666,521.	
1	12	Investments - other securities. See Part IV, line		11			
	13	Investments - program-related. See Part IV, line		640 264	12	1 140 000	
	14	intencible accete	649,364.	13	1,142,222.		
	15	Other assets See Part IV line 11	105 052	14	105 461		
	16	Other assets. See Part IV, line 11	185,853.	15	135,461.		
	17	Accounts payable and accrued expenses	4,969,398.	16	4,824,160.		
		Grante nevenie	·····	142,040.	17	98,295.	
- 12	9	Grants payable	••••			18	
	20	Deferred revenue	• • • • • • • • • • • • • • • • • • • •			19	
		Tax-exempt bond liabilities				20	
<u> </u>	2	Escrow or custodial account liability. Complete if	art IV of	Schedule D		21	
		Payables to current and former officers, director highest compensated employees, and disqualified					
Ĭ				PANN.			
,		***************************************	A = = 1 Al. 1		277 406	22	
	4	Secured mortgages and notes payable to unrela	tea thira	parties	277,406.	23	250,596.
2		Unsecured notes and loans payable to unrelated	third pa	intes		24	
2	R	Other liabilities. Complete Part X of Schedule D			410 446	25	
		Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he		· · · · · · · · · · · · · · · · · · ·	419,446.	26	348,891.
,		lines 27 through 29, and lines 33 and 34.	re 🖊	A and complete			
2					4 000 050		
21	R	Unrestricted net assets	• • • • • • • • • • • • • • • • • • • •		4,029,952.	27	3,889,924.
21		Temporarily restricted net assets			520,000.	28	585,345.
-		Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, ch	and □				
20		complete lines 30 through 34.					
30		Capital stock or trust principal, or current funds			30		
31		Paid-in or capital surplus, or land, building, or equ	fund		31		
2º 2½ 2½ 30 31 32	2 3	Retained earnings, endowment, accumulated inc	ome, or	other funds		32	
33		Total net assets or fund balances	4,549,952.	33	4,475,269.		
34		Total liabilities and net assets/fund balances			4,969,398.	34	4,824,160.

Form 990 (2010)

10 8	Proposition of No. A	7 2 00	02033	ray	16 1 Z
2.53	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,948	3,9	14.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,062		
3	Revenue less expenses. Subtract line 2 from line 1	3	-113		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,549		_
5	Other changes in net assets or fund balances (explain in Schedule O)	5		3,60	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (R))	6	4,475		
	Financial Statements and Reporting		-,-,-	,,	
_	Check if Schedule O contains a response to any question in this Part XII				X
					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," expiain in Schedule	0			
2a	Were the organization's financial statements complied or reviewed by an independent accountant?	·	2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
	review, or compilation of its financial statements and selection of an independent accountant?	, dudit,	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	vdule O	20		
d	if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	ton a			
	separate basis, consolidated basis, or both:	J OII a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ala Avalla	XXXXX		
	Act and OMB Circular A-133?	Ale Woolf	2-		x
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		3a	+	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed audit	0.		
	The second day stops taken to undergo auch soults.		3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2010

Name of the organization

Employer identification number ANIMAL DEFENSE LEAGUE OF TEXAS 74-6002033 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, 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.) 2 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 il.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h. a Type i b Type ii c Type iii - Functionally integrated ☐ Type ill - Other By checking this box, i certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (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? Provide the following information about the supported organization(s). (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (vi) is the organization in col. (ii) EIN (vii) Amount of organization organization in col. (i) listed in your organization in col. (I) organized in the U.S.? (described on lines 1-9 support governing document? (i) of your support? above or IRC section (see instructions)) No Yes No Yes

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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 proparation foliage to evalible update Part ii or if the proparation foliage to evalible update Part ii or if the proparation foliage to evalible update Part ii or if the proparation foliage to evalible update Part ii or if the proparation foliage to evalible update Part ii or if the proparation foliage to evalible update Part ii or if the proparation foliage to evaluate the part ii or if the proparation foliage to evaluate the part ii or if the proparation foliage to evaluate the part ii or if the proparation foliage to evaluate the part ii or if the proparation foliage to evaluate the part ii or if the proparation foliage to evaluate the part ii or if the proparation foliage to evaluate the part ii or if the proparation foliage to evaluate the part ii or if the proparation foliage to evaluate the part ii or if the part ii or ii

