#### 2021 TAX RETURN

Client Copy

Client: APA

Prepared for: ACTION PROGRAM FOR ANIMALS 537 N SOLANO DR. LAS CRUCES, NM 88001

Prepared by: DENISE COOPER CLIFFORD ROSS & COOPER CPAS LLC 1155 Commerce Dr Las Cruces, NM 88011 575-524-1040

**Date:** June 21, 2022

Comments:

Route to: \_\_\_\_\_

**2021 Exempt Org. Return** prepared for:

#### ACTION PROGRAM FOR ANIMALS 537 N SOLANO DR. LAS CRUCES, NM 88001

CLIFFORD ROSS & COOPER CPAS LLC 1155 Commerce Dr Las Cruces, NM 88011

## **CLIFFORD ROSS & COOPER CPAS LLC**

1155 Commerce Dr Las Cruces, NM 88011 575-524-1040

#### ACTION PROGRAM FOR ANIMALS 537 N SOLANO DR. LAS CRUCES, NM 88001

#### FEDERAL FORMS

Form 990	2021 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule D	Schedule D
Schedule G	Fundraising or Gaming Activities
Schedule O	Supplemental Information
Form 8868	Application for Extension
Form 8879-TE	IRS e-file Signature Authorization

FEE SUMMARY

**Preparation Fee** 

2021 Federal Exempt Organ	Page 1		
ACTION PROGRA	M FOR ANIMALS		27-0234541
REVENUE	2021	2020	Diff
Contributions and grants Program service revenue Other revenue	475,969 295,354 18,614	237,018 254,053 0	238,951 41,301 18,614
Total revenue	789,937	491,071	298,866
EXPENSES Salaries, other compen., emp. benefits Other expenses Total expenses	288,677 285,195 573,872	235,260 229,061 464,321	53,417 56,134 109,551
NET ASSETS OR FUND BALANCES Revenue less expenses. Total assets at end of year. Total liabilities at end of year. Net assets/fund balances at end of year.	216,065 476,460 158,739 317,721	26,750 482,385 380,729 101,656	189,315 -5,925 -221,990 216,065

## **General Information**

#### ACTION PROGRAM FOR ANIMALS

Page 1

27-0234541

#### Forms needed for this return

Federal: 990, Sch A, Sch B, Sch D, Sch G, Sch O, 8868

Carryovers to 2022

None

### **Preparer e-file Instructions - Federal**

Page 1

#### **ACTION PROGRAM FOR ANIMALS**

27-0234541

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

#### Prior to transmission of the return

#### Form 990

The organization should review their Federal Return along with any accompanying schedules and statements.

#### Paperless e-file

The organization should read, sign and date the Form 8879-TE, IRS e-file Signature Authorization.

**Even Return** No payment is required.

#### After transmission of the return

**Receive acknowledgement of your e-file transmission status.** Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-TE, IRS e-file Signature Authorization in your files for 3 years.

#### Do not mail:

Form 8879-TE IRS e-file Signature Authorization

## **Preparer e-file Instructions - Federal**

**ACTION PROGRAM FOR ANIMALS** 

27-0234541

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

#### Prior to transmission of the return

#### Form 8868

No signature is required with Form 8868.

#### Even Return

No payment is required.

### After transmission of the return

#### Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

## **Federal Worksheets**

ACTION PROGRAM FOR ANIMALS

27-0234541

#### Form 990, Part III, Line 4e Program Services Totals

	Program Services Total	Form 990	Source
Total Expenses	509,186.	0.	Part IX, Line 25, Col. B
Grants	0.		Part IX, Lines 1-3, Col. B
Revenue	0.		Part VIII, Line 2, Col. A

