Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	01 111	and	enaing	_				
В	Check if upplicab	C Name of organization		D Employer identifi	cation number			
	Addre	• ANIMAL DEFENSE LEAGUE OF TEXAS						
	_Name	Doing business as		74-6	002033			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe				
	Final return	11300 NACOGDOCHES		'	655-1481			
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 4,750,942.				
Ļ	Amen	SAN ANTONIO, TA /021/-2310		H(a) Is this a group return				
L	Application pendi			for subordinates	? Yes X No			
		11300 NACOGDOCHES RD, SAN ANTONIO, TX	78217	H(b) Are all subordinates in	cluded? Yes No			
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instruction								
$\overline{}$		te: > WWW.ADLTEXAS.ORG		H(c) Group exemption				
		organization; X Corporation Trust Association Other ► Summary	L Year	of formation; 1934 n	State of legal domicile: TX			
_	1	Briefly describe the organization's mission or most significant activities; SHEL1	PER FO	R LOST AND	ABANDONED			
Activities & Governance	'	ANIMALS, PROVIDING FOR THEIR CARE, TREATM						
Ē	2	Check this box if the organization discontinued its operations or dispos			sets			
Ve	3	African Control of the second		3	12			
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12			
42	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	168			
į	6	Total number of volunteers (estimate if necessary)			731			
cţ;	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
٠	8	Contributions and grants (Part VIII, line 1h)		3,145,573.	3,694,141.			
Ž	9	Program service revenue (Part VIII, line 2g)		819,987.	741,585.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,596.	34,466.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		243,122.	233,206.			
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,246,278.	4,703,398.			
	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.			
(r)	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,728,943.	3,359,300.			
S L	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 169,30						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,445,071.	1,700,354.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,174,014.	5,059,654.			
	19	Revenue less expenses. Subtract line 18 from line 12	native visites of	72,264.	-356,256.			
ets or			<u>Be</u>	ginning of Current Year	End of Year			
SSel	20	Total assets (Part X, line 16)		7,585,897.	7,463,190.			
A P	21 22	Total liabilities (Part X, line 26)		264,470.	332,431.			
	1 22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	7,321,427.	7,130,759.			
			1.4.4					
		lities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
u ue.	, corre	t, and complete. Declaration of preparer tother than officer) is based on all information of wh	ich preparer	nas any knowledge.	11/2010			
ei-	_	Signature of officer		Date	7/2018			
Sign		JANICE DARLING, EXECUTIVE DIRECTOR		Date				
Her	0	Type or print name and title						
Print/Type preparer's name Preparer's signature Date Check PTIN								
Tiebulet 3 signification								
	parer	Firm's name AKIN, DOHERTY, KLEIN & FEUGE, P.	C.	sell-em o	74-2606559			
	Only	Firm's address 8610 N. NEW BRAUNFELS, SUITE 101		CHIII S EIN	74-2000333			
	,	SAN ANTONIO, TX 78217	•	Phone no 12	10) 829-1300			
May	v the I	RS discuss this return with the preparer shown above? (see instructions)		T HUNG HU. \ Z	X Yes No			
					I++ II TO I I I (NO			

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Part IV | Checklist of Required Schedules Yes Νo 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 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 X 3 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 X 4 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 98-197 If "Yes," complete Schedule C, Part III 5 X 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 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 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 9 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 X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes,* complete Schedule D, X 11a 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 167 If "Yes," complete Schedule D, Part VII X 11b 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 167 If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 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 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 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 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes."

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complete Schedule G. Part III

Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III X 22 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 X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." complete Schedule L, Part II X 26 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 X 27 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If *Yes, * complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 ... 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38

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Note. All Form 990 filers are required to complete Schedule O

Par	t V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7		100	110	
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 re		le 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	168				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	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						
3a	Did the appointing house and that having a second and a second as a			За		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		\Box	
48	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		х	
b If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						
	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 th						
	any contributions that were not tax deductible as charitable contributions?			6a		x	
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts				
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	a 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?						
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?			7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year					34 34	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X	
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•				
	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.						
a			************************	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	<u> </u>		
10	Section 501(c)(7) organizations. Enter:		,				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>				
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1					
	amounts due or received from them.)	11b			_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state?							
	Note. See the instructions for additional information the organization must report on Schedule O.						
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1				
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c				7.0	
				14a	—	X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	1	1	

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 year 12			
	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 12			
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		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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			-
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
]	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	7 110, 30 to 110 10	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	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).			
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	= 10		
	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) av	ailable	}	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X 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	financi	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ANIMAL DEFENSE LEAGUE OF TEXAS - 210-655-1481			
	11300 NACOGDOCHES RD, SAN ANTONIO, TX 78217-2318			
		-	000	100471

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.

