## Form **990**

Department of the Treasury Internal Revenue Service

## SCHEDULE B IS NOT AVAILABLE FOR PUBLIC INSPECTION Return of Organization Exempt From Income Tax

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

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

2012

Open to Public Inspection

ΑI	or th	e 2012 calendar year, or tax year beginning and	ending							
В	Check if	C Name of organization		D Employer identifi	cation number					
	Addre	ANIMAL DEFENSE LEAGUE OF TEAAS								
	Name   chan	e Doing Business As			002033					
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite							
	Termi	11300 NACOGDOCHES		210-	<u>655-1481</u>					
	Amer	City, town, or post office, state, and ZIP code		G Gross receipts \$	2,525,648.					
	Appli			H(a) Is this a group re						
	pend	F Name and address of principal officer: JANICE DARLING		for affiliates?	Yes X No					
		11300 NACOGDOCHES RD, SAN ANTONIO, TX	78217	H(b) Are all affiliates inc	cluded? Yes No					
$\overline{}$	 Tav.ev	empt status: X 501(c)(3) 501(c) ( )			list. (see instructions)					
		te: NWW.ADLTEXAS.ORG		H(c) Group exemptio	n number					
		organization: X Corporation	L Year	of formation: 1934 N	A State of legal domicile: TX					
	art I	Summary								
نا	1	Briefly describe the organization's mission or most significant activities: SHELF.	TER FO	R LOST AND	ABANDONED					
Activities & Governance	'	ANIMALS, PROVIDING FOR THEIR CARE, TREATM	MENT A	ND ADOPTION	•					
Jan	_	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.					
ē	2			3	10					
ő	3	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			10					
જ	4				105					
ies	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			2400					
₹	6	Total number of volunteers (estimate if necessary)			0.					
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
	<u> b</u>	Net unrelated business taxable income from Form 990-T, line 34		111111111111111111111111111111111111111	Current Year					
		a	<del> </del>	Prior Year 1,470,702.	1,707,168.					
e	8	Contributions and grants (Part VIII, line 1h)		793,352.	580,891.					
Revenue	9	Program service revenue (Part VIII, line 2g)			34,213.					
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,607.						
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		132,573.	174,839.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,417,234.	2,497,111.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,331,079.	1,353,614.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	····	0.	0.					
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	36.		4 005 564					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,003,455.	1,095,764.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,334,534.	2,449,378.					
	19	Revenue less expenses. Subtract line 18 from line 12		82,700.	47,733.					
or			Be	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		4,902,339.	4,974,739.					
ABS	21	Total liabilities (Part X, line 26)		358,313.	328,317.					
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		4,544,026.	4,646,422.					
Pa	art II	Signature Block								
Und	er pen	lities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is					
true,	, corre	t, and compatate. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	-/					
		Mine Oaling			<b>X</b> //3					
Sig	n	Signature of officer		Date /	7					
Her		VANICE DARLING, EXECUTIVE DIRECTOR								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	$O \mid^{c}$	Date Check	PTIN					
Paid	i	JOSEPH A HERNANDEZ		11 12 17 self-employ						
	arer	O O D D D D D D D D D D D D D D D D D D	.c.	Firm's EIN	74-2606559					
-	Only	Firm's address 8610 N. NEW BRAUNFELS, SUITE 101			<del></del>					
	<b>.</b>	SAN ANTONIO, TX 78217		Phone no. (	<u>210) 829-1300</u>					
May	/ the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

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Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total Х 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 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 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....

Га	Checkist of required contractor		Ī	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			v
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a	ļ	<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	·		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31		X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
JZ	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	Part V, line 1	34		Х
0F-	The state of the s	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
06	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36	If "Yes," complete Schedule R, Part V, line 2	36		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
38	Note. All Form 990 filers are required to complete Schedule O	38	X	
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Form 990 (2012)

