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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Internal Revenue Service

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

Open to Public Inspection

Α	For the	2013 calendar year, or tax year beginning and	ending									
В	Check if applicable:	C Name of organization		D Employer identifi	cation number							
F	Address change Name	ANIMAL DEFENSE LEAGUE OF TEXAS		71.6	002033							
\vdash	ichange initial	Doing Business As	Room/suite									
	Termin- ated	11300 NACOGDOCHES	E Telephone numbe	655-1481								
	Amende return	City or town, state or province, country, and ZIP or loreign postal code		G Gross receipts \$	3,243,491.							
	Applica-	SAN ANTONIO, TX 78217-2318		H(a) Is this a group re	etum							
	pending	F Name and address of principal officer: JANICE DARLING		for subordinates	? Yes X No							
		11300 NACOGDOCHES RD, SAN ANTONIO, TX	78217	H(b) Are all subordinates in								
<u> </u>	Tax-exer	mpt status: X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)							
J	Website	E ► WWW.ADLTEXAS.ORG		H(c) Group exemptio								
K_	Form of c	organization; X Corporation Trust Association Other	L Year	of formation: 1934 N	A State of legal domicile: TX							
		Summary										
_	1 B	riefly describe the organization's mission or most significant activities: SHELT	rer fo	R LOST AND	ABANDONED							
ĕ		NIMALS, PROVIDING FOR THEIR CARE, TREATH										
Ē	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Ze		lumber of voting members of the governing body (Part VI, line 1a)			12							
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)		12								
ι. 00		otal number of individuals employed in calendar year 2013 (Part V, line 2a)			91							
Activities &		otal number of volunteers (estimate if necessary)			2400							
き	7a T	otal unrelated business revenue from Part VIII, column (C), line 12			0.							
<		let unrelated business taxable income from Form 990-T, line 34			0.							
			210702-070	Prior Year	Current Year							
•	8 C	contributions and grants (Part VIII, line 1h)		1,707,168.	2,438,930.							
Revenue	9 P	rogram service revenue (Part VIII, line 2g)		580,891.	639,746.							
	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		34,213.	31,680.							
æ	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		174,839.	119,689.							
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,497,111.	3,230,045.							
_		irants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
(A)		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10.0	1,353,614.	1,483,351.							
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
De L	h T	otal fundralsing expenses (Part IX, column (D), line 25) 157,99	11.									
Щ	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,095,764.	1,124,338.							
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,449,378.	2,607,689.							
		evenue less expenses. Subtract line 18 from line 12		47,733.	622,356.							
28	13 11	Crondo loss expenses, observas into 16 from line 12		ginning of Current Year	End of Year							
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		4,974,739.	5,657,630.							
858 89 89	21 T	otal liabilities (Part X, line 26)		328,317.	167,422.							
喜	22 N	et assets or fund balances. Subtract line 21 from line 20		4,646,422.	5,490,208.							
Pi	art II	Signature Block		2,020,222	<u> </u>							
		es of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	knowledge and helief it is							
		and complete, Declaration of preparer (other than offices) is based on all information of wh										
	1	(Muce & salve	ion properor	7///	114							
Sig	,	Signature of officer		Date								
Her	Ι.	JANICE DARLING, EXECUTIVE DIRECTOR		·								
. 161	ĭ	Type or print name and title										
	- '	Print/Type preparer's name Preparen's signature.	. ID	ate Check	PTIN							
Paid		OSEPH A HERNANDEZ	F	7/6/10/ If sett-employe								
	F	Firm's name AKIN, DOHERTY, KLEIN FEUGE, P.	. C .	Firm's EIN	74-2606559							
•	_	irm's address 8610 N. NEW BRAUNFELS, SUITE 101		FUIII S CIN	/==2000333							
	VIII)	SAN ANTONIO, TX 78217	-	Phone no / 2	10) 829-1300							
May	the IRS	6 discuss this return with the preparer shown above? (see instructions)	ERROL VE	Filona III. (Z.	X Yes No							
• • • • • •	,	, energies and retain that are property showin above ((300 III)(IIU(II))		an analysis in the second	LAN 188 LIND							

Form 990 (2013)

ANIMAL DEFENSE LEAGUE OF TEXAS
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		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 "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	i	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		ļ	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did 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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		}	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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	i		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013)