(Complete only if you checked the box on line 5, 7, or 8 of Part i or if the organization falled to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cai	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(A) Tabal
1	Gifts, grants, contributions, and			(5) 2555	(0) 2000	(e) 2010	(f) Total
5.5	membership fees received. (Do not						
	include any "unusual grants.")	1228437.	2039106.	1604616.	1258362	1218963.	7349484.
2	Tax revenues levied for the organ-					1220303.	7343404
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	2 - 1 - 7					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1228437.	2039106.	1604616.	1258362.	1218963.	7349484.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2236258.
e Co.	Public support. Subtract line 5 from tine 4.						5113226.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	1228437.	2039106.	1604616.	1258362.	1218963.	7349484.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	262 072	100 400				
	and income from similar sources Net income from unrelated business	263,072.	128,497.	90,214.	106,169.	46,355.	634,307.
	activities, whether or not the						
	business is regularly carried on	122,981.	26 720				
	Other income. Do not include gain	122,901.	36,739.				159,720.
	or loss from the sale of capital						
	assets (Explain in Part IV.)	25,029.	11 446	10 700			
	Total support. Add ilnes 7 through 10	23,029.	11,446.	12,708.			49,183.
	Gross receipts from related activities,	eta (asalasta di	,				8192694.
13 1	First five years, if the Form 990 is for	the executations	ns)			12 2,	353,462.
	First five years. If the Form 990 is for programment of the Form 990 is for	here	iirst, second, third	, fourth, or fifth tax	x year as a section	501(c)(3)	
ect	organization, check this box and stop ion C. Computation of Publi	c Support Per	centage				>
4 F	Public support percentage for 2010 (lin	ne 6. column (f) div	rided by line 11 co	lump (ft)		441	62 41
5 F	Public support percentage from 2009	Schedule A. Part ii	l. line 14	,uim (i))		14	62.41 %
6a 3	3 1/3% support test - 2010. If the org	ganization did not	check the box on I	ine 13 and line 14	Lin 22 1/294 av	15	68.15 %
S	top here. The organization qualifies a	s a publicly suppo	rted organization	10, 210 1116 14	115 33 173 76 01 1110	ore, check this box	and ►X
b 3	3 1/3% support test - 2009. If the org	ganization did not	check a box on line	13 or 16a, and li	ne 15 is 33 1/3%	or more, check this	PLAI
а	nd stop here. The organization qualif	ies as a publicly su	pported organizat	ion	10 10 13 00 170 70 1	or more, check this	NOX
	o / o - lacta-and-circumstances test	 2010. If the organ 	lization did not che	ck a box on line 1	3, 16a, or 16h, an	d line 14 is 10% or	mara
а	it in the organization meets the "facts	s-and-circumstanc	es" test, check this	box and stop he	re. Explain In Part	IV how the ground	rotlon
• • • • • • • • • • • • • • • • • • • •	icers the lacts and circumstances. It	est. The organization	on qualifies as a pu	iblicly supported i	organization		
D I	o 70 -lacts-and-circumstances test	- 2009.If the organ	ization did not che	ck a box on line 1	3, 16a, 16b, or 17	a and line 15 is 10	
"	ore, and it the organization meets the	a "facts-and-circum	stances" test, che	ck this box and st	on here. Explain i	n Part IV how the	
U	yanization meets the "facts-and-circu	ımstances" test. Ti	ne organization qua	alifies as a publich	v supported organ	Ization	▶□
3 P	rivate foundation. If the organization	did not check a bo	ox on line 13, 16a,	16b, 17a, or 17b.	check this box an	d see instructions	
						ule A (Form 990 o	
						, 0	. 300 12010

Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support							
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
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					-1	J 15/4 to	
4 Tax revenues levied for the organ-					-		
ization's benefit and either paid to							
or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
6 Total. Add lines 1 through 5					+-		
7a Amounts included on lines 1, 2, and					+-		
3 received from disqualified persons							
b Amounts included on lines 2 and 3 received					-		
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support (Subtract line 7c from line 6.)							
Section B. Total Support							
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
9 Amounts from line 6							
10a Gross income from interest, dividends, payments received on							
securities loans, rents, royalties and income from similar sources							
b Unrelated business taxable income					-		
(less section 511 taxes) from businesses							
acquired after June 30, 1975					-		
c Add lines 10a and 10b		-		-	-		
11 Net income from unrelated business					-		
activities not included in line 10b, whether or not the business is							
regularly carried on							
12 Other income. Do not include gain					-		
or loss from the sale of capital assets (Explain in Part IV.)							
3 Total support (Add lines 9, 10c, 11, and 12.)	V25 T T						
4 First five years. If the Form 990 is for the	e organization's	first, second, third	fourth or fifth tax	(Veer ee a coctio	n F01	(0)(2)	
check this box and stop here			, 1001111, 01 11111 (20	vyear as a secul	100 110	(c)(3) organiza	tion,
ection C. Computation of Public	Support Per	centage					·····
5 Public support percentage for 2010 (line	8, column (f) div	rided by line 13, co	lumn (f))		15		9
6 Public support percentage from 2009 Sc	chedule A, Part II	li. line 15			16		9
ection D. Computation of Investr	nent Income	Percentage					
7 Investment income percentage for 2010	(line 10c, column	n (f) divided by line	13, column (f))	***************************************	17		9
Investment income percentage from 200	9 Schedule A, P	art III, line 17			18		0.
9a 33 1/3% support tests - 2010. If the org	janizatlon did no	t check the box or	line 14, and line 1	15 is more than 3	33 1/3	%, and line 17	is not
more than 33 1/3%, check this box and	stop here. The c	organization qualifi	es as a publicly su	pported organiza	ation		
b 33 1/3 % support tests - 2009. If the org	panization did no	t check a box on li	ne 14 or line 19a,	and line 16 ls mo	re tha	n 33 1/3% en	d
line 18 is not more than 33 1/3%, check t	this box and sto	p here. The organ	zation qualifies as	a publicly suppo	orted	organization	
Private foundation. If the organization di	d not check a be	ox on line 14, 19a,	or 19b, check this	box and see ins	truction	ons	▶ 🗌
2023 12-21-10						A (Form 990 c	

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2010

Employer identification number ANIMAL DEFENSE LEAGUE OF TEXAS 74-6002033 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 an organization 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 filling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filling Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts i, ii, and iii. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

ANIMAL DEFENSE LEAGUE OF TEXAS

74-6002033

(a) No.	(b) Name, address, and ZIP + 4	(c)	(-10
		Aggregate contributions	(d) Type of contribution
1	SAN ANTONIO AREA FOUNDATION 110 BROADWAY, SUITE 230 SAN ANTONIO, TX 78205	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ANIMAL DEFENSE LEAGUE FOUNDATION 522 COUNTRY LANE SAN ANTONIO, TX 78209	\$\$\$	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
3	JOYCE BLANKENSHIP 3731 LITCHFIELD SAN ANTONIO, TX 78230	\$5,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	CAMP OIL COMPANY 7898 BROADWAY, #110 SAN ANTONIO, TX 78209	\$5,000.	Person X Payroll Noncash (Complete Part il if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	MARGARET A CARGILL FOUNDATION 6889 ROWLAND ROAD EDEN PRAIRE, MN 55344		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
	ESTATE OF MAXINE DWYER 7898 BROADWAY SAN ANTONIO, TX 78209	\$55,000.	Person X Payroll

Name of organization

Employer identification number

ANIMAL DEFENSE LEAGUE OF TEXAS

74-6002033

Part J	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ESTATE OF PATRICIA HARTMAN BROADWAY NATIONAL BANK SAN ANTONIO, TX 78209	\$\$.	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	ESTATE OF JUANITA HELANDER JP MORGAN TRUST SAN ANTONIO, TX 78209	s10,000.	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	JANET MARTIN 15935 WATERING POINT DRIVE SAN ANTONIO, TX 78247	\$\$.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	LINDA MCCLOSKEY 403 RIO CORDILLERA BOERNE, TX 78006	\$\$	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	ESTATE OF MILDRED POSEY 900 NE LOOP 410 SAN ANTONIO, TX 78209	\$\$,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
12	KERI SCRUGGS 3700 LONGHORN DRIVE DENTON, TX 76210	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
223452 12-23-	DENTON, TX 76210	Schadula R (Form	is a nonce