ANIMAL DEFENSE LEAGUE OF TEXAS

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					Ш
		,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	105			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	<b></b>	_X_
b	il 100, flat tillot a form of the journey for			3b	$\vdash$	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a		i l	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country: ►				i l	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A				1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b	<del>                                     </del>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	<del></del>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts		. 1	
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	ıİ	v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a 		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	$\overline{}$	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					v
	to file Form 8282?			7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	40	7-	. I	Х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	MIII OO	lo a Form 1009 C2	<u>/y</u> 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	d tha c	unnortina	711		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	anv tim	e during the year?	8	.	
_		uny un	o during the your.			
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?			9a	i	
а	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:					
10	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources against				[	
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	,	12a		
b		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<b></b>	
	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>	<b></b>	
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı				
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				37
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<del></del>	<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u> 0</u>		14b	000	(0040)
				rorm	990 (	(2012)

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

	Check if Schedule O contains a response to any question in this Part VI						X
Sec	tion A. Governing Body and Management						
			1	_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
_	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
3	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?		4		X
_	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		[	5		X
5	Did the organization have members or stockholders?				6		X
6	Did the organization have members, stockholders, or other persons who had the power to elect or a						
7a	more members of the governing body?	•			7a		X
_	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders. or				
D	persons other than the governing body?				7b		X
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ie followina:	·····			
8	The governing body?				8a	х	
a	Each committee with authority to act on behalf of the governing body?				8b	Х	
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			····· [			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
202	tion B. Policies (This Section B requests information about policies not required by the Internal F						
3 <del>6</del> 6	tion B. Foncies (This Section B requests information about policies having and a morning					Yes	No
40-	Did the organization have local chapters, branches, or affiliates?				10a		X
IUa	If "Yes," did the organization have written policies and procedures governing the activities of such or	chapter	s, affiliates,				
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the for	n?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-					
12a				Ì	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe				
·	in Schedule O how this was done			L	12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	ndependent		Ţ		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?					
а	The organization's CEO, Executive Director, or top management official			[	15a	X	
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			İ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			1	
	taxable entity during the year?			·····	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga						
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure					<del></del>	
17	List the states with which a copy of this Form 990 is required to be filed ► NONE	T (C			:1-1-1		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ा (Sect	ion 501(c)(3)s (	oniy) a	allab	ıe	
	for public inspection. Indicate how you made these available. Check all that apply.	- : :	hadide O				
	Own website X Another's website X Upon request Other (explain				fir	امام	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	ontlict	or interest polic	y, and	ıııan	Cial	
	statements available to the public during the tax year.	· ·	arda af tha a	oni=o±:	on: <b>-</b>	_	
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	orus or trie org	ai iiZä(l	UII.		<del></del>
	ANIMAL DEFENSE LEAGUE OF TEXAS - 210-655-1481		<del></del>				
วรรกกับ	11300 NACOGDOCHES RD, SAN ANTONIO, TX 78217-2318				Farm	990	(2012)

#### Part VII | 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 Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	ss pe	itior more rson	than is bot	han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANNA-LAURA HOWELL PRESIDENT	1.00	х						0.	0.	0.
(2) MARGARET MAYBERRY VICE PRESIDENT	1.00	х						0.	0.	0.
(3) JAMES D. ODELL SECRETARY	1.00	х						0.	0.	0.
(4) B.K. WIESNER, JR. TREASURER	1.00	х						0.	0.	0.
(5) JIM BRIGHAM DIRECTOR	1.00	x						0.	0.	0.
(6) DEBRA CORWIN DIRECTOR	1.00	х						0.	0.	0.
(7) MELISSA CLIVER DIRECTOR	1.00	х						0.	0.	0.
(8) ALAN HEPP DIRECTOR	1.00	x						0.	0.	0.
(9) JUNE LANTZ WALBERT DIRECTOR	1.00	x						0.	0.	0.
(10) BODO KNOCKENHAUER DIRECTOR	1.00	х						0.	0.	0.
(11) CONE WELLS BUSINESS AND FINANCE DIRECTOR	40.00			х				67,414.	0.	0.
(12) JANICE DARLING EXECUTIVE DIRECTOR	40.00			х				83,186.	0.	0.
										Form <b>990</b> (2012)

Form **990** (2012)