#### Form 990, Part IX, Line 24e Other Expenses

		(A)	(B) Program	(C) Management	(D)
		Total	Services	& General	Fundraising
AUTO EXPENSES BANK SERVICE CHARGES DONATIONS-ANIMAL PROGRAMS		3,146. 515. 100.	2,331.	815. 515. 100.	
MEALS AND ENTERTAINMENT MEMBERSHIPS AND DUES Postage and Shipping		417. 6,577. 3,465.	417. 6,388.	189. 3,465.	
Printing and Publications PROPERTY TAXES STAFF DEVELOPMENT		315. 2,938. 149.	2,938. 149.	315.	
TAXES-OTHER THRIFT STORE EXPENSES TRAVEL AND MEETINGS		28. 1,315. 505.	28. 1,315. 505.		
UTILITIES VOLUNTEER APPRECIATION		6,128. 549.	6,128. 549.		
	Total <u>\$</u>	<u>26,147.</u>	\$ 20,748.	<u>\$                                    </u>	<u>\$0.</u>

Form 8879-TE		IRS <i>e-file</i> Signature Author for a Tax Exempt Enti		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For calendar year 2021, or fiscal year beginning, 2021, and ending, 20			2021
Name of filer			EIN or SSN	
ACTION PR	OGRAM FOR A	NIMALS	27-02345	41
MICHEL MEUNIER		Director		
Part I Type of F	Return and Re	turn Information		
Check the box for the return and Form 5330 filers ma 6a, 7a, 8a, 9a, or 10a bel	rn for which you ar y enter dollars ar ow, and the amo hichever is applic	e using this Form 8879-TE and enter the applicand cents. For all other forms, enter whole doll unt on that line for the return being filed with able, blank (do not enter -0-). But, if you enter	ars only. If you check the bo this form was blank, then lea	ox on line 1a, 2a, 3a, 4a, 5a, ave line 1b, 2b, 3b, 4b, 5b,
		otal revenue, if any (Form 990, Part VIII, col	umn (A), line 12)	. 1b 789,937
2a Form 990-EZ check	k here D 1	otal revenue, if any (Form 990-EZ, line 9)		. 2b
3a Form 1120-POL ch	eck here b 1	otal tax (Form 1120-POL, line 22)		. 3b
4a Form 990-PF check	k here b 1	ax based on investment income (Form 990-I	PF, Part V, line 5)	. 4b
5a Form 8868 check h		Salance due (Form 8868, line 3c)		
6a Form 990-T check		otal tax (Form 990-T, Part III, line 4)		
7a Form 4720 check h		otal tax (Form 4720, Part III, line 1)		
8a Form 5227 check h		MV of assets at end of tax year (Form 5227,		
9a Form 5330 check h	lere ► <b>b</b> 1	ax due (Form 5330, Part II, line 19)		. 9b
10a Form 8038-CP che	ck here. 🕨 🗖 b /	Amount of credit payment requested (Form 8	038-CP, Part III, line 22)	10b
Part II Declaration	and Signatur	e Authorization of Officer or Person	Subject to Tax	
and belief, they are true, electronic return. I conse IRS and to receive from processing the return or re initiate an electronic funds of the federal taxes ower U.S. Treasury Financial financial institutions invo inquiries and resolve issues	correct, and con- ent to allow my in the IRS (a) an ac fund, and (c) the d withdrawal (direct d on this return, a Agent at 1-888-35 lived in the proce us related to the the consent to e	D21 electronic return and accompanying sche pplete. I further declare that the amount in Pa termediate service provider, transmitter, or el knowledgement of receipt or reason for reject ate of any refund. If applicable, I authorize the U debit) entry to the financial institution account in and the financial institution to debit the entry 53-4537 no later than 2 business days prior to spannent. I have selected a personal identific lectronic funds withdrawal.	art I above is the amount sho lectronic return originator (Ef tion of the transmission, <b>(b)</b> .S. Treasury and its designated dicated in the tax preparation to this account. To revoke a of the payment (settlement) d aceive confidential informatio	own on the copy of the RO) to send the return to the the reason for any delay in d Financial Agent to software for payment payment, I must contact the late. I also authorize the in necessary to answer
		ERO firm name to e	nter my PIN 0016: Enter five numbers do not enter all zer	s, but
on the tax year 20 agency(ies) regulati return's disclosure	ng charities as par	iled return. If I have indicated within this retu t of the IRS Fed/State program, I also authorize t	rn that a copy of the return i	s being filed with a state
return. If I have indi	cated within this re	with respect to the entity, I will enter my PIN as n turn that a copy of the return is being filed with a my PIN on the return's disclosure consent scree	a state agency(ies) regulating of	)21 electronically filed charities as part of
Signature of officer or person su	bject to tax	Michel W Cume	Date - 6	128/2022
Part III Certificat	tion and Auth	entication		1
ERO's EFIN/PIN. Enter y number (EFIN) followed		tronic filing identification self-selected PIN.	85065780643 Do not enter all zeros	
	turn in accordance	ny PIN, which is my signature on the 2021 electronic electronic with the requirements of <b>Pub. 4163</b> , Moder		
ERO's signature  DENI	SE COOPER		Date ►	
		ERO Must Retain This Form – S	ee Instructions	
	Do N	ot Submit This Form to the IRS Unle		io