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

Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	fde	not c	Pos		i than d	nna	Reportable	Reportable	Estimated
	hours per	pox	, unle	ss pe	rson i	is both	an an	compensation	compensation from related	amount of
	week	_	CBF AF	19 8 9	IF BCIC	7/BUS	199)	from		other
	(list any hours for	par						the organization	organizations	compensation
	related	4 00	à			sated		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ndwidual trustee or director	nstitutional trustee		, B	mben		(***27**000*****1000)		and related
	below	deal	E S	₌	Кеу етріоуче	est co	5			organizations
	line)	pg	쨢	Officer	Ř	Highest compensated employee	Form			•
(1) CECE GIVEN	1.00	[-	Γ							
PRESIDENT		X						0.	_ 0.	0.
(2) JAMES D. ODELL	1.00									
VICE PRESIDENT		X						0.	0.	0.
(3) BO WIESNER	1.00				Γ-					-
TREASURER		X						0.	0.	0.
(4) MELISSA CLIVER	1.00		Г	Γ	П					
SECRETARY		X						0.	0.	0.
(5) ALAN HEPP	1.00				$\lceil - \rceil$					
DIRECTOR		X						0.	0.	0.
(6) BODO KNOCHENHAUER	1.00									
DIRECTOR		X	_					0.	0.	0.
(7) AMBER NELSON RAMSEY	1.00									
DIRECTOR		X	_	L				0.	0.	0.
(8) MISSY FINCK	1.00									
DIRECTOR		X						0.	0.	0.
(9) GRETCHEN GARCEAU-KRAGH	1.00									
DIRECTOR		X	L		<u> </u>			0.	0.	0.
(10) PAMELA MCCRAY	1.00					1				
DIRECTOR		X		L	L		<u> </u>	0.	0.	0.
(11) COURTNEY LAY	1.00									
DIRECTOR		X	<u> </u>		匚			0.	0.	0.
(12) ANNA-LAURA HOWELL	1.00									
DIRECTOR	1	X	<u> </u>	L	_	_	_	0.	0.	0.
(13) JANICE DARLING	40.00	1			1					
EXECUTIVE DIRECTOR		ļ.,	_	X	<u> </u>	_		92,245.	0.	0.
(14) ANNE MEYER	40.00									
BUSINESS AND FINANCE DIRECTOR			<u> </u>	X		L		83,564.	0.	0.
		-								
			-		-	 	<u> </u>			
	-	-								
		-	\vdash		\vdash	\vdash	\vdash			
	-	-								
				<u></u>					<u></u>	<u> </u>

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	1 Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			- (0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		than c	one	Reportable	Reportable		Estimate	ed
	hours per week					s both		compensation	compensation		amount	
	(list any	-	I		1	1	1	from	from related		other	
	hours for	lired						the organization	organizations (W-2/1099-MISC		mpensa from th	
	related	8	stee		-	Safer .		(W-2/1099-MISC)	(44-27 1033-141130	'	rganizat	
	organizations	frust	E E		24	E E		(,		- 1	and relat	
	below	Individual trustee or director	Institutional trustee	₹	8	est co	 =			O.	rganizati	ions
	line)	100	in st	Officer	Key	Highest compensated employee	Į.					
		Į										
		Ļ	_	_	<u> </u>		<u> </u>					
		1										
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		1										
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<u> </u>		\vdash			\vdash		┝					
		1										
1b Sub-total		729.				222	<u> </u>	175,809.	(7.		0.
c Total from continuation sheets to Part V								0.	().		0.
d Total (add lines 1b and 1c)								175,809.).		0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	OVE) wh	o re	sceived more than \$100,	000 of reportable			
compensation from the organization												0
	* * .										Yes	No
3 Did the organization list any former officer				-				- '			-	37
line 1a? If "Yes," complete Schedule J for s										3	0.00	X
4 For any individual listed on line 1a, is the si											2 100	v
and related organizations greater than \$15Did any person listed on line 1a receive or										. 4		Х
rendered to the organization? If "Yes." con	-				-			_	iuai for services	. 5	Distriction of the last of the	X
Section B. Independent Contractors	ibiele Scheolii	9 3 1	Ur SI	ICH	OLENES	on .						22
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsation	from	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	<u>thin</u>	the organization's tax y	ear.			
(A) Name and business	addraca	37/		_				(B)		0	(C)	
Traine and Dubiness	0001033	TAC	ONE	3		_	\dashv	Description of s	ervices	Com	pensatio)(1
							\dashv					
							_					
		_		_								
2 Total number of independent contractors (_	ot lir	nite	d to			ted	above) who received me	ore than			
\$100,000 of compensation from the organ	zation)				po.	m 990	1004-
										HOL	co 2020 / /	12011 /\

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII	1		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ध ध	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b		1			
S. G		Fundraising events 1c					
销量	d	Related organizations 1d	983,135.				
S.	e	Government grants (contributions) 1e					
it S	f	All other contributions, gifts, grants, and					
출취			,711,006.	0.1			
		Noncash contributions included in lines 1a-1f: \$	<u>438,553</u> .	2 504 444			
O e	<u>h</u>	Total. Add lines 1a-1f		3,694,141.			
	_	ANTWAL ADODUTONO	Business Code		400 601		
Š		ANIMAL ADOPTIONS MEDICAL SERVICES	900099	498,681.	498,681.		
E E			900099	186,997.	186,997.		
Program Service Revenue	C						
P. 0	u				-		
8	•	All other program service revenue	900099	55,907.	55,907.		
		Total. Add lines 2a-2f		741,585.	33,730,74		
\neg	3	Investment income (including dividends, inter		, , , , , , , , , , , , , , , , , , , ,			
		other similar amounts)		34,466.	34,466.		
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties		8,753.	8,753.		
		(i) Real	(ii) Personal				
-	6 a	Gross rents					
		Less: rental expenses					
		Rental income or (loss)					
		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	+		_ [
		Gain or (loss)					
		Net gain or (loss) Gross income from fundraising events (not	<u> </u>				
9	0 4	including \$ of					
evenue		contributions reported on line 1c). See			, IIII		
- E			a 271,997.				
Other Re	b	Less: direct expenses	ь 47,544.				
ျ		Net income or (loss) from fundraising events		224,453.			224,453.
	9 a	Gross income from gaming activities. See		4-1			
		Part IV, line 19	a				
	b	Less: direct expenses	ь				
	C	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances	a				
			b				
ŀ	С	Net income or (loss) from sales of inventory					
	4.4	Miscellaneous Revenue	Business Code				
	11 a		-		 		
	b		-				
	4	All other revenue			-		-
	م م	Total. Add lines 11a-11d					1200
	12			4,703.398.	784,804.	0.	224,453.
			·····				,,,