Par	t VII Section A. Officers, Directors, True	stees, Key Em	ploy	<u>ees</u>	, and	d Hi	ighe	st (	Compensated Employe	es (continued)				
(A) (B)				(C)					(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	İ	Est	imate	d
		hours per	рох	, unle	ss pe	rson	is bot	th an		compensatio	1		ount o	of
		week	<u> </u>	cer an	nd a d	Irecto	or/trus	stee)	- "O"	from related	,		other	
		(list any	ector					İ	the	organizations		•	ensat	
		hours for	or dir	يوا			ated		organization	(W-2/1099-MIS	3C)		om the	
		related	stee	truste			beus		(W-2/1099-MISC)			_	inizati relate	
		organizations below	la tr	l E		loye	E 98						nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee					orga	IIZanc	1113
			Ě	=	5	ᄬ	王 5	12						
				<u> </u>	_			_	<u> </u>		$\longrightarrow$			
								-						
		<u> </u>	L.,				ļ	_						
								<u> </u>			$\longrightarrow$			
				L.										
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			_											
			1											
		-				-		İ						
	Out Askel		l	L	L	L		<b>.</b>	150,600.		0.			0.
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part V								150,600.		0.			0.
	Total (add lines 1b and 1c)			lioto			ابداه			000 of reportable				
2		not limited to tr	iose	HSLE	o ai	DOV	e) wi	101	eceived more triair wroo	,000 or reportabl	•			0
	compensation from the organization					_							Yes	No
									highest componented of	mployee on	ſ	-		
3	Did the organization list any former officer											3	-	х
	line 1a? If "Yes," complete Schedule J for										}	3	$\dashv$	<u> </u>
4	For any individual listed on line 1a, is the s									ne organization	İ			x
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual		}	4		
5	Did any person listed on line 1a receive or											_	1	v
	rendered to the organization? If "Yes, " con	nplete Schedul	e <i>J f</i>	or su	uch_	pers	son_				<u></u>	5		<u>X</u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated inc	depe	ende	nt c	onti	racto	ors 1	that received more than	\$100,000 of com	pensa	ation fr	om	
	the organization. Report compensation for	the calendar y	ear (	endi	ng v	vith	or w	ithir		ear.				
	(A)								(B)	an ilaas	_	( <b>C</b> ) ompen		
	Name and business								Description of s	ervices		ompen	Sation	
RAN	DY MOERBE, 3134 STATE	HIGHWAY	7 9	95	NO	DR'	TH,	,				1		
SHI	NER, TX 77984								<u>VETERINARIAN</u>			166	3,30	<i>.</i>
***														
2	Total number of independent contractors (	including but n	ot lii	mite	d to	tho	se li	stec	d above) who received m	ore than				
_	\$100,000 of compensation from the organ						1							
												Form 9	190 (2	012)

87,737.

Form 990 (2012)

Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded Related or Unrelated Total revenue from tax under sections 512, 513, or 514 business exempt function revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1a 1 a Federated campaigns ..... **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above \_\_\_\_\_ 1f 1,707,168. g Noncash contributions included in lines 1a-1f: \$ 1,707,168 h Total. Add lines 1a-1f **Business Code** 261,446. 261,446. 900099 2 a MEDICAL SERVICES Program Service Revenue 234,330. 234,330. 900099 b ANIMAL ADOPTIONS 85,115. 85,115 580,891. g Total. Add lines 2a-2f . Investment income (including dividends, interest, and 34,213. 34,213. other similar amounts) Income from investment of tax-exempt bond proceeds 87,102. 87,102. 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents ..... b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 63,825 Part IV, line 18 9,841. b Less: direct expenses \_\_\_\_\_b 53,984. \_\_\_\_\_**>** 53,984. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 52,449 Part IV, line 19 a 18,696. b Less: direct expenses \_\_\_\_\_ b \_ 33,753. 33,753. c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold \_\_\_\_\_ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d \_\_\_\_\_\_

497,111.

702,206

Total revenue. See instructions. .....