ANIMAL DEFENSE LEA
Part IV Checklist of Required Schedules (continued)

			W	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	_		
	and former officers, directors, trustees, key employees, and highest compensated employees? // "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 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
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	240		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		1
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	İ		
		26		Х
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		Α_
21	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	07		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20				
_	instructions for applicable filing thresholds, conditions, and exceptions):	000		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
0	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
00	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			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١	1	35
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			32
	Schedule N, Part II	32	-	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1	32
	Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_	İ	70
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		<u>,</u>	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Pa	Check if Schedule O contains a response or note to any line in this Part V								
	Order is desired to contain a response of note to any line in this 7 art v		Yes	No					
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13		169	140					
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	- 4							
	(gambling) winnings to prize winners?	1c	х						
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 91								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>X</u>					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	\Box						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	0-							
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b							
	Section 501(c)(7) organizations. Enter:	911							
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
		r*	9907	00491					

Form 990 (2013) ANIMAL DEFENSE LEAGUE OF TEXAS 74-6002033 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		,							
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year1a1									
	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									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	<u> </u>	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3	<u> </u>	X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6_		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		225							
	persons other than the governing body?	7b		X						
8										
а										
þ	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>						
9										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_						
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		A A 17							
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
Þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-								
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	 						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a_		-07						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If *No,* go to line 13	40-	Х							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	\vdash						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Yes," describe	120	A							
·	in Schedule O how this was done	12c	х							
13	Did the organization have a written whistleblower policy?	13	X							
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 approval by independent	17								
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	33								
а	The organization's CEO, Executive Director, or top management official	15a	x							
	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).	10.0								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶TX									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	l finan	cial							
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨								
	ANIMAL DEFENSE LEAGUE OF TEXAS - 210-655-1481		-							
	11300 NACOGDOCHES RD, SAN ANTONIO, TX 78217-2318									

Form **990** (2013)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Week (list any hours for related organizations below line)	ited nt of er
Name	sation the ation ated
1.00 X	0
VICE PRESIDENT	0.
(3) JAMES D. ODELL 1.00	0.
X	- 0.
(4) BO WIESNER 1.00 TREASURER X (5) JIM BRIGHAM 1.00 DIRECTOR X (6) DEBRA CORWIN 1.00 DIRECTOR X (7) MELISSA CLIVER 1.00 DIRECTOR X (8) ALAN HEPP 1.00 DIRECTOR X 0. 0. 0. 0.	0.
TREASURER	
1.00	0.
Column	
DIRECTOR X	0.
(7) MELISSA CLIVER	
DIRECTOR X 0. 0. (8) ALAN HEPP 1.00 0. 0. DIRECTOR X 0. 0.	0.
(8) ALAN HEPP 1.00 X 0.	_
DIRECTOR X 0.	0.
	0
(9) BODO KNOCKENHAUER 1.00	0.
	0.
DIRECTOR X U. U. (10) TODD MALAISE 1.00	<u> </u>
DIRECTOR X 0.	0.
(11) AMBER NELSON 1.00	
DIRECTOR X 0.	0.
(12) MIKE WILKINSON 1.00	
DIRECTOR X 0.	0.
(13) CONE WELLS 40.00	
BUSINESS AND FINANCE DIREC X 69,908. 0.	0.
(14) JANICE DARLING 40.00	_
EXECUTIVE DIRECTOR X 87,827. 0.	0.

Form 990 (2013)

Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) (B) Name and title Average hours pe week			Position (do not check more than one box, unless person is both a officer and a director/trustee					(D) Reportable compensation from	(E) Reportable compensation from related	on amount of other			of
		(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)		from from organi and re organi	the zatio	on ed
											T			
											T			
											T			
											\dagger			
	Sub-total								157,735.	0				Ó.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)							>	157,735.	0	_			0
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100	,000 of reportable				(
											_	Ye	s	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so											3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e cc	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		х
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on f	rom	any	unre	elate	ed organization or indivi	dual for services	II	9,		
Sec	rendered to the organization? If "Yes," complition B. Independent Contractors	piete Schedule	3 3 10	or st	icn į	oers	on .					<u> </u>	!_	X
1	Complete this table for your five highest con	-	-								satio	on fron	1	
-	the organization. Report compensation for t					iuri (Jr Wi	triin	(B)		_	(C)		
	Name and business	address	NC	NE			_	\dashv	Description of s	Prvices	Com	ipensa	tion	_
								+						
								+						_
								\downarrow					_	
								-						
									···					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lin	nitec	l to t	thos C		ted	above) who received me	ore than				
														$\overline{}$