Form 990 (2017) ANIMAL DEFENSE LEAGUE OF TEXAS Part IX Statement of Functional Expenses

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	_			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	175 000	02 051	60 001	12 025
_	trustees, and key employees	175,809.	92,951.	69,021.	13,837.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	2,774,408.	2 400 442	100 573	105 202
-	persons described in section 4958(c)(3)(B)	2,774,400.	2,480,442.	188,573.	105,393.
7	Other salaries and wages Pension plan accruals and contributions (include	-			
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	172,132.	139,142.	32,990.	
10		236,951.	177,311.	59,640.	
11	Payroli taxes Fees for services (non-employees):	230,3314	-1113777	35,040.	
a	Management				
b	Legal	26,250.		26,250.	· · · · · · · · · · · · · · · · · · ·
c	Accounting	6,150.		6,150.	
d		-,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	30,658.		30,658.	
12	Advertising and promotion	6,371.		6,371.	
13	Office expenses	203,012.	55,363.	117,061.	30,588.
14	Information technology				
15	Royalties	Χ.			
16	Occupancy	187,824.	187,824.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	11 22			
19	Conferences, conventions, and meetings	11,977.		11,977.	
20	Interest	5,571.		5,571.	
21	Payments to affiliates	001 000	004 000		
22	Depreciation, depletion, and amortization	221,803.	221,803.		
23	Insurance	101,421.	101,421.		
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 O.)				
а	HOODING PARKEDS	619,644.	619,644.		
b	WEINTEL BUNGLION	91,598.	91,598.		
c	DEDATE C MATAMENTANCE	83,948.	83,948.		
d	VT GOTT T ANTIQUE	58,717.	31,707.	7,522.	19,488.
e	4.9	45,410.	45,410.		
25	Total functional expenses. Add lines 1 through 24e	5,059,654.	4,328,564.	561,784.	169,306.
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)				

732010 11-28-17

Form **990** (2017)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,773,511. Cash - non-interest-bearing 1 1,102,822. Savings and temporary cash investments 62,815. 0. 838,904. Pledges and grants receivable, net 983,135. 3 Accounts receivable, net 53,238. 42,794. 4 5 Loans and other receivables from current and former officers, directors, 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 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 163.323. 116,230. 8 1,500. Prepaid expenses and deferred charges 0. 9 10a Land, buildings, and equipment; cost or other 5,880,726. basis. Complete Part VI of Schedule D 10a 2,711,180. 3,297,846. b Less: accumulated depreciation 10b 3,169,546. 10c Investments - publicly traded securities 11 12 Investments - other securities, See Part IV, line 11 12 1,394,760. 2,048,663. 13 Investments - program-related, See Part IV, line 11 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 7,585,897. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 7,463,190. 17 Accounts payable and accrued expenses 264,470. 17 332,431. 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 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. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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 25 264,470. 332,431. Total liabilities. Add lines 17 through 25 26 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 Unrestricted net assets 6,362,523. 5,740,918. 27 27 958,904. 1,389,841. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 7,321,427 7,130,759. 33 Total net assets or fund balances 33

7,463,190. Form 990 (2017)

Total liabilities and net assets/fund balances

7,585,897.

34

Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments 8					
9	Other changes in net assets or fund balances (explain in Schedule O)				0.	
10 Pai						
	Check if Schedule O contains a response or note to any line in this Part XII				X	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					No X	
	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 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? 3a						
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						

Form 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ANIMAL DEFENSE LEAGUE OF TEXAS