	Check if Schedule O contains a respon-		s Part IX	(C)	(D)
	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	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	150,600.	80,247.	57,8 <u>75</u> .	12,478
_	trustees, and key employees	130,000.	00,231.	37,073.	12/1/0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,043,369.	908,301.	62,815.	72,253
-	• • • • • • • • • • • • • • • • • • • •	1,043,303.	300/3011	02/0201	<u> </u>
7 8	Other salaries and wages Pension plan accruals and contributions (include				
ø	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	58,035.	40,942.	17,093.	
10	Payroll taxes	101,610.	82,057.	13,036.	6,517
11	Fees for services (non-employees):				
''a			ĺ		
b		350.		350.	
c		3,600.		3,600.	
	Lobbying				
e	D. C. S. J.C. of alabara and data. One Death IV line 47				
f	·				
g	(1/1) 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
9	column (A) amount, list line 11g expenses on Sch 0.)	20,503.		20,503.	
12	Advertising and promotion	9,944.		9,944.	
13	Office expenses	133,122.	34,663.	54,517.	43,942
14	Information technology				
15	Royalties				
16	Occupancy	83,643.	83,643.		
17	Travel			<u></u>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	800.		800.	/P=A
20	Interest	18,120.		18,120.	
21	Payments to affiliates		100 105	100	
22	Depreciation, depletion, and amortization	130,197.	130,197.		
23	Insurance	50,910.	50,910.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	·			
2	HOSPITAL EXPENSES	211,779.	211,779.		
h	CONTRACT LABOR	210,371.	210,371.		
2	REPAIRS & MAINTENANCE	74,903.	74,903.		
d	MISCELLANEOUS	55,250.	26,588.	24,216.	4,446
-	All other expenses	92,272.	54,272.		38,000
25 25	Total functional expenses. Add lines 1 through 24e	2,449,378.	1,988,873.	282,869.	177,636
<u>20</u> 26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2012

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 119,610. 129,629. Cash · non-interest-bearing 313,916. 2 431,255. Savings and temporary cash investments 2 469,739. 514,008. 3 Pledges and grants receivable, net 20,000. 3,922. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... 7 Notes and loans receivable, net 76,627. 55,117. 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,528,052. 1,874,061. 2,720,686. 2,653,991. b Less: accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities \_\_\_\_\_\_ 12 12 Investments - other securities. See Part IV, line 11 1,150,503. 1,111,399. 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 24,823. 81,853 Other assets. See Part IV, line 11 15 4,974,739. 4,902,339. 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 191,627. 171,437. Accounts payable and accrued expenses 17 18 Grants payable \_\_\_\_\_ 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 186,876. 136,690. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties ..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 ..... Schedule D 328,317. 358,313 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,132,414. 4,036,026. Unrestricted net assets 27 514,008. 508,000. 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 4,646,422. 4,544,026.

4,974,739. Form 990 (2012)

33

4,902,339.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Both consolidated and separate basis

2c

За

X

Form 990 (2012)

X

Consolidated basis

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

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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X Separate basis

232012

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number 74-6002033

Par	t I	Reason		arity Status (All organiz				t.) See ins	tructions.					
he o	rgan	ization is not a	private foundatio	n because it is: (For lines	1 through	11, check	only one b	oox.)						
1	٦			nes, or association of chur					).					
2	$\exists$			170(b)(1)(A)(ii). (Attach Sc										
3	╗			pital service organization			170(b)(1)	(A)(iii).						
4	T	A medical res	search organizatio	n operated in conjunction	with a hos	pital desc	ribed in <b>s</b> e	ection 170	(b)(1)(A)(i	ii). Enter	the I	nospital	l's nam	10,
_		city, and stat												
<b>5</b> [				e benefit of a college or u	niversity o	wned or or	perated by	a govern	mental un	t describ	ed ii	n		
		section 170	<b>(b)(1)(A)(iv).</b> (Com	plete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7														
		section 170(	<b>b)(1)(A)(vi).</b> (Comp	olete Part II.)										
8		A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)								
9 [		An organizati	on that normally re	eceives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, a	nd g	ross re	ceipts	from
		activities rela	ted to its exempt t	functions - subject to certa	ain excepti	ons, and (	2) no more	than 33 <sup>1</sup>	1/3% of its	support	fron	n gross	invest	ment
		income and u	inrelated business	s taxable income (less sect	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	nization	after	r June 3	30, 197	<b>'</b> 5.
		See section	<b>509(a)(2).</b> (Comple	ete Part III.)										
10 [		An organizati	on organized and	operated exclusively to te	st for publi	ic safety. S	See <b>sec</b> tio	on 509(a)(4	<b>4)</b> .					
11 [		An organizati	on organized and	operated exclusively for th	ne benefit (	of, to perfo	orm the fu	nctions of,	or to carr	y out the	pur	poses c	of one	or
		more publicly	supported organ	izations described in secti	on 509(a)(°	1) or section	on 509(a)(2	2). See <b>se</b> e	ction 509(	<b>a)(3).</b> Ch	eck 1	the box	that	
		describes the	type of supportin	ng organization and compl	ete lines 1	1e through	11h.							
		a Type I			ype III · Fu					e III - No				
e [		By checking	this box, I certify t	hat the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	pers	ons oth	ner tha	n
		foundation m	anagers and othe	r than one or more publicly	y supporte	d organiza	itions des	cribed in s	ection 509	9(a)(1) or	sect	ion 509	9(a)(2).	
f		If the organiz	ation received a w	ritten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
		supporting or	rganization, check	this box										. Ш
g		Since August	17, 2006, has the	e organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing per	sons?				
Ū		(i) A perso	n who directly or in	ndirectly controls, either al	lone or tog	ether with	persons o	described	in (ii) and (	iii) below	', <sub>-</sub>		Yes	No
				supported organization?								11g(i)		
				on described in (i) above?								11g(ii)		
				a person described in (i) o								11g(iii)		<u> </u>
h				on about the supported or										
••			J	•••	•									
(i) N		of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis	organization sted in your	organiza	tion in col.	(vi) Is organizatio (i) organiz U.S	on in col. I	(vii)	Amount sup	t of mo	netary
	oi gu	inzation		above or IRC section	governing	document?	(i) of you	r support?	U.S	.?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
											<u> </u>			
					ļ <u>-</u>					-				
										ł				
			<u> </u>				·		<u> </u>					