Form 990 (2013)

332009

ANIMAL DEFENSE LEAGUE OF TEXAS Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 11 2,438,930 9 Noncash contributions included in lines 1a-1f; \$ 438,930 Total. Add lines 1a-1f **Business Code** 354,146. 354,146. 900099 Program Service Revenue 2 a MEDICAL SERVICES 174,887. b ANIMAL ADOPTIONS 900099 174,887. 110.713. 110.713 f All other program service revenue 639,746 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 31,680. 31,680. 4 Income from investment of tax-exempt bond proceeds 38,525 38,525 Royalties 5 (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... (i) Securities (ii) Other 7 a Gross amount from sales of 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 \$ of contributions reported on line 1c). See 94,610 Part IV, line 18 _____a b Less: direct expenses _____ b 81,164 81,164. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 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 230,045. 81,164. 709.951 Total revenue. See instructions.

Form 990 (2013) ANIMAL DEFENS
Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com		-		
	Check if Schedule O contains a respon	se or note to any line in		(6)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21			The second	
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,				
	trustees, and key employees	157,736.	84,155.	60,407.	13,174.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,147,342.	1,012,063.	66,322.	<u>68,957.</u>
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	65,799.	30,973.	34,826.	
10	Payroll taxes	112,474.	84,687.	18,530.	9,257.
11	Fees for services (non-employees):				
а					
Ь	TO WAS A THE STATE AND A SECURITY OF THE STATE OF THE STA	5,835.		5,835.	
С	11 Comment of the Com	950.		950.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f					
9					
-	column (A) amount, list line 11g expenses on Sch O.)	21,262.		21,262.	
12	Advertising and promotion	29,609.	264.	29,345.	
13	Office expenses	175,151.	38,717.	72,424.	64,010.
14	Information technology	0.0,000	307.073		
15	Royalties				
16	Occupancy	91,586.	91,586.		
17	Travel		52,000		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	-			
19	Conferences, conventions, and meetings	2,689.	49.	2,640.	
20	Interest	10,802.		10,802.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	135,859.	135,859.		
23	Insurance	48,861.	48,861.		
24	Other expenses. Itemize expenses not covered		20,0021		
	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.)				
а	HOSPITAL EXPENSES	250,978.	250,978.		
b	CONTRACT LABOR	178,614.	178,614.		
~	REPAIRS & MAINTENANCE	67,805.	67,805.		
d	KENNEL EXPENSE	61,907.	61,907.		
-	All other expenses	42,430.	11,836.	28,001.	2,593.
	Total functional expenses. Add lines 1 through 24e	2,607,689.	2,098,354.	351,344.	157,991.
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,001,0031	4,090,004.	221,244.	<u> </u>
40	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				5 000 (0040)

Form 990 (2013)
Part X Balance Sheet

ra	rt A	balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X	COTOURY WAY		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	119,610.	1	99,140.
	2	Savings and temporary cash investments	431,255.	2	484,786.
	3	Pledges and grants receivable, net	514,008.	3	849,599.
	4	Accounts receivable, net	3,922.	4	2,915.
	5	Loans and other receivables from current and former officers, directors,			
	i	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		11	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	76,627.	8	106,914.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4,694,804.			
	ь	Less: accumulated depreciation 10b 2,009,920.	2,653,991.	10c	2,684,884.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11	1,150,503.	13	1,429,392.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	24,823.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,974,739.	16	5,657,630.
	17	Accounts payable and accrued expenses	191,627.	17	167,422.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	ı	21	
တ္	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	136,690.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	328,317.	26	167,422.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
υ a		complete lines 27 through 29, and lines 33 and 34.			
Ē	27	Unrestricted net assets	4,132,414.	27	4,644,658.
<u>ag</u>	28	Temporarily restricted net assets	514,008.	28	845,550.
힐	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
\$55	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
£	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	4,646,422.	33	5,490,208.
	34	Total liabilities and net assets/fund balances	4,974,739.	34	5,657,630.