BAA For Privacy and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

Form <b>8868</b>
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(Rev. January 2022) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

► File a separate application for each return.

#### Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	ACTION PROGRAM FOR ANIMALS	27-0234541
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	
due date for	537 N SOLANO DR.	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	LAS CRUCES, NM 88001	

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

•	The books are in the care of ►	CLIFFORD,	ROSS	&		LLC					
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Telephone No. ►	(575)	524-1040

Fax No. ►

D	If the organization does not have an office or place of business in the United States, check this box	►
D	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is for the whole group,
	check this box ► If it is for part of the group, check this box ► . and attach a list with the	names and TINs of all members
	the extension is for.	

1	I request an automatic 6-month extension of time until	11/15	, 20 <u>22</u>	, to file th	e exempt organization return
	for the organization named above. The extension is t	for the organi	zation's return	for:	

X calendar year 20 21 or

►	tax year beginning	, 20	, and ending	, 20	

2	If the tax year entered in line 1 is for less than 12 months, check reason:	Initial return	Final return	
	Change in accounting period			

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form	99	0
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Department of the Treasury

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

OMB No. 1545-0047

2021

	nal Revenue				w.irs.gov/Form	990 for instru				n.		-	.euon		
	For the 2	2021 calen		tax year begi	nning		, 2021,	and endir	ng		,	20			
В	Check if ap	oplicable:	С								-	ification nun	ıber		
	Addre	ss change		PROGRAM		ALS					0234				
	Name	change		OLANO DR						E Teleph	ione numb	ber			
	Initial	return	TAS CKO	CES, NM	00001										
	Final re	turn/terminated													
	Amen	ded return							•	<b>G</b> Gross			790,237.		
	Applic	ation pending		address of princip	oal officer:					a group retu			Yes X No		
				C Above			- 1	<u> </u>	If "No,	l subordinate ," attach a lis	s included t. See ins	d? tructions.	Yes No		
<u> </u>		mpt status:	X 501(c)(3)	501(c) (	)◄ (i	insert no.)	4947(a)(1) or	527	-						
J	Websi	~P	alascruc		1					exemption r					
к		organization:	X Corporation	n Trust	Association	Other ►	LY	ear of format	ion: 201	.3 M	State of I	egal domicile	»: NM		
Pa	irt I	Summar	у												
							ctivities:ANI		<u>SCUE</u> P	ROGRAN	<u> </u>	DOGS	AND		
e	<u> </u>	CATS TO HELP OUR COMMUNITY TO REACH ITS NO KILL GOAL.													
nan	-														
veri	2 Ch	neck this bo	y ►if t	he organizati	on discontinu	ied its opera	itions or dispo	osed of m	ore than 2	25% of its	net as	sets			
ĝ	3 NL						1a)					3013.	7		
ిర	<b>4</b> Nu	umber of in	dependent v	oting membe	rs of the gov	erning body	(Part VI, line	1b)			4		7		
Activities & Governance	5 To						art V, line 2a)				5		33		
Stivi	6 To										6		30		
Ă							ne 12						0.		
	<b>b</b> ine	et unrelated	i dusiness ta	ixable income	e from Form	990-1, Part I	, line 11				7b	0	0.		