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012 ANIMAL DEFENSE LEAGUE OF TEXAS

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						****
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and					İ	
	membership fees received. (Do not						
	include any "unusual grants.")	1604616.	1258362.	1246041.	1470702.	1707168.	7286889.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						<del>-</del>
4	Total. Add lines 1 through 3	1604616.	1258362.	1246041.	1470702.	1707168.	7286889.
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)						1911188.
	Public support. Subtract line 5 from line 4.						5375701.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	1604616.	1258362.	1246041.	1470702.	1707168.	7286889.
-	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	90,214.	106,169.	46,355.	109,622.	121,315.	473,675.
	Net income from unrelated business	- 30/2223					100
_	activities, whether or not the				:		
	·						
	business is regularly carried on	-					
	Other income. Do not include gain						
	or loss from the sale of capital	12,708.					12,708.
	assets (Explain in Part IV.)	12,700.				·····	7773272.
	Total support. Add lines 7 through 10					12 2	,956,044.
12	Gross receipts from related activities, First five years. If the Form 990 is for	etc. (see instruction	first second thir	d fourth or fifth to			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
500	organization, check this box and stop tion C. Computation of Publi	ic Support Pe	centage		***************************************		
	Public support percentage for 2012 (I			column (fl)		14	69.16 %
	Public support percentage from 2011						66.27 %
15	33 1/3% support test - 2012. If the c	roanization did no	t check the hox or	n line 13, and line	14 is 33 1/3% or m		
168	stop here. The organization qualifies	as a publicly supp	orted organization	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	,	$\triangleright X$
	33 1/3% support test - 2011. If the o	as a publicly supply	t check a boy on li	ine 13 or 16a and	line 15 is 33 1/3%	or more, check th	
b	33 1/3% support test - 2011. If the 0	organization did no	upported organiza	ation	1110 10 10 00 17070	O. 1110.0, 0.1100.11	<b>▶</b> □
	and stop here. The organization quali	mes as a publicly s	upported organiza	shook a boy on line		and line 14 is 10%	or more
17a	10% -facts-and-circumstances test	t - 2012. If the orga		NIECK & DOX ON HITE	oro Evolain in Par	t IV how the organ	ization
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check tr	ns bux and stop n	iere, expiain in Fai Lorganization	t iv now the organ	<b>L</b>
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	. 10 165 165	Za and line 15 is:	10% or
b	10% -facts-and-circumstances test	t - <b>2011.</b> If the orga	anization did not c	neck a dox on line	tio, ioa, iob, or i	in Dart IV hoursho	1070 01
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	neck this box and	stop nere. Explain	ni Fait IV NOW the	·
	organization meets the "facts-and-circ	cumstances" test.	ne organization o	quaimes as a public	ciy supported orga	nd assinatoration	<b>.</b>
18_	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 160, 1/a, or 1/c	, check this box a	dule A (Form 990	or 000 E7) 2012

## Schedule A (Form 990 or 990-EZ) 2012 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 t
ver at the total Patrick for leave in leave a complete Dort II.)