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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

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

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

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-1337

Form 990 (2013)

X

X

2c

За

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of	the organizati	ion		,				E	mploye	dentifica	tion nu	ımber
	L 179		DEFENSE LEAG						7	4-600	<u> 2033</u>	3
Part I			rity Status (All organiz					tructions.				
		-	because it is: (For lines	_		-	-	_				
1			s, or association of chur			ection 170	(b)(1)(A)(i).				
² ⊣			70(b)(1)(A)(ii). (Attach Sc			470%//4/	/ A \ (!!!\					
3 💾	•	•	ital service organization					VIL. V/4.V/ 8.V/:	III Ento-	the benefit		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:											
e 🗀	• •		hanafit of a callege or u	nivornity o	wood or o	norsted by		montal	it dogosił	ad is		
ь Ш	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.)											
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											:_	
لما /	_	-	·	or its supp	ort iroin a	governin	antai uriit t	or morn trie	general	public des	CHDAG	II I
. 🗀	_	b)(1)(A)(vi). (Comple		(Complete	Doet II V							
° H			section 170(b)(1)(A)(vi). eives: (1) more than 33			rom contr	ibutione e	nomborchi	in food s	and arose r	anninta	from
•	_	-	nctions · subject to certa							_	-	
		•	axable income (less sect	-						_		
		509(a)(2). (Complete		lion of the	ix) itOili bu	1311103303 (acquireu t	y una orga	iiiiZaliOii	aitei Julio	30, 13	J.
10			perated exclusively to te	et for publ	ic safety S	See sectio	n 500/a\/	41				
11 🗀	_		-	-	=			•	v out the	202000110	of one	Or
	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 III c Type III - Functionally integrated d Type III - Non-functionally integrated											
е 🔲	* -		at the organization is not		_	_						-
- —		•	han one or more publicly		-	-	-					
f		=	ten determination from t		_				-(-)(-)		- (/(-/-	
•	-	rganization, check th			_	-						
g		•	organization accepted ar									•
•	_		irectly controls, either al			_				' ₄	Yes	No
	(ii) A family	member of a persor	n described in (i) above?									
			person described in (i) d								1	
h			about the supported or				W					
		-		-								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	organization	(v) Did you	a notify the	(vi) Is	the	(vii) Amour	nt of mo	netary
	anization	(", = "	(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizatio	on in col. ed in the		pport	
				governing	document?	(i) of you	support?	U.S	.?		•	
			(see instructions))	Yes	No	Yes	No	Yes	No			
							-			_		
				į					1			

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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.)

Se	ction A. Public Support		·	·		•,	· .
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1258362.	1246041.	1470702.	1707168.	2438930.	8121203.
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			i			
4	Total. Add lines 1 through 3	1258362.	1246041.	1470702.	1707168.	2438930.	8121203.
	The portion of total contributions	The vest of					
	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,	fulle g v	10.7				
	column (f)						2740706.
6	Public support. Subtract line 5 from line 4						5380497.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	1258362.	1246041.	1470702.	1707168.	2438930.	8121203.
	Gross income from interest,						•
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	106,169.	46,355.	109.622.	121,315.	70,205.	453,666.
9	Net income from unrelated business			•			, ,
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						8574869.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	,185,566.
	First five years, If the Form 990 is for						,,
	organization, check this box and stor		***************************************	*	0.15		
Se	ction C. Computation of Publ				27.68		
14	Public support percentage for 2013 (ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	62.75 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	69.16 %
	33 1/3% support test - 2013. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	***************************************		*******************************	
Ŀ	33 1/3% support test - 2012. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop he	ere. Explain in Pai	t IV how the organ	ization
	meets the "facts-and-circumstances"			•	•	_	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organizatio		-				
						dule A (Form 990	

332023 09-25-13

Schedule A (Form 990 or 990 EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		······································			-	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and				"		_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3					Ì		
	are not an unrelated trade or bus-						
	iness under section 513						
A	Tax revenues levied for the organ-						-
-	ization's benefit and either paid to						
	an accompanied and the brahealt						
-	The value of services or facilities						
9							
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						<u> </u>
E	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						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties		i		İ		
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			<u>,</u>			
	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					1	
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	***************************************		***************************************			
Sec	tion C. Computation of Publ	c Support Per	rcentage				20000
	Public support percentage for 2013 (I					15	%
	Public support percentage from 2012					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2012 Schedule A, F	Part III, line 17			18	%
	33 1/3% support tests - 2013. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	ies as a publicly s	supported organiza	ition	▶□
b	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a t	oox on line 14, 19a	, or 19b, check th	nis box and see ins	tructions	>