Employer identification number 74-6002033

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
The	organ	ization is not a private found					·	<u> </u>			
1	Ň	A church, convention of chi					VAVO				
2	一	A school described in secti					Valid.				
3	Ħ	A hospital or a cooperative					.				
4	Ħ	A medical research organiza						the beenkelle as			
7	ш	city, and state:	ation operated in col	ijunction with a nospital	Geachinen	III Sectio	n 170(b)(1)(A)(III). Enter	tne nospital s name,			
-		An organization operated for	er the benefit of a sel								
3	ш			lege or university owned	or operate	ea by a go	vernmental unit describ	ed in			
		section 170(b)(1)(A)(iv). (C									
-	X	A federal, state, or local gov									
7	A										
_		section 170(b)(1)(A)(vi). (Complete Part II.)									
8	=	A community trust describe									
9		An agricultural research org									
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of the college	or			
		university:									
10	Ш	An organization that norma									
		activities related to its exem									
		income and unrelated busin	ress taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.			
		See section 509(a)(2). (Cor	•								
11	\sqsubseteq	An organization organized a									
12		An organization organized a									
		more publicly supported or						Check the box in			
	_	lines 12a through 12d that									
а	L.,	Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the si	upporting			
		organization. You must o	omplete Part IV, Se	ctions A and B.							
b	<u> </u>	Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	supporte	d organization(s), by hav	/ing			
		control or management o	f the supporting orga	anization vested in the sa	ıme persor	ns that co	ntrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
C		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functionally integrate	ed with,			
		its supported organization	n(s) (see instructions)). You must complete f	Part IV, Se	ctions A,	D, and E.				
d	ı [Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nection w	rith its supported organia	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distri	bution req	uirement and an attenti-	veness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v.				
е		Check this box if the orga	nization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiza	ation.					
f	Ente	r the number of supported o	organizations								
g		ride the following information	about the supporte	d organization(s).							
	() Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) IS the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
_											
Tota	al						<u></u>				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-08-17 Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 ANIMAL DEFENSE LEAGUE OF TEXAS 74-6002 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	1,000	10,00	(6) 2010	(4) 2010	(6) 2011	(t) Total
	membership fees received. (Do not						
	include any "unusual grants.")	2438930.	2199852.	5115734.	3145573.	3642457.	16542546.
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						
4	Total. Add lines 1 through 3	2438930.	2199852.	5115734.	3145573.	3642457.	16542546.
5	The portion of total contributions						19
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				ше 2		
	amount shown on line 11,						
	column (f)						1386008.
6	Public support. Subtract line 5 from line 4.			11			15156538.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	2438930.	2199852.	5115734.	3145573.	3642457.	16542546.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	70,205.	64,151.	151,617.	37,377.	34.466.	357,816.
9	Net income from unrelated business	1.					337,73231
	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 VI.)						
11	Total support. Add lines 7 through 10						16900362.
	Gross receipts from related activities,	etc. (see instruction	ns)				,439,722.
	First five years. If the Form 990 is for			1 fourth or fifth to		501(0)(3)	113311441
	organization, check this box and stop		mot, occorra, ame		A your as a section		
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (ii	ine 6, column (f) dir	vided by line 11, co	olumn (fl)		14	89.68 %
15	Public support percentage from 2016	Schedule A. Part I	I, line 14	***************************************		15	84.18 %
	33 1/3% support test - 2017. If the c					ore, check this bo	
	stop here. The organization qualifies					•	⊾ छि
b	33 1/3% support test - 2016. If the c		_				
17a	and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a c	ublicly supported	organization	and organ	▶ □
b	10% -facts-and-circumstances test	- 2016. If the ora	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a. and line 15 is	10% or
-	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
	The section of the se	and they employ a t	orrang 10, 10c	.,	A PARTICULARIES DOX SE	A JOS MISTRUCTIONS	200 500

Schedule A (Form 990 or 990-EZ) 2017

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

Se	ction A. Public Support			•				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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-				1			
	formed, or facilities furnished in							
	any activity that is related to the							
_	organization's tax-exempt purpose							
3					1			
	are not an unrelated trade or bus-				1			
	iness under section 513							
4	Tax revenues levied for the organ-				1			
	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		ļ					
6	Total. Add lines 1 through 5				<u> </u>			
	Amounts included on lines 1, 2, and		-		 	 	 	
1.5	3 received from disqualified persons			ļ				
ı	Amounts included on lines 2 and 3 received		-		 	 		
•	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)			£	1		<u> </u>	
Se	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 6							
108	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources							
ŀ	Unrelated business taxable income			i				
	(less section 511 taxes) from businesses				1			
	acquired after June 30, 1975				1			
,	Add lines 10a and 10b				 		 	
11				 	 			
••	activities not included in line 10b,							
	whether or not the business is				1			
	regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>			
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,	
							interior.	
Se	ction C. Computation of Publi	ic Support Per	centage			· · ·		
15	Public support percentage for 2017 (ine 8, column (f) d	ivided by line 13, o	olumn (f))		15	%	
16						16	%	
Se	ction D. Computation of Inves							
17								
18	Investment income percentage from					18	%	
	a 33 1/3% support tests - 2017. If the					$\overline{}$		
100	more than 33 1/3%, check this box a	-					, ,31100	
	33 1/3% support tests - 2016. If the						and and	
		•					anu 🛌 🦳	
~	line 18 is not more than 33 1/3%, che			•		•		
20	Private foundation. If the organization	on alla not check a	DUX OR IINE 14, 19	a, or 190, check t	nis dox and see in:	structions		

Ves No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? #

 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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m 9	10b	0-E7	
	and the same time	~	· ************************************

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		· · · · · · · · · · · · · · · · · · ·	
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<u> </u>	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
Ь	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		-
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		ł
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		-
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting area	anization (see
	instructions).	, <u></u>	51	(

Schedule A (Form 990 or 990-EZ) 2017

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6	·		
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
ь	Excess from 2014			
C	Excess from 2015			
d	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017	ANIMAL DEFEN	<u>ISE LEAGUE O</u>	<u>F TEXAS</u>	74-6002033 Page 8
Part VI	line 1; Part IV, Section D.	, 2, 30, 30, 40, 40, 5a, 6, lines 2 and 3: Part IV. Se	9a, 9b, 9c, 11a, 11b, ar ction E. lines 1c. 2a. 2b	id 11c: Part IV. Section B. I	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V. Section B. line 1a; Part V
	(See instructions.)				
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SCHEDULE D

(Form 990)

Department of the Treesury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ANIMAL DEFENSE LEAGUE OF TEXAS