Sec	ction A. Public Support	5.0 m, p. 6.0 co									
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
	Gifts, grants, contributions, and										
	membership fees received. (Do not			:							
	include any "unusual grants.")					-					
2	Gross receipts from admissions,										
	merchandise sold or services per- formed, or facilities furnished in										
	any activity that is related to the										
	organization's tax-exempt purpose				<u> </u>	<u> </u>					
3	Gross receipts from activities that										
	are not an unrelated trade or bus-										
	iness under section 513										
4	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf						-				
5	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
	Total. Add lines 1 through 5				<u> </u>	<del></del>					
7a	Amounts included on lines 1, 2, and										
	3 received from disqualified persons		<del></del>								
	Amounts included on lines 2 and 3 received from other than disqualified persons that										
	exceed the greater of \$5,000 or 1% of the										
	amount on line 13 for the year										
	Add lines 7a and 7b										
8	Public support (Subtract line 7c from line 6.) etion B. Total Support		l	<u></u>							
		/-> 0009	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(6) 2010	(4) 2011	(6) 2012	<u> </u>				
_	Amounts from line 6		-	-							
102	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources										
t	Unrelated business taxable income										
	(less section 511 taxes) from businesses acquired after June 30, 1975										
					-						
	Add lines 10a and 10b										
	activities not included in line 10b,										
	whether or not the business is										
12	regularly carried on Other income. Do not include gain										
	or loss from the sale of capital										
12	assets (Explain in Part IV.)										
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d. fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,				
1	check this box and stop here										
Sec	ction C. Computation of Publi	c Support Pe	rcentage								
15	Public support percentage for 2012 (li	ine 8, column (f) d	ivided by line 13, o	column (f))		15	<u>%</u>				
16						16	%				
	ction D. Computation of Inves										
17	Investment income percentage for 20	12 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%				
18	Investment income percentage from 2	2011 Schedule A,	Part III, line 17			18	<u>%</u>				
19a	33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line 1	17 is not				
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
b	b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and										
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶∟				
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<b>&gt;</b>				

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

Employer identification number

	ANIMAL DEFENSE LEAGUE OF TEXAS	74-6002033
Pai		ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds
•	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	only
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	ring
	impermissible private benefit?	
Pai		line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ly important land area
	Protection of natural habitat Preservation of a certified hi	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.	
	,	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
	year ▶	
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	<b>—</b> —
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	he year >
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ye	ear > \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(1)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	nent, and balance sneet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	ganization's accounting for
_	conservation easements.  † III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
Pai	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and the organization elected in the	nd halance sheet works of art
1a	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII.
		public control, provide, and and
	the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	alance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public set	vice, provide the following amounts
		3
	relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$
	(i) Assets included in Form 990, Part X	
_	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
_	Revenues included in Form 990, Part VIII, line 1	▶ \$
a	Assets included in Form 990, Part XIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Fart A	

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

Schedule D (Form 990) 2012

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2012

(9) (10)

Schedule D (Form 990) 2012

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No. 1545-0047

**Open To Public** Inspection

**Employer identification number** Name of the organization 74-6002033 ANIMAL DEFENSE LEAGUE OF TEXAS 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or \_\_ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid (iv) Gross receipts (i) Name and address of individual (or retained by) to (or retained by) (ii) Activity from activity fundraiser or entity (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.