Schedule A (Form 990 or 990-EZ) 2013

edule A	(Form 990 or	990-EZ) 2013	ANIMAL	DEFENS	E LEAGUE enations required	3 OF 1	PEXAS	74-6002033	Pag
art IV					•	-	II, line 10; Par	II, line 17a or 17b; and Part III, line	12.
	Also complet	te this part for	any addition	al information.	. (See instruction	ns).			
	0.00								
							*		
								COMPANIE CONTRACTOR OF CONTRAC	
							70 - 2 - 2 - 2		
								X	
								TT WANT Y	
			7 7 7 7					**************************************	
									_
-									
						50,000			
							1 2 2 2 2 2		
							19727792014		3.3

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ANIMAL DEFENSE LEAGUE OF TEXAS

Employer identification number 74-6002033

Pa	rt I Organizations Maintaining Donor Advised Funds		s or Accounts. 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 tha	t the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors in		
_	for charitable purposes and not for the benefit of the donor or donor ac		-
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization		
1	Purpose(s) of conservation easements held by the organization (check		
•	Preservation of land for public use (e.g., recreation or education)		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space	1 103011211011011212	tilled filstoffe stidetate
2	Complete lines 2a through 2d if the organization held a qualified conser	nyation contribution in the form	of a consequation easement on the last
_	day of the tax year.	Valori contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
0	Number of conservation easements on a certified historic structure incl		
ال ا	Number of conservation easements included in (c) acquired after 8/17/		
u			, I
3	listed in the National Register Number of conservation easements modified, transferred, released, ext		
3		inguisited, or terminated by th	e organization during the tax
4	year Number of states where property sub)ect to conservation easement is I	ocated .	
5	Does the organization have a written policy regarding the periodic moni		
9			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcement		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	-	
8	Does each conservation easement reported on line 2(d) above satisfy the		
0	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation easeme		
9	include, if applicable, the text of the footnote to the organization's finan		
	conservation easements.	CIBI STATELIIGITIS TITAT GESCIIDES	the organization's accounting for
Par	rt III Organizations Maintaining Collections of Art, His	storical Treasures, or C	ther Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part I	•	110. 01111121 11000101
19	If the organization elected, as permitted under SFAS 116 (ASC 958), no		ment and halance sheet works of art
16	historical treasures, or other similar assets held for public exhibition, ed	-	
	the text of the footnote to its financial statements that describes these		ance of public service, provide, in Fart XIII,
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to		t and halance sheet works of art, historical
D			
	treasures, or other similar assets held for public exhibition, education, or relating to these items:	research in furtherance of pu	ibic service, provide the following amounts
	•		
	(i) Revenues included in Form 990, Part VIII, line 1		
			> \$
2	If the organization received or held works of art, historical treasures, or		ai gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 95	-	> 0
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