Employer identification number 74-6002033

Pai	TI Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	96.	
	<u>_</u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	fucation) Preservation of a hist	orically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation 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		2a
b	and a discount of the contract		
¢	Number of conservation easements on a certified historic structure.	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year ▶	•	
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it I	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservat	ion easements during the year
	▶ \$	_	- ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		17
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statem	ent and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edit		
	relating to these items:	•	
	(i) Revenue included on Form 990, Part VIII, line 1		→ \$
2	If the organization received or held works of art, historical trea-		
	the following amounts required to be reported under SFAS 11		, , , , , , , , , , , , , , , , , , ,
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2017

732051 10-09-17

	dule D (Form 990) 2017 ANIMAL	<u>DEFENSE LE.</u>	AGUE OF TE	XAS		74	-60	02033	Page 2
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other	Similar A	ssets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	are a sig	nificant use	of its c	ollection it	ems
	(check all that apply):								
a	Public exhibition	•	d Loan or ex	change progra	ms				
b	Scholarly research	•	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co						in Part :	XIII.	
5	During the year, did the organization solicit of								
18	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?				Yes	No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the organization	on answered "	Yes" on I	Form 990, P	art IV, I	ine 9, or	
	reported an amount on Form 990, Pa								
18	Is the organization an agent, trustee, custodi						_	,	
	on Form 990, Part X?						L	Yes	☐ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
	5% r + h h							Amount	
C.	Beginning balance					_1c			
a	Additions during the year					1d			
•	Distributions during the year			******************					
T On	Ending balance					1f		1	_
2a	Did the organization include an amount on F					y?		Yes	₩ No
Pai	If "Yes," explain the arrangement in Part XIII. TO Endowment Funds. Complete	Check here if the ex	epianation has been	provided on F	art XIII				
1.01	Ziradititicite i aliadi. Complete								
4	Reginning of upon belongs	(a) Current year	(b) Prior year	(c) Two years	S Dack {	d) Three year	s back	(e) Four y	ears back
1a _	Beginning of year balance			 			\dashv		
þ	Contributions Net investment earnings, gains, and losses		l	+					
d				 					
u	Grants or scholarships Other expenditures for facilities						-		
	·			1					
	and programs Administrative expenses	<u>.</u> .		-	_		-		
g				-	-				
2	End of year balance Provide the estimated percentage of the curr	ent year and balanc	o flipo 1 a column fa)) hald as					
a	Board designated or quasi-endowment		e (interry, column (a	n neid as:					
b	Permanent endowment	%							
-	Temporarily restricted endowment	^ %							
•	The percentages on lines 2a, 2b, and 2c sho								
Зя	Are there endowment funds not in the posse	•	ation that are hold a	nd administer	nd for the	· conneinatio			
	by:	Solon of the organiza	ation that are note a	ila adiliilistere	ad ioi trie	organizatio	11	[v	es No
	(i) unrelated organizations							3a(i)	62 NO
	(ii) related organizations	*****************************	***************************************					3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule B?					3b	
4	Describe in Part XIII the intended uses of the			****************				30	
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV, line 11a, 9	See Form 990.	Part X. li	ne 10.			
	Description of property	(a) Cost or o		t or other		cumulated	$\overline{}$	(d) Book	value
		basis (investr	1 ''	(other)		reciation		(a) Dook	raido
1a	Land			1,752.				391	,752.
ь	Buildings						_		,
c	Leasehold improvements						\top		
d	Equipment					_	\top	_	
е	Other		5,48	88,974.	2,7	11,180		2,777	.794.
Total	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part						3,169	

Schedule D (Form 990) 2017

	Liabilities.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	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) 2017

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Name of the organization						Employer ide	ntification number
	<u>DEFENSE LEAGUE OF T</u>					74-6002	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red *Y	es" on	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursua	ion of ion of fundra (includ ofession	non-govern govern ising e ing of onal fu	overnment grants nment grants events ficers, directors, trus andraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody Irol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			-				
			_				
Total		,,,,,,	•				
 List all states in which the organizatio or licensing. 	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration
		_					
				<u> </u>			

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

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

Sch Pa		le G (Form 990 or 990 EZ) 2017 ANIMAL Fundraising Events. Complete if the	DEFENSE LEAG	UE OF TEXAS	74-	6002033 Page 2
		of fundraising event contributions and gre	oss income on Form 990	·EZ, lines 1 and 6b. List e	events with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	
					NONE	(d) Total events
			FUR BALL			(add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	Coi. (c))
Revenue	1	Gross receipts	271,997.			271,997.
		Lance Caracteristics				l
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	271,997.			271,997.
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	47,544.			47,544.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			47,544.
T Da	11	Net income summary. Subtract line 10 from I		***************************************	>	224,453.
Pa	П		answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.		I		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u> Æ</u>	1	Gross revenue				
	_					
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6		Yes %	Yes %	Yes% No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)	***************************************	>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		5255828888 89 80	
	ls 1	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re			year?	Yes No
	_					

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch			<u> 203</u> 3	Page 3
11	Does the organization conduct gaming activities with nonmembers?		-	☐ No
12				
			Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
		145	.	96
i	An outside facility	10		- <u>76</u>
44	Enter the name and address of the person who response the preprietion's coming/energial events had and and and a		<u> </u>	76
1-4	cines the name and address of the person who prepares the organization's gaining/special events books and records;		Yes Yes 13a 13b Yes	
	Name >	partnership or other entity formed Yes 13a 13b 1		
	Address >			
15:	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	olf "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 ►			
46				
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 proceeds to			
•				No
1			_ 163	140
•	organization's own exempt activities during the tax year > \$	G.		
Ps		10. 0) OL 4	06 del-
_	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	III, IINės :	, 90, 1	VD, 150,
-				
_				
_				955
		ining activities with nonmembers? ficiary or trustee of a trust, or a member of a partnership or other entity formed		
		=0.75		
_				
		g proceeds to organizations or spent in the olumns (iii) and (v); and Part III, lines 9,		

Schedule G (Form 990 or 990-EZ) ANIMAL DEFENSE LEAGUE OF TEXAS	74-6002033 Page 4
Part IV Supplemental Information (continued)	<u> </u>
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SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990. Part IV. lines 29 or 30.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treesury Internal Revenue Service

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

Attach to Form 990.