232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

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

Schedule G (Form 990 or 990 EZ) 2012 ANIMAL DEFENSE LEAGUE OF TEXAS Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events NONE ONLINE (add col. (a) through FUNDRAISER FUR BALL col. (c)) (event type) (total number) (event type) Revenue <u>63,825.</u> 3,865. 59,960. 1 Gross receipts ..... 2 Less: Contributions 3,865. 63,825. 59,960. Gross income (line 1 minus line 2) ...... Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment ..... 9,841. 0. 9,841. Other direct expenses 9,841) 10 Direct expense summary. Add lines 4 through 9 in column (d) 53,984 11 Net income summary. Combine line 3, column (d), and line 10. Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo 52,449. 52,449. Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 18,696. 18,696. Other direct expenses % Yes Yes Volunteer labor 18,696) Direct expense summary. Add lines 2 through 5 in column (d) 33,753. 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: \_ a Is the organization licensed to operate gaming activities in each of these states? X No b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990-EZ) 2012 ANIMAL DEFENSE LEAGUE OF TEXAS 74-	<u> 5002</u>	033	Page 3
11	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		Yes	X No
	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	لسا	Yes	X No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		%
ŀ	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name	<del></del>		
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
ŀ	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
_	of gaming revenue retained by the third party > \$			
	: If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	and the second s			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
Ī	retain the state gaming license?	∟	Yes	X No
t	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 🕨 \$			
Pε	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii	and (v	), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informatio	ı (see i	nstruc	tions)
_				<del></del>

#### SCHEDULE O

### Supplemental Information to Form 990 or 990-EZ

(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.

2012
Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization 74-6002033 ANIMAL DEFENSE LEAGUE OF TEXAS 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. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

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

► Attach to your tax return. ➤ See separate instructions.

990

OMB No. 1545-0172

Sequence No. 179

Business or activity to which this form relates

Identifying number

AN:	IMAL DEFENSE LEAGUE	OF TEXAS			PAGE 10		74-6002033
	rt I Election To Expense Certain Prope	erty Under Section 1	79 Note: If you have any	isted property	, complete Part	V before ye	ou complete Part I.
	Maximum amount (see instructions)						500,000.
	Total cost of section 179 property place						
	Threshold cost of section 179 property						2,000,000.
	Reduction in limitation. Subtract line 3						
	Collar limitation for tax year. Subtract line 4 from lin						
	(a) Description of p			siness use only)	(c) Electe	d cost	
_6	(4)						
					****		
	· · · · · · · · · · · · · · · · · · ·	- line 20		7			
	isted property. Enter the amount fron		in askuma (a) limas C an			8	
	Total elected cost of section 179 prop						
	Tentative deduction. Enter the smaller					····	
	Carryover of disallowed deduction from						
	Business income limitation. Enter the s						
	Section 179 expense deduction. Add I					12	
<u>13 (</u>	Carryover of disallowed deduction to 2	2013. Add lines 9 a	and 10, less line 12	▶ 13			
	: Do not use Part II or Part III below fo						
	rt II Special Depreciation Allowa						
14 5	Special depreciation allowance for qua						
15 F	Property subject to section 168(f)(1) el						120 107
	Other depreciation (including ACRS)			···········		16	130,197.
Pa	rt III MACRS Depreciation (Do no	ot include listed p		s.)	140		
			Section A		A		
17 N	MACRS deductions for assets placed	in service in tax ye	ears beginning before 20	12		<u>   17  </u>	
18 II	you are electing to group any assets placed in ser	vice during the tax year	into one or more general asset a	counts, check her	<u> </u>		
	Section B - Assets	Placed in Service	e During 2012 Tax Year	Using the G	eneral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recover period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
a	25-year property			25 yrs.		S/L	
		/		27.5 yrs	. <u>MM</u>	S/L	
h	Residential rental property	/		27.5 yrs	. MM	S/L	
-		/		39 yrs.	MM	S/L	
i	Nonresidential real property	/			MM	S/L	
	Section C - Assets I	Placed in Service	During 2012 Tax Year	Jsing the Alte	ernative Depre	iation Sys	tem
 20a	Class life					S/L	
<u>zua</u> b	12-year			12 yrs.		S/L	
C	40-year			40 yrs.	MM	S/L	
	rt IV Summary (See instructions.)		·				
	isted property. Enter amount from line	e 28				21	
21 L	otal. Add amounts from line 12, lines	14 through 17 lin	es 19 and 20 in column (			···	
22 I	otal. Add amounts from line 12, lines inter here and on the appropriate lines	n-runough m, iii e of vour rotum. De	artnershins and S corner	ations - see in	str.	22	130,197.
				GO.10 GOO 11			
	or assets shown above and placed in			23			
p	ortion of the basis attributable to sec			23			Form <b>4562</b> (2012)
21625	1 12 LHA For Paperwork Reduction						PORT ASPECTATION