		DEFENSE LE						<u>74-60</u>			age 2
Pa	rt III Organizations Maintaining (Collections of A	rt, His	torical T	reasures, o	r Other	Simil	<u>ar Asse</u>	ts(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	t are a sig	nificant	use of its	collection	ı item	S
	(check all that apply):										
а	Public exhibition	c	, <u> </u>	Loan or exc	change progra	ms					
b	Scholarly research	6	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's of	ollections and explai	in how t	hey further t	the organizatio	วก's exem	pt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit								_		
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's c	ollection?				Yes		No
Pa	rt IV Escrow and Custodial Arrar reported an amount on Form 990, Pa		ete if the	organizatio	on answered "	Yes" to Fo	orm 990	i, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custoo		diary for	contribution	ns or other ass	sets not in	cluded				
	on Form 990, Part X?		•					_	Yes] No
ь	If "Yes," explain the arrangement in Part XIII						*********		_ 100	-	3 110
_									Amount		
c	Beginning batance						1c		7 11110 2111		
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F	orm 990. Part X. line	217		***************************************				Yes	\top	No
	If "Yes," explain the arrangement in Part XIII										j
	t V Endowment Funds. Complete								***************************************		
	· · · · · · · · · · · · · · · · · · ·	(a) Current year		rior year	(c) Two years			ears back	(e) Four	vears	hack
1a	Beginning of year balance		(40)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(6) 1110)0211	J G G G G G G G G G G G G G G G G G G G	,	Caro Back	1071001	youro	00011
h	Contributions										
	Net investment earnings, gains, and losses										
ď	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end halanc	e (line 1	a column (a	i)) held as:	<u> </u>					
_	Board designated or quasi-endowment		%	g, committe	2), 11012 40.						
h	Permanent endowment		— ′~								
	Temporarily restricted endowment ▶										
•	The percentages in lines 2a, 2b, and 2c show										
За	Are there endowment funds not in the posse	•	ation the	at are held a	nd administer	ed for the	organiz	ration			
ou	by:	Joseph Of the organiza	acion che	1 a o 1 o o a	ino administra	00 101 1110	organiz	LEHOH	Į,	Yes	No
	(i) unrelated organizations									163	110
	(ii) related organizations										
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Scher	lula R2			*******	************	3b	\dashv	
4	Describe in Part XIII the intended uses of the					************	**********		30		
Par			TTTTTTTT	U1103.							
	Complete if the organization answere		. Part IV	line 11a S	ee Form 990	Part X line	10				
	Description of property	(a) Cost or o			or other	(c) Accı		a	(d) Book	value	
	beautiful of property	basis (investr			(other)		ciation	٦	(a) Book	AUCE	r
10	Land				1,752.	30010			391	71	52
b	Buildings			33			-		771		<i>,</i> <u>,</u> ,
	Leasehold improvements							_			
	Equipment										
	Other			A 30	3,052.	2,00	9 9	20	2.293	1:	12
	Add lines 1a through 1e (Column (d) must e		X colun			۵,00	2,30		2 684	85	3 1

Schedule D (Form 990) 2013

84						
Schedule D (Form 990) 2013		NSE LEAGUE OF	TEXAS	74-	<u>-6002033</u>	Page
	- Other Securities.					
	organization answered "Yes"					
(a) Description of security or ca	ategory (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-	-of-year market v	alue
(1) Financial derivatives						
(2) Closely-held equity interes						
(3) Other						
(A)						
(B)			·			
(C)						
(D)						
<u>(E)</u>						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 9						
Part VIII Investments	_					
	organization answered "Yes" t					
(a) Description	of investment	(b) Book value	(c) Method of valuation	on: Cost or end-	of year market v	alue
(1) MUTUAL FUND	ACCOUNT	1,429,392.	END-OF-YEAR	MARKET	VALUE	
(2)						
(3)						
(4)						
(5)		· · · · ·				
(6)						
(7)						
(8)	· -				· · · · · · · · · · · · · · · · · · ·	
(9)						
Total. (Col. (b) must equal Form 9	200 Part Y col /B) line 13)	1,429,392.				
Part IX Other Assets		T 1 447 1 7 7 2 4				
	organization answered "Yes" t	to Form 000 Bort IV line 1	1d Son Form 000 Port V	line 15		
Complete it tile c		Description	TO. 300 FOITH 990, FAIT A	, iirie 15.	(b) Book val	ما ا
443	(a)	263Cription			(D) BOOK VA	100
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal	Form 990, Part X, col. (B) line	15.)				
Part X Other Liabilit	ties.					
Complete if the o	organization answered "Yes" t	o Form 990, Part IV, line 1	1e or 11f. See Form 990. I	Part X. line 25.		
	Description of liability		b) Book value	,		
(1) Federal income taxes	, ,	<u> </u>				
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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

Schedule D (Form 990) 2013

(8)

SCHEDULE G

(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.

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

n 990. Inspection

Name of the organization							ntification number
	DEFENSE LEAGUE OF					74-6002	
Part I Fundraising Activities required to complete this part	 Complete if the organization answert. 	ered "Y	'es" to	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais Mail solicitations	• • —	_		Check all that apply overnment grants	,		
b Internet and email solicitations c Phone solicitations	s f Solicitat g Special		_	nment grants events			
d In-person solicitations 2 a Did the organization have a written of	or oral agreement with any individual	finclu	ding o	fficers, directors, trus	stees	or	
_	art VII) or entity in connection with p	rofess	ional 1	undraising services?		Yes	
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have ci or con contribi	ustody	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser sed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total		-					
List all states in which the organizatio or licensing.			utions	or has been notified	it is	exempt from re	gistration
or incoming.							