Name of the organization

Employer identification number ANIMAL DEFENSE LEAGUE OF TEXAS 74-6002033 Part I Types of Property (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded X 386,869.FMV 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory X 51,684.FMV 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other > Other 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II.

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

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2017

describe in Part II.

<u>Schedule M</u>	(Form 990) 2017 Supplemental	ANIMAL	DRERNSE	LEAGUE	OF T	'EXAS		74-6002033	Page 2
Part II	Supplemental	Information	n. Provide the	e information r	equired b	y Part I, line	s 30b, 32b, and	33, and whether the organizambination of both. Also com	tion
	is reporting in Par	I, column (b), t	he number of	contributions,	the numi	per of items	received, or a co	mbination of both. Also com	plete
	this part for any ac	iditional inform	ation.						
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Schedule M (Form 990) 2017

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ANIMAL DEFENSE LEAGUE OF TEXAS

Employer identification number 74-6002033

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT
EACH YEAR. ALSO, ANY NEW BOARD MEMBER IS REQUIRED TO COMPLETE A STATEMENT.
FORM 990, PART VI, SECTION B, LINE 15A:
REQUIRES BOARD OF DIRECTORS APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19:
THESE DOCUMENTS WILL BE PROVIDED BY THE ORGANIZATION UPON REQUEST.
FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
·

SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

2017

OMB No. 1545-0047

Open to Public

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Employer identification number 74-6002033 Inspection ■ Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ► Attach to Form 990. ANIMAL DEFENSE LEAGUE OF TEXAS Name of the organization Department of the Treesury Internal Revenue Service Part

Section 512(b)(13) controlled Š × **Onlity?** Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling End-of-year assets • status (if section Public charity 501(c)(3)) LINE 12D, • O-III Total income € Exempt Code section 501(C)(3) Î Legal domicile (state or Legal domicile (state or foreign country) foreign country) PEXAS PROVIDE SUPPORT FOR ANIMAL Primary activity Primary activity DEPENSE LEAGUE 14-2679781, 615 NOTTINGHAM, SAN ANTONIO, TX Name, address, and EIN (if applicable) ANIMAL DEFENSE LEAGUE POUNDATION Name, address, and EIN of related organization of disregarded entity Part II 78209

Schedule R (Form 990) 2017

Page 2

37

Schedule R (Form 990) 2017

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(j) (k) General or Percentage managing ownership			re related	€,
(j) Seneral or managing partner?	N No		 e or mo	E
Code V-UBI CODE SON			because it had on	(B)
rtionate nons?	2		', line 34,	
Share of Dispend-of-year	\$ 00 kg		 orm 990, Part IV	=
20.00			s" on Fc	(e)
(f) Share of total income			answered "Ye	_
(e) Predominant income (related, unrelated, excluded from tax under	(*) C-21 C-21 C-21 C-21 C-21 C-21 C-21 C-21	n	the organization	<u>0</u>
Predom (relate excluded			 mplete if	Θ
(d) Direct controlling entity			oration or Trust Co year.	<u>_</u>
(C) Legal domicile (state or foreign	country		 is a Corpor ig the tax y	
(b) Primary activity			anizations Taxable a coration or trust durin	
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(a)

			1		1		ı			1		1	
		512(b)(13) controlled	Ě	Š									
		512	8	Yes									
	æ	Percentage	dilicialiwo										
	(B)	Share of	assets										
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	(e)	Type of entity	or trusti	,				_					
	(P)	Direct controlling	en me										
	(2)	Legal domicile	foreign	country									
ing ine tax year.	ctivity												
organizations treated as a corporation or must during the tax year.	(a)	Name, address, and EIN	oi reigned organiszanon										

Page 3

Yes No

ANIMAL DEFENSE LEAGUE OF TEXAS Schedule R (Form 990) 2017

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

× 10 <u>e</u> 트 9 P 9 뒤 F 4 19 £ ¥ 9 th th * = = ÷ 2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II: IV7 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) s Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses b Gift, grant, or capital contribution to related organization(s) Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s)

2 If the answer to any or the above is 185, see the instructions for intornation on who must complete this line, including covered relationships and transaction unlestions.	no must complete th	is line, including covered re	Hanonships and transaction wiesholds.
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) ANIMAL DEFENSE LEAGUE FOUNDATION	υ	983,135.	
ପ			
(3)			H1
(4)			
(5)			
(9)			
732483 DQ-11-17			Schedule B (Form 990) 2017