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
13	M ESTELLA VASQUEZ PO BOX 186 HEBBRONVILLE, TX 78361	<u>5,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	DELA WHITE 603 IVY LANE SAN ANTONIO, TX 78209	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Ocomplete 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 Oncash Occash (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 Occash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ANIMAL DEFENSE LEAGUE OF TEXAS

74-6002033

	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Name of the organization

Employer identification number

3	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	74-6002033
	The state of the s	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
1	(a) Donor advised funds	(b) Funds and other accounts
2	Total number at end of year	
3	Aggregate contributions to (during year)	
4	Aggregate grants from (during year)	
5	Aggregate value at end of year	
9	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ful	nds
6	are the organization's property, subject to the organization's exclusive legal control?	Yes No
Ü	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	erring
	impermissible private benefit?	Yes No
1	Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	, line 7.
•	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of an historical Protection of natural habitat	
	Protection of natural habitat Preservation of a certified h Preservation of open space	listoric structure
2		
-	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a caday of the tax year.	onservation easement on the last
	day of the tax year.	
а	Total number of conservation essentiate	Held at the End of the Tax Year
b	Total acreage restricted by consequents	2a
c	Total acreage restricted by conservation easements Number of conservation easements on a contilled biotecia of conservation easements.	2b
d	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	2c
	listed in the National Register	
3	listed in the National Register	2d
	year	nization during the tax
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	ho year No
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	nie year –
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	2)/0
	and section 170(h)(4)(B)(ii)?	Yes No
9	in Part XIV, describe how the organization reports conservation easements in its revenue and expense states	ment and balance sheet and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	ranization's accounting for
	conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	if the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd balance sheet works of art
	historical treasures, or other similar assets heid for public exhibition, education, or research in furtherance of	public service, provide, in Part XIV
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	vice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	III) Assets included in Form 990, Part X	▶ \$
2	f the organization received or held works of art, historical treasures, or other similar assets for financial gain, I	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part Vili, line 1	▶ \$
b ,	Assets included in Form 990, Part X	> \$

Sc	hedule D (Form 990) 2010 AN IMAL	DEFENSE LE	EAGUE OF T	EXAS		7	4-60	0203	13 1	Daga
8.5	Organizations Maintaining	Collections of A	rt, Historical 7	reasures.	or Oth	er Similar	Asse	ts /con	tinuo	cri)
3	osing the organization's acquisition, acces	sion, and other recor	ds, check any of th	e following ti	nat are a	significant us	e of its	collection	on iter	ms
	(cneck all that apply):								-,,,,,,,,	,,,,
	a Public exhibition		d Loan or ex	change prog	rams					
	b Scholarly research		Other							
	c Preservation for future generations							8		
4	. To the a essemption of the organizations	collections and expla	in how they further	the organiza	tion's exe	empt purpose	e in Par	XIV.		
5	During the year, did the organization solicit	or receive donations	of art, historical tre	easures, or of	her simila	r assets		. , ., , ,		
New	to be sold to raise funds rather than to be n	naintained as part of	the omenization's	collection?				Yes		□ No
	Escrow and Custodial Arrai	ngements. Compl	ete if the organizat	ion answered	"Yes" to	Form 990. F	art IV. I	ine 9. o	,	
	Topottod cut cuttoditt off I offil 980, Fi	art A, 11118 21.						0, 0,		
1:	is the organization an agent, trustee, custom	dlan or other intermed	diary for contribution	ons or other a	ssets no	t included				
	on Form 990, Part X?	•••••						Yes	F.	□No
1	b If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:			***************************************				
								Amoun	t	
, (Beginning balance	***************************************	***************************************			1c		7 411.0011	•	
(Additions during the year	***************************************	***************************************			1d				
•	Distributions during the year	***************************************	**************			1e				
f	Ending balance					44				
2 a	Did the organization include an amount on F	Form 990, Part X, line	21?			[]		Yes		No
b	in res, explain the arrangement in Part XIV							1 163	_	_ 140
	Endowment Funds. Complete	if the organization an	swered "Yes" to F	om 990. Par	IV. line 1	10.				
		(a) Current year	(b) Prior year	(c) Two year		(d) Three year	e hank	(a) Four	110000	bank
1a	Beginning of year balance	V 14				(c) Thick you	3 Dack	(6) 100	years	Dack
b				14.			****			
C										
d		Name of the last				•				
е	0.1			80	-					
	and programs									
f	Administrative expenses	***************************************								
9	-									
2	Provide the estimated percentage of the year	r end halance held a	e.		8					
а	Board designated or quasi-endowment		%							
b		%								
C	Term endowment ▶	<u></u> ,,								
	Are there endowment funds not in the posse		tion that are hold a	and administra						
	by:	Colon of the organiza	mon that are held a	ano aoministe	rea for tr	ne organizatio	חג	г	1	
	(i) unrelated organizations							Γ	Yes	No
	***************************************	**************************		••••••				3a(i)	_	
b	(ii) related organizations if "Yes" to 3a(ii), are the related organizations	listed on required or	Cabadala Do	••••••			•••••	3a(ii)	\rightarrow	
4	Describe in Part XIV the intended uses of the	organization's ando	resert funds	••••••			•••••	3b		
	Land, Buildings, and Equipm	ent See Form 990	Part Y line 10	-						
	Description of investment	(a) Cost or ot								
		basis (investm		or other (other)		cumulated	(d) Book	value)
1a	Land			1,752.	dep	reciation		201	7:	5.2
b	Buildings			-, 132 .			-	391	, /:	<u>) </u>
C	Leasehold improvements									
d	Equipment	"					+			
	Other		2 00	3,632.	1 6					
e	Other			4 0 4 7 1		08,863	1 1	,274	7/	