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

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013 ANIMAL DEFENSE LEAGUE OF TEXAS	74-6002033 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	er entity formed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	2304
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special event	s books and records:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gar	ning revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	and the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name >	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proc	ceeds to
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organ	
organization's own exempt activities during the tax year ▶ \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, column 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform	
	A AMERICA CO

Schedule G	(Form 990 or 990-EZ)	ANIMAL	DEFENSE	LEAGUE	OF	TEXAS	74-6002033 Page 4
Part IV	(Form 990 or 990 EZ) Supplemental Infor	mation (cont	inued)				
	ouppionioniai inion	11101110111	11000)				
					0.00		
						100	

-							
	CA DATE STATE				-		
				-			
No. 2 (1997) (1997)		U-0700					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public

Inspection

Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 74-6002033

ANIMAL DEFENSE LEAGUE OF TEXAS	74-6002033
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE FORM 990 IS REVIEWED AND APPROVED BY THE	BOARD OF
DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: BOARD MEMBERS ARE REQUIRED TO COMPLETE A CON	FLICT OF INTEREST
STATEMENT EACH YEAR. ALSO, ANY NEW BOARD MEMBER IS REQUIR	ED TO COMPLETE A
STATEMENT.	~
FORM 990, PART VI, SECTION B, LINE 15A:	
EXPLANATION: REQUIRES BOARD OF DIRECTORS APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THESE DOCUMENTS WILL BE PROVIDED BY THE ORGA	NIZATION UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRIOR Y	EAR.

Form 4562

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.

990

2013

Attachment Sequence No. 179

OMB No. 1545-0172

Business or activity to which this form relates

▶ See separate instructions.

Identifying number

	IMAL DEFENSE LEAGUI				RM 990 P			74-6002033
Pa		erty Under Section 1	79 Note: If yo	ou have any li	sted property, o	complete Part	1	un . n
	Maximum amount (see instructions)							500,000.
	otal cost of section 179 property pla							
	hreshold cost of section 179 proper		2,000,000.					
4 F	Reduction in limitation. Subtract line							
<u>5</u> c	collar limitation for tax year. Subtract line 4 from I	5						
6	(a) Description of	property		(b) Cost (busi	ness use only)	(c) Electe	d cost	
7 L	isted property. Enter the amount fro	m line 29		******	7			
8 T	otal elected cost of section 179 prop	perty. Add amount:	s in column (c), lines 6 and	17		8	
9 T	entative deduction. Enter the smalle	er of line 5 or line 8		************			9	
10 C	Carryover of disallowed deduction fro	m line 13 of your 2	012 Form 45	62			10	
11 B	susiness income limitation. Enter the	smaller of busines	s income (no	t less than ze	ro) or line 5			
	ection 179 expense deduction. Add							
	carryover of disallowed deduction to							
	Do not use Part II or Part III below i							
Par	t II Special Depreciation Allow	ance and Other D	epreciation	(Do not inclu	ide listed prope	rty.)		
14 S	pecial depreciation allowance for qu							·
	ne tax year					_	14	
	roperty subject to section 168(f)(1) e							
	other depreciation (including ACRS)							· · · · · · · · · · · · · · · · · · ·
Par	† III MACRS Depreciation (Do r					******************	10	
	The septement (50)	iot moiddo natad pi		ction A	·/			
47 M	ACRS deductions for assets placed	in condenin towar			2		17	
							- 1/ 1/ 1	
10 11	you are electing to group any assets placed in s Section B - Asset						dian Sunta	
	Section B - Asset	(b) Month and		depreciation	1	erai Deprecia	ition Syste	<u>!m </u>
	(a) Classification of property	year placed in service	(business/ir	ivestment use Instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property							
_ b	5-year property							
C_	7-year property							
d	10-year property							
_e	15-year property							
f	20-year property							
9	25-year property				25 yrs.		S/L	
		/			27.5 yrs.	ММ	S/L	
h	Residential rental property	/			27.5 yrs.	ММ	S/L	
		/			39 yrs.	ММ	S/L	
i	Nonresidential real property	/			00 310.	MM	S/L	
	Section C - Assets	Placed in Service	During 2013	Tax Year U	sing the Altern			tem
20a	Class life		g	7 1071 1041 0			S/L	
b	12-year				12 yrs.		S/L	
C	40-vear	/			40 yrs.	ММ		
Par					40 y/s.	IVIIVI	S/L	
	sted property. Enter amount from lin	***************************************				******************	21	
	otal. Add amounts from line 12, lines	_			•			•
	nter here and on the appropriate line				tions - see instr	<u></u>	22	0.
	or assets shown above and placed in	_	*					
	ortion of the basis attributable to sec				23			
310251 12-19-1	3 LHA For Paperwork Reductio							Form 4562 (2013)