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

Dispusor. Code V-UBI General or Percentage totals amount in box 20 managing ownership of Schedule K-1 perman Yes No (Form 1085) Yes No Schedule R (Form 990) 2017 3 ϵ Ξ (g) Share of end-of-year assets (f) Share of total income Are all partners sec. 501(c)(3) orgs.? Yes Predominant income (related, unrelated, excluded from tax under sections 512-514) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. € Legal domicile (state or foreign country) Primary activity Name, address, and EIN of entity

Schedule R	R (Form 990) 2017	ANIMAL	DEFENSE	LEAGUE	OF TEXAS		74-6002033	Page 5
Part VII	(Form 990) 2017 Supplemental Info	ormation.	·					
	Provide additional infor		nses to question	s on Schedul	e R. See instruction	ns.		
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Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

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

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

990 Attachment Sequence No. 179 Identifying number

	MAL DEFENSE LEAGUE			FORM 990 1			74-6002033
Par	t I Election To Expense Certain Proper	ty Under Section 17	79 Note: If you have a	ıny listed property	, complete Part	V before yo	ou complete Part I.
	Maximum amount (see instructions)					1	510,000.
2 T	otal cost of section 179 property place	ed in service (see	instructions)			2	
3 T	hreshold cost of section 179 property	before reduction	in limitation			3	2,030,000.
4 F	leduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-			4	
	ollar limitation for tax year. Subtract line 4 from line						
6	(a) Description of pr	operty	(b) Cost	(business use only)	(c) Elected	cost	
	<u> </u>						
	isted property. Enter the amount from						
8 T	otal elected cost of section 179 prope	rty. Add amounts	in column (c), lines 6	and 7		8	
9 T	entative deduction. Enter the smaller	of line 5 or line 8				9	
10 C	Carryover of disallowed deduction from	line 13 of your 20	016 Form 4562			10	
	lusiness income limitation. Enter the s					11	
	ection 179 expense deduction. Add li					12	
	Carryover of disallowed deduction to 2			13	<u> </u>		
Par	Don't use Part II or Part III below for			4 4 9 4			
					<u> </u>	1 7	
	pecial depreciation allowance for qua			•••	•	- 1	
	ne tax year						
15 P	roperty subject to section 168(f)(1) ele	ction			***************************************		
	Other depreciation (including ACRS) † III MACRS Depreciation (Don't	include listed pro	nerty \/See instruction	ne l		16	<u> </u>
	Who had bepreciation (Boil t	anciode listed pro	Section A) is./			
17 A	AACRS deductions for assets placed in	service in tay ve		2017		17	
	ACRS deductions for assets placed in	•	ars beginning before			17	30H
	you are electing to group any assets placed in serv	ice during the tax year in	ars beginning before	accounts, check here			m
	you are electing to group any assets placed in serv Section B - Assets	Placed in Servic	ars beginning before to one or more general asse e During 2017 Tax Y	ear Using the Ge	neral Deprecia	tion Syste	
	you are electing to group any assets placed in serv	ce during the tax year in Placed in Servic	ars beginning before nto one or more general asse e During 2017 Tax Y	ear Using the Ge	neral Deprecia	tion Syste	(g) Depreciation deduction
	you are electing to group any assets placed in serv Section B - Assets (a) Classification of property	Placed in Servic (b) Month and year placed	ars beginning before nto one or more general asse e During 2017 Tax Y (c) Basis for depreciati (business/investment c	ear Using the Ge	neral Deprecia	tion Syste	
18 m	you are electing to group any assets placed in serv Section B - Assets	Placed in Servic (b) Month and year placed	ars beginning before nto one or more general asse e During 2017 Tax Y (c) Basis for depreciati (business/investment c	ear Using the Ge	neral Deprecia	tion Syste	
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19a b c	you are electing to group any assets placed in serving Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	Placed in Servic (b) Month and year placed	ars beginning before nto one or more general asse e During 2017 Tax Y (c) Basis for depreciati (business/investment c	ear Using the Ge	neral Deprecia	tion Syste	
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18 m 19a b c d e f g h i 20a b c Pan 221 L	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year 1 IV Summary (See instructions.) isted property. Enter amount from line total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service // // // // // // // // //	ars beginning before to one or more general asse e During 2017 Tax Y (c) Basis for deprecial (business/investment only - see instruction During 2017 Tax Ye	25 yrs. 27.5 yrs. 39 yrs. 40 yrs. 40 yrs. 40 yrs.	MM MM MM MM MM MM MM	S/L. S/L. S/L. S/L. S/L. S/L. S/L. S/L.	(g) Depreciation deduction
19 a b c d e f g h i 20 a b c Par L 22 T E	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year 1 IV Summary (See instructions.) isted property. Enter amount from line of the property lines inter here and on the appropriate lines.	Placed in Service (b) Month and year placed in service // // // // // // // // //	ars beginning before to one or more general sase e During 2017 Tax Y (c) Basis for deprecial (business/investment only - see instruction During 2017 Tax Ye es 19 and 20 in colum artnerships and S cor	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 40 yrs. 40 yrs. 40 yrs.	MM MM MM MM MM MM MM	S/L. S/L. S/L. S/L. S/L. S/L. S/L. S/L.	(g) Depreciation deduction
19	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year 1 IV Summary (See instructions.) isted property. Enter amount from line total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service // // // // // // // // // // // // /	ars beginning before to one or more general sase e During 2017 Tax Y (c) Basis for deprecial (business/investment only - see instruction During 2017 Tax Ye es 19 and 20 in colum artnerships and S cor	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 40 yrs. 40 yrs. 40 yrs.	MM MM MM MM MM MM MM	S/L. S/L. S/L. S/L. S/L. S/L. S/L. S/L.	(g) Depreciation deduction