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

organization's financial statements that reports the organization's liability

032053 12-20-10

	edule D (Form 990) 2010 ANIMAL DEFENSE LEAGUE OF T	EXAS		74-6002033	Page 4
	Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Sta	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,948	,914.
2	Total expenses (Form 990, Part IX, column (A), line 25)	•••••	2	2,062	,200.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-113	,286.
4	Net unrealized gains (losses) on investments		4	38	,603.
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments	• • • • • • • • • • • • • • • • • • • •	7		
8	Other (Describe in Part XIV.)	••••••	8		
9	Total adjustments (net). Add lines 4 through 8		9	38,	,603.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10	-74	,683.
	Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per	r Return	
1	Total revenue, gains, and other support per audited financial statements		•••••	1 1,987	,517.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments	2a	38,603	3.	
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c		\Box	
d	Other (Describe in Part XIV.)	2d		_	
е	Add lines 2a through 2d			2e 38,	603.
3	Subtract line 2e from line 1			3 1,948,	914.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a	investment expenses not included on Form 990, Part Viii, line 7b	4a		_	
b	Other (Describe in Part XIV.)				
	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 1,948,	914.
	Reconciliation of Expenses per Audited Financial Statement	ents With	Expenses p	er Return	
1	Total expenses and losses per audited financial statements	•••••		. 1 2,062,	200.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a	Donated services and use of facilities	2a			
þ	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV.)				
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			. 3 2,062,	200.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)				
			76.50		•
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	••••••		. 4c	0.
Par	Supplemental Information	***************************************		. 5 2,062,	200.
- 100					
(, iine	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, 2; Part XI, line 8; Part XII, lines 2d and 4b. Also compi	ete this pa	t to provide any a	additional information.	+; Part
2054				Schedule D (Form 99	0) 2010

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" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number ANIMAL DEFENSE LEAGUE OF TEXAS 74-6002033 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events in-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b if "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions (v) Amount paid (i) Name and address of individual (vi) Amount paid to (or retained by) (iv) Gross receipts to (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2010