	amusement.) Note: For any v through (c) of S	vehicle for wi Section A, all	hich you are of Section E	using the 3, and Se	standar ction C i	rd mileag if applica	ge rate o able.	r dedu	cting lease	expen:	se, com _l	olete on	ly 24a, 2	4b, colui	nns (a)
	Section A -	Depreciation	on and Othe	r Inform	ation (C	aution:	See the	instruc	tions for li	mits for	passeng	er autoi	mobiles.))	
24:	a Do you have evidence to s	support the bu	siness/investr	nent use c	laimed?		es_	No	24b If "Y	es," is t	he evide	nce writ	ten?	Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business investme use percent	nt	(d) Cost or other basis	flori	(e) sis for depr siness/inv use on!	stment	(f) Recovery period	Me	(g) thod/ vention	Depr	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation allo	wance for q	ualified lister	propert	y placed	in servi	ce durin	g the ta	ax year an	ď					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more than	n 50% in a q	ualified busi	ness use	:										
_		104 F 14		%											
_		262 4		%											
	_	30 Y		%										l	
27	Property used 50% or le	ess in a quali	fied busines	s use:											
		1 1		%						S/L·					
		1 1		%						S/L-					
				%						S/L·					
28	Add amounts in column	(h), lines 25	through 27.	Enter he	re and or	n line 21	, page 1				28				
29	Add amounts in column	(i), line 26. E	nter here an	d on line	7, page	1							. 29		
				Section	B - Info	rmation	on Use	of Veh	nicles						
	mplete this section for ve your employees, first ansv		-	-							•	-	-		3
				Τ ((a)	1	(b)		(c)	(d)	1	e)	(f)
30	Total business/investment r	miles driven de	uring the		hicle	1	hicle	l v	ehicle	1	-, nicle	1 '	hicle	Veh	
	year (do not include comm	nuting miles)													
31	Total commuting miles d														
	Total other personal (nor								-			i			
	driven														
33	Total miles driven during					ĺ		İ							
	Add lines 30 through 32														
34	Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	•													
35	Was the vehicle used pri														
	than 5% owner or relate														
36	Is another vehicle availat														
	use?	· · · · · · · · · · · · · · · · · · ·					i								
	wer these questions to d	Section C	- Questions	for Emp	-				-				re not m	ore than	5%
	Do you maintain a writter	n nolicy state	ement that n	robibite s	all nereos	nal uso (of vehicle	ae inch	udina com	mutina	burrous			Yes	Mo
	•		-		-				_	_					No
38	employees?	n nolicy state	ement that n	robibite r	nerennal	use of a	chicles	evcent	t commuti	na byw	OUE	**********		-	
	employees? See the inst						_								
	Do you treat all use of ve														
	Do you provide more that										***********			—	
	the use of the vehicles, a														
41	Do you meet the requirer	ments conce	rnina aualifi	ed autom	ohile de	monstra	tion use	?	************					_	
	Note: If your answer to 3										**********				
	art VI Amortization	1,00,00,40	, 01 41 10 11	, ao in	<u> </u>	210 000		1110 01	orched res	noiea.					
	(a) Description of	costs	Dal	(b) amortization begins		(C) Amortizab amount	ple		(d) Code section		(e) Amortizat period or per		Am for	(f) nortization this year	
12	Amortization of costs tha	t begins dur	ing your 201		ar:							<u> </u>			
				: :											
				1 19	1					\neg					
13	Amortization of costs tha	it began befo	ore your 201		ır							43			
	Total. Add amounts in co											44			

Form **4562** (2013)