iue	<b>8</b> Co	ontributions	and grants	(Part \/III lin	a 1h)					Prior Year			ent Year		
										<u>237,</u> 254,			475,969. 295,354.		
Revenue		-		-	<b>Q</b> .					234,	055.		295,554.		
Re							nd 11e)						18,614.		
							olumn (A), lir			491,	071.		789,937.		
							8)			,					
	<b>14</b> Be	enefits paid	to or for me	embers (Part	IX, column (/	A), line 4)									
~	<b>15</b> Sa	alaries, oth	er compensa	ition, employe	ee benefits (F	⊃art IX, colu	mn (A), lines	5-10)		235,260.			288,677.		
ses	<b>16a</b> Pr	ofessional	fundraising f	ees (Part IX,	column (A),	line 11e)									
Expenses	<b>b</b> To	tal fundrais	sing expense	es (Part IX, co	olumn (D), lir	ne 25) ►									
ш	17 Ot									229,	061		285,195.		
							A), line 25)			464,		573,872.			
											750.		216,065.		
<u>ة م</u>									Beginni	ng of Curre			of Year		
ets Ianc	<b>20</b> To	otal assets	(Part X, line	16)						482,			476,460.		
Net Assets or Fund Balances	<b>21</b> To	otal liabilitie	s (Part X, Iir	ne 26)						380,	729.		158,739.		
Pet u	<b>22</b> Ne	et assets or	fund baland	es. Subtract	line 21 from	line 20				101,	656.		317,721.		
Pa	irt II	Signatur	e Block												
Unde	er penalties	of perjury, I de	eclare that I have	examined this re	turn, including ac	companying sch	edules and staten r has any knowled	nents, and to	the best of r	ny knowledg	e and beli	ef, it is true,	correct, and		
COIII	piele. Decia			inicer) is based of		or which prepare		uye.							
~		Signatu	re of officer						Di	ate					
Siq He	jn ro	, , , , , , , , , , , , , , , , , , ,									Dim	- 4			
ne	ie.		HEL MEUN						Fxec	utive	Dire	ctor			
		51	preparer's name		Preparer's sig	nature		Date		Chook	if	PTIN			
<b>D</b> -								5010		Check			0005		
Pa		Firm's name	E COOPER	FORD ROS		COOPER	TIC	1		self-emplog	yeu	P00638	020		
lle	eparer e Only			5 Commerc		LIN CPAS				Firm's EIN	▶ 0⊑	-01201	03		
55	c ciny	Finns addre				1						-04384 -524-1			
Mar	the IRS	l S discuse ++		Cruces,			ructions			Phone no.	313-	X Yes			
				t Notice, see					EA0101L 09	/22/21			m <b>990</b> (2021)		
												1 01			

	n 990 (2021) ACTION PROGRAM FOR ANIMALS	27-0234541 Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	ANIMAL WELFARE	
2	Did the organization undertake any significant program services during the year which were not listed or	the prior
2	Form 990 or 990-EZ?	
	If "Yes." describe these new services on Schedule O.	
3		ram services? Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest progra Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al	am services, as measured by expenses. locations to others, the total expenses,
	and revenue, if any, for each program service reported.	
	· (Cade)	
4 a	a (Code:) (Expenses \$ 509,186. including grants of \$	) (Revenue \$)
	DONA ANA PETS ALIVE! CAMPAIGN IS OUR DIRECT ANIMAL RESCUE PR	
	WE PULL OUT OF OUR MUNICIPAL SHELTER. IT'S THE BIGGEST PART	OF OUR MISSION TO HELP
	OUR COMMUNITY REACH ITS NO KILL GOAL.	
4 h	<b>b</b> (Code: ) (Expenses \$ including grants of \$	) (Revenue \$)
4 c	c (Code: ) (Expenses \$ including grants of \$	) (Revenue \$
	· · · · · · · · · · ·	
4 d	d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Rever	nue \$ )
4 e	e Total program service expenses ► 509,186.	Earm <b>990</b> (2021)