Sc	art	ule G (Form 990 or 990-EZ) 2010 AN IMA Fundraising Events. Complete if of fundraising event contributions and	the organization answere	d "Yes" to Form 990 Ps	art IV line 18 or reported	-6002033 Page 2 I more than \$15,000 lpts greater than \$5,000
			(a) Event #1 ONLINE FUNDRAISER	(b) Event #2	(c) Other events NONE	(d) Total events (add coi. (a) through col. (c))
an C			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	38,614.			38,614
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	38,614.			38,614
	4	Cash prizes	*			
88	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2,432.	130		0.400
	10	Direct expense summary. Add lines 4 through	ch Q in column (d)			2,432
	11	Net Income summary. Combine line 3, columns Combine line line line line line line line l	gn a in column (a)	***************************************		(2,432
		Gaming. Complete if the organization	n answered "Yes" to Form	990. Part IV. line 19. or	reported more than	36,182.
		\$15,000 on Form 990-EZ, line 6a.			roported more than	
Φ.			(a) Place	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
ĕ						(0)
	1	Gross revenue				
Se	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
		Other direct expenses				
		Volunteer labor	☐ Yes % ☐ No	☐ Yes %	☐ Yes % ☐ No	
	7	Direct expense summary. Add ilnes 2 throug	gh 5 in column (d)		•	()
		Net gaming income summary. Combine line				
)	Ente	er the state(s) in which the organization opera	ates gaming activities:			
а	s th	e organization licensed to operate gaming a	ctivities in each of these s	tates?		Yes No
b i	f "N	o," explain:				
a l	Nore	a any of the organization's gamine lies				
bl	f "Ye	e any of the organization's gaming licenses rees," explain:	evokea, suspended or ter	minated during the tax y	ear?	Yes No
-						
_						
J82	01-1	3-11			Schedule G (Form	n 990 or 990-EZ) 2010

Sch	edule G (Form 990 or 990-EZ) 2010 ANIMAL DEFENSE LEAGUE OF TEXAS 74-6	5002033	Page 3
11	Does the organization operate 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		
13	to administer charitable gaming? Indicate the percentage of gaming activity operated in:	Yes	L No
	The organization's facility		
b	An outside facility	13a	9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	- 9
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b	if "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	or gaming revenue retained by the third party > \$		
C	if "Yes," enter name and address of the third party:		
	Name >		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	NAME -		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer		
17	Mandatory distributions:		
a	s the organization required under state law to make charitable distributions from the gaming proceeds to		
1	retain the state gaming license?	Yes	☐ No
b l	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 ▶ \$		
88 E B	Supplemental Information. Complete this part to provide the explanations required by Part i, line 2b, columns (iii) a	and (v), and F	Part iii,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	see instructi	ons).
2083	01-13-11 Schedule G (Form 9	190 or 000-E	7) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** ANIMAL DEFENSE LEAGUE OF TEXAS 74-6002033 FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT EACH YEAR. ALSO, ANY NEW BOARD MEMBER IS REQUIRED TO COMPLETE A STATEMENT. FORM 990, PART VI, SECTION B, LINE 15A: REQUIRES BOARD OF DIRECTORS APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS WILL BE PROVIDED BY THE ORGANIZATION UPON REQUEST. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED GAINS ON INVESTMENTS: 38,603. AMENDED RETURN FORM 990 PAGE 7 CHANGED AS FOLLOWS: AS ORIGINALLY FILED - ANNA-LAURA HOWELL, PRESIDENT, MARGARET MAYBERRY, VICE PRESIDENT, JIM ODELL, SECRETARY, B.K. WIESNER, JR., TREASURER, CONE WELLS, DIRECTOR OF BUSINESS OPERATIONS, JANICE DARLING, EXECUTIVE DIRECTOR.

AS AMENDED - ANNA-LAURA HOWELL, PRESIDENT, MARGARET MAYBERRY, VICE

JIM ODELL, SECRETARY, B.K. WIESNER, JR. TREASURER, CAROLYN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010) 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)	Page
Name of the organization ANIMAL DEFENSE LEAGUE OF TEXAS	Employer identification number 74-6002033
COYNE, DIRECTOR, MELINDA YOUNG, DIRECTOR, LOURDES CAMPOS,	DIRECTOR,
MELISSA CLIVER, DIRECTOR, MAITLAND RUTLEDGE, DIRECTOR, JU	NE LANTZ
WALBERT, DIRECTOR, CONE WELLS, DIRECTOR OF BUSINESS OPERA	TIONS, JANICE
DARLING, EXECUTIVE DIRECTOR.	
	9
	31
32212	