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Part V

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)		Note: For any through (c) of	Section A, all	of Section B,	and Sec	ction C it	appli	cable.								nns (a)	
(g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h		Section A	- Depreciati	on and Other	Informa	ation (Ca	ution	: See the									
Type, 19 (Septiment)   Diabet   BusinessY   Diabet   BusinessY   Diabet   BusinessY   Diabet   BusinessY   Diabet   Diabet   BusinessY   Diabet   D									No					ten? L		No	
Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use:  28 Property used more than 50% in a qualified business use:  29 Property used 50% or less in a qualified business use:  27 Property used 50% or less in a qualified business use:  28 Add amounts in column (ft), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 1  29 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 1  20 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 1  20 Add amounts in column (ft), lines 25 through 27. Enter here and on line 28, page 28, page 28, page 28, page 28, page 28, page 28, page 28, page 28			Date	Business/				Basis for de	preciation	Recovery	Me	thod/	Depre	eciation	Ele	cted	
used more than 50% in a qualified business use:    Property used more than 50% in a qualified business use:		(list vehicles first)				ther basis	1			period	Conv	ention	ded	uction			
used more than 50% in a qualified business use:    Property used more than 50% in a qualified business use:	<u></u>	Special depreciation all	lowance for o	ualified listed	property	/ placed i	n ser	rvice duri	ng the t	ax year an	d						
27 Property used more than 50% in a qualified business use:    1												25					
27 Property used 50% or less in a qualified business use:  28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 28.  Complete this section for vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (e) (f) (e) (f)  Vehicle Vehicl	26																
1						-											
Section B - Information on Use of Vehicles   Section B - Information   Section B - Info			1	· ·	6	**											
Property used 50% or less in a qualified business use:    1					6								1				
Sylic   Syli	27	Property used 50% or I	less in a qual	ified business	use:												
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), line 26. Enter here and on line 7, page 1 29 Add amounts in column (h), line 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 Column (h), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 Add amount											S/L·						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29 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 those vehicles.  (a) (b) (c) (d) (e) (f)  Vehicle Vehi				Ç	6						S/L·_						
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1  Section B - Information on Use of Vehicles  Section B - Information on Use of Vehicles  Section B - Information on Use of Vehicles  Section B - Information on Use of Vehicles  Section B - Information on Use of Vehicles  Section B - Information on Use of Vehicles  Section B - Information on Use of Vehicles  Section B - Information on Use of Vehicles  Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (e) (f)  Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle  Yehicle Vehicle			c.	6						S/L -							
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 those vehicles.  (a) (b) (c) (d) (e) (f)  Vehicle Vehi	28	Add amounts in column	n (h), lines 25	through 27. E	nter her	e and on	line 2	21, page	1			28	<u> </u>	~			
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 those vehicles.    1	29	Add amounts in column	n (i), line 26. E	nter here and	on line	7, page 1		<u></u>						. 29			
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 those vehicles.  (a) (b) (c) (d) (e) (f) Vehicle Ve				8	ection	B - Inforr	natio	on on Us	e of Vel	hicles							
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 those vehicles.  (a) (b) (c) (d) (e) (f) Vehicle Ve	Co	mplete this section for ve	ehicles used	by a sole prop	rietor, p	artner, or	othe	er "more t	han 5%	owner," o	or related	d persor	ո.				
those vehicles.  (a) (b) (c) (d) (e) (f) Vehicles Vehicles	If y	ou provided vehicles to	your employe	es, first answ	er the qu	uestions i	n Se	ction C to	see if	you meet a	an excep	tion to	completi	ing this s	section fo	or	
Total business/investment miles driven during the year (do not include commuting miles)  1 Total commuting miles driven during the year															1.0		
Total business/investment miles driven during the year (do not include commuting miles)  11 Total commuting miles driven during the year as Total other personal (noncommuting) miles driven  12 Total other personal (noncommuting) miles driven during the year as Total other personal (noncommuting) miles driven  13 Total miles driven during the year.  14 Add lines 30 through 32 Add lines 30	_		····		1 1		1					1		1 1		1	
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