Form 990 (2021) ACTION PROGRAM FOR ANIMALS

990 (2021) ACTION PROGRAM FOR ANIMALS	27-0234541	P	age 3
IV Checklist of Required Schedules			
		Yes	No
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes, Schedule A</i>	' complete	Х	
Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		Х	
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candid for public office? If 'Yes,' complete Schedule C, Part I	dates		Х
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501( in effect during the tax year? If 'Yes,' complete Schedule C, Part II	(h) election <b>4</b>		Х
ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership due assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C,	es, , Part III <b>5</b>		Х
Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Sche Part I			Х
Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Y</i> complete Schedule D, Part III.	(es,' 8		Х
Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custo for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	odian 		Х
Did the organization, directly or through a related organization, hold assets in donor-restricted endowmen or in quasi endowments? If 'Yes,' complete Schedule D, Part V	ts 10		Х
If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII or X, as applicable.	II, IX,		

į	a Did the	organizatio	on report a	n amount fo	r land,	buildi	ngs, a	and equip	ment ir	n Par	rt X, I	ine 10	)? If	'Yes	,' com	plete	Sche	dule	,
	D, Part	VI																	
										_					/				

	assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(	<b>d</b> 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 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
(	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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	11 f		Х
12;	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
I	<b>y</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	

Is the organization described		
Schedule A	 	 

2

л	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election
	for public office? If 'Yes,' complete Schedule C, Part I

## Part

Х

11 a

19 20a

20b

21

Х

Х

Х

**19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*.

20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....

**b** If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

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 1? *If 'Yes,' complete Schedule I, Parts I and II.* 

21

5

6

7

8

9

10

11

Form 990 (2021) ACTION PROGRAM FOR ANIMALS
Part IV Checklist of Required Schedules (continued)

Ia	Checkist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
23	column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		Х
	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24 :	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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	25a		Х
I	<b>b</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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	<b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
0	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		х
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 L	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	<b>b</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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	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	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	(gambling) winnings to prize winners?	1 c	Х	

2a Enter the number of employees eported on Form W.3. Transmittal of Mage and Tay Stalls       2a       33         bit al least one is reported on line 2a, did the organization file all required federal employment lax returns?       33         bit al least one is reported on line 2a, did the organization file all required to effect see instructions.       3a         3a Dit the organization have unrelated business grass income of \$1,000 or more during the year?       3a         bit rest, sint file a ferm 901: the sing and the organization have an interact in, or a signature or other duality (yeur, a file and work) explained as Schelde 0.       3a         bit rest, sint file a ferm 901: the sing and the organization have an interact in, or a signature or other duality (yeur, a file and work) explained as Schelde 0.       4a         bit rest, sint file a ferm 901: the organization have an interact in, or a signature or other duality (yeur, a file and yeur) the organization have and the organization have an underschelde 20.       5a         5a Was the organization have numels for FinCEN Form 114, Report of Forsign Bank and Financeal Accaunts (FBAR).       5a       5a         5a Was the organization have numel and years establed 0.       5b       5c       5c         5a Was the organization have numel and years establed 0.       5b       5c       5c         5a Was the organization have numel and years establed 0.       5c       5c       5c         5a Was the organization have numel anone exceptation an express statement that such contribu	Form	990 (2021) ACTION PROGRAM FOR ANIMALS 27-023454	1	F	Page 5
2 = Enter the number of complexes reported on if one W3. Transmittal of Wage and Tax State:       2a       33         bit at least one is reported on line 2a, dat the organization file all regured faderal employment lise returns?       2b       X         Note: If the sum of lines 1 and 2a is greater than 250, you may be required to a file. See instructions.       3a       X       X         3a bit the organization have numelated business groups income of 