2010 DEPRECIATION AND AMORTIZATION REPORT

1-AND	OKM	FORM 990 PAGE 10			-	ŀ		990						
LAND	Asset No.	Description		Method	#		Unadjusted Cost Or Basis		Section 179 Expense	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulate
Full Lating Part	1		01/01/07			H							1	
STATIONING INTERPOYMENTS	O.	BUHLETINGS	81/01/07		808,	8								
STATE	М		207.107.10							200	518, 338,			571.
STATES TABLE DEPT. STATES STATE			/0/10/10	79	- 200	9	786			984,003.	524,864.		* 5	
** TOTAL 950 FACE 10 BERN 120,212, 1608, 8 120,212, 1608, 1	***	PBT PARK	01/07/07		000	*				93,698			2.522	34 45
**************************************	ın	OFFICE FURNITURE &		_		- N								B
***TOTAL 950 PAGE 10 DEFR **TOTAL 950 PAGE 10 DEFR ***TOTAL 950 PAGE 10 DEFR **TOTAL 950 PAGE 10	· ·					80000								370,508
* TOTAL 950 PAGE 10 DEPR 4, 275, 384. 4, 275, 384. 489, 651. 120, 212, 1, 608	9	STATICHTA	01/01/01	20000	800	#				63,829	68,691.		0	68,691
		TOTAL 990 PAGE 10								275 384			21.0	670 003
						270								
					200									
						_								
					-									
						_								
			-											
	8111													

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

4562

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

Depreciation and Amortization

(Including Information on Listed Property) See separate instructions.

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

ldentifying number

Form 4562 (2010)

ANIMAL DEFENSE LEAGUE OF TEXAS FORM 990 PAGE 10 74-6002033 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 500,000. 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 2,000,000. 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar ilmitation for tex year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 120,212. Hait III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use only - see instructions) (a) Classification of property (d) Recovery period (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property C 10-year property d 15-year property e 20-year property 9 25-year property 25 yrs. S/L 27.5 yrs. MM h Residential rental property S/L 27.5 yrs. MM S/L 39 yrs. MM S/L Nonresidential real property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations \cdot see instr. 120,212. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ... 016251 12-21-10 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562		ANIMAL	DEFENSE			TEXA		74-6002033	Page
Part V	Listed Propert amusement.)	ty (Include automob	oiles, certain oth	er vehicies, ce	ertain o	computers	, and property used for e	entertainment, recreatio	n, or
	Note: For any through (c) of S	vehicle for which yo Section A, all of Sec	u are using the s tion B, and Sec	standard milea tion C if applic	ge rati able.	e or deduc	cting lease expense, com	plete only 24a, 24b, co	lumns (a)
						he instruc	tions for limits for passen	ger automobiles.)	
24a Do you	have evidence to s	upport the business/i	nvestment use cia	imed?	Yes	☐ No	24b if "Yes," is the evide	ence written? Yes	No.
		11-1	1-1						

248	Do you have evidence to s				Yes No		es," is the ev			Yes		No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	/ Dep	(h) reciation duction	El secti	(i) ected ion 179	
25	Special depreciation alic	owance for q	ualified listed pr	operty placed in s	ervice during the t	ax year an	d					
	used more than 50% in							25				
26	Property used more that									10000000000	20000000	382
			%							5-1		П
			96									Т
			%									Т
27	Property used 50% or le	ess in a quali	fied business us	e:								
			%				S/L-					
			%				S/L·					
		1 1	%			Ti grand	S/L·					
28	Add amounts in column	(h), lines 25	through 27. Ente	er here and on line	21, page 1			28				
	Add amounts in column			line 7 nage 1	***************************************				29	***********	***********	200
	Add amounts in column Add amounts in column			line 7 nage 1					29			1000000

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for

30	the state of the s	(a) Vehicle		(b) Vehicle		(c) Vehicie		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31	year (do not include commuting miles)			-									
	Total other personal (noncommuting) miles									7 "2			
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No										
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes." do not complete Section B for the covered vehicles.		
Ð	art VI Amortization		