718251 01-25-18 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2017)

	rm 4562 (2017)	ANI	MAL DEF	ENSE	LEA	GUE (OF T	<u>EXAS</u>	3			<u> 74-</u>	<u>6002</u>	033	Page 2
P	Listed Proper recreation, or a	ty (Include a	utomobiles, co	ertain oth	er vehic	les, cert	ain aircn	aft, ce	tain comp	outers, an	d prop				
	Note: For any		hich vou are u	isina the	standar	d milead	ae rate o	r dedu	ctina leas	exnense	a come	olete on	ly 24a 2	Ab colu	ımne
	(a) through (c)	of Section A,	all of Section	B, and S	Section (C if appl	icable.							-+D, COID	111415
	Section A -	Depreciation	on and Other	Informat	tion (Ca	ution: S	See the i	nstruc	tions for li	mits for p	asseng	er auton	nobiles.)		
<u>24</u> ε	Do you have evidence to s	T	siness/investme	int use cla	imed?	Y	es 🗌	No	24b If "Y	es," is the	e evide	nce writt	en?	Yes	No
	(a)	(b)	(c)	.	(d)		(e)		(f)	(g)			(h)		(i)
	Type of property Date Business/ (list vehicles (irst) placed in investment				Cost or	Basis for depreciation (business/investment			Recovery Method/				ciation		cted on 179
_	(list veriicles first)	service	use percenta				use only)		period Co		Convention		uction		ost
25	Special depreciation alle	owance for q	ualified listed	property	placed i	in servic	e during	the ta	x year and	1	Т				
	used more than 50% in	a qualified b	usiness use .								25				
26	Property used more tha	n 50% in a q	ualified busine	ess use:						-					
		- N		%											
		9 8		%							**				
		191 (83)		%											
 27	Property used 50% or le	ss in a quali	ied business	use:											
		11 11	Γ	%	-					S/L-		1			
•		24 47		%						S/L -		1			
		(a a)		%					_	S/L -					
28	Add amounts in column	(h) lines 25			and on	line 21	nage 1	9093549			28	-			
20	Add amounts in column	(i) line 26 E	inter here and	on line 7	7 nano 1	10021	page i	********			20		29		
	7 120 21110 21110 1111 001011111	<u> </u>		Section I										l.	
Col	mplete this section for ve	hiclas usad (Maran m			
io y	our employees, first ans	wer the ques	itions in Section	on C to s	ee it you	ı meet a	n excep	tion to	completin	ig this se	ction fo	ir those v	ehicles.		
_	<u> </u>			Τ.,	- 1		4.3	_		1		· ·			
	Total business formation and the deliver dealers the				a) 		b }	l	(c)	(d	-	1 '	e}	(1	
30	Total business/investment miles driven during the			Ver	nicle	Vel	hicle	<u> </u>	<u>'ehicle</u>	Vehi	icle	Vel	nicle	Veh	icte
	year (don't include commu			<u> </u>		-		-	<u> </u>			-			
	1 Total commuting miles driven during the year							-		ļ					
32	Total other personal (no	_	-												
	driven			<u> </u>											
33	Total miles driven during	- •													
	Add lines 30 through 32							<u> </u>							
34	Was the vehicle availab	•		Yes	No	Yes	No	Yes	No_	Yes	No	Yes	No	Yes	No
	during off-duty hours?			<u> </u>								<u> </u>			
35	Was the vehicle used p				l									'	
	than 5% owner or relate	ed person?		<u></u>											
36	Is another vehicle availa	ble for perso	nal	1	1										
	use?														
		Section C	- Questions	ior Empl	oyers W	/ho Pro	vide Veh	icles 1	or Use by	/ Their E	mploye	es			
An:	swer these questions to												ren't mo	re than !	5%
	ners or related persons.	·		•						.,,	,				
37	Do you maintain a writte	en policy stat	ement that pr	ohibits a	II person	nal use c	of vehicle	s, incl	udina con	muting. I	by your	-		Yes	No
	employees?								_		000158000				1110
38	Do you maintain a writte	en policy stat	tement that pr	ohibits p	ersonal	use of v	ehicles.	except	commuti	na. by vo	ur				
	employees? See the ins														
39	Do you treat all use of v										**********				1
	Do you provide more th	-													+
70	the use of the vehicles,							-							
41	Do you meet the require	amonte conc	omina avalifia	d autom	nbila da	monotro	tion upo'	2				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********	-	+
77															
P	Note: If your answer to art VI Amortization	or, 30, 39, 4	U, UI 41 IS Y	ss, con	COMPLE	16 26CI	IOI E IOI	me co	verea ver	IICIES.					
	alt VI Amortization (a)	· · ·	· I	(b)		(a)			lelt		1			16	
	Description o	f costs	Dat	e amortization		(C) Amortizal	ble		(d) Code		(e) Amortizi			(f) nortization	
	Ameninchian of+ **	and the section of the		begins		emoun	ı		section		beniod or pe	rcentage	fc	r this year	
42	Amortization of costs th	iat begins du	inng your 201	r tax yea	iri:							—-			
				10.0				+							
_				11 1											
	Amortization of costs th	_	-	•								43			
44	Total, Add amounts in a	column (f) Se	ee the instruct	ions for	where to	renort						I AA I			

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