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiza period or per		(f) Amortization for this year
Amortization of costs that begins duri	ng your 2010 tax year:					
3 Amortization of costs that began before	re your 2010 tax year				43	
4 Total. Add amounts in column (f). See	the instructions for whe	re to report		man managana i	44	

016252 12-21-10

Form 4562 (2010)

Form 8868 (Rev. 1-2011)				Page							
• If you are filing for an Additional (Not Automatic) 3-	Month Extension,	complete only Part II and check t	his box	► X							
Note. Only complete Part il if you have already been gro if you are filing for an Automatic 3-Month Extension	anted an automatic	3-month extension on a previously	filed Form 8868.								
Part II Additional (Not Automatic) 3-N	n, complete only F	ant I (on page 1).									
_ INBITIE OF EXEMPT proprietion	JOHN EXCENSIO	only file the original									
type or	Employer identifica	tion number									
ANIMAL DEFENSE LEAGUE C	ANIMAL DEFENSE LEAGUE OF TEXAS										
extended Number, street, and room or suite no. if a P.	led Number, street, and room or suite no. If a P.O. box, see instructions.										
filing your TIOUU IVACUGDUCAES	DUI 1300 NACOGDOCHES										
return. See Instructions. City, town or post office, state, and ZIP cod SAN ANTONIO, TX 78217-	1										
	.2310										
Enter the Return code for the return that this application	is for ffile a separ	ate application for each return)		011							
	io ioi (ilio a sepaia	(application for each return)	•••••••	0 1							
Application	Return	Application		Return							
ls For	Code	is For		Code							
Form 990	01			5000							
Form 990-BL Form 990-EZ	02	Form 1041-A		08							
Form 990-PF	03	Form 4720		09							
Form 990-T (sec. 401(a) or 408(a) trust)	04	Form 5227		10							
Form 990-T (trust other than above)	05 06	Form 6069 Form 8870		11							
STOPI Do not complete Part II if you were not already	granted an autor	natic 3-month extension on a re-	viewshift IF	1 12							
ANIMAL DEF	ENOE LEAG	OR OR TRYAS									
 The books are in the care of > 11300 NACO 	GDOCHES R	D - SAN ANTONIO, T	X 78217-2318								
16lebuoue No. > 210-022-1481		FAX No.									
If the organization does not have an office or place of	business in the Ur	lited States, check this box		▶ □							
 If this is for a Group Return, enter the organization's for part of the group, check this box 	our digit Group Exe	emption Number (GEN) .	If this is for the whole groun	, check this							
4 I request an additional 3-month extension of time up		ch a list with the names and EINs of BER 15, 2011.	f all members the extension	is for.							
5 For calendar year 2010, or other tax year beginn	nina NOVERE										
6 if the tax year entered in line 5 is for less than 12 m	onths, check reas	n: initial return		·							
Change in accounting period			Final return								
7 State in detail why you need the extension											
ADDITIONAL TIME IS REQUIRE	ED TO GATE	IER PERTINENT INFO	RMATION IN ORI	ER TO							
FILE A COMPLETE AND ACCURA	TE RETURN	V <u> </u>									
8a If this application is for Form 990-BL 990-BE 990-T	4700 - 0000			585							
If this application is for Form 990-BL, 990-PF, 990-T nonrefundable credits. See instructions.	, 4/20, or 6069, er	iter the tentative tax, less any									
b if this application is for Form 990-PF, 990-T, 4720, o	r 6069, enter any i	refundable gradity and actions a	8a \$	0.							
tax payments made. include any prior year overpayi	ment allowed as a	credit and any amount pold									
previously with Form 8868.			8b \$	0.							
c Balance due. Subtract line 8b from line 8a. Include	your payment with	this form, if required, by using	00 4								
EFTPS (Electronic Federal Tax Payment System). Se	ee instructions.		8c \$	0.							
Order nanalties of parium. I dealess the transfer	Signature and	Verification									
nder penalties of perjury, I declare that I have examined this form is true, correct, and complete, and that I am authorized to prepai	n, including accompa re this form	nying schedules and statements, and to	the best of my knowledge and	belief,							
		IVE DIRECTOR									
- 1	ne > TVTCOT	TVE DIRECTOR	Date ▶								
			Form 8868 (Rev. 1-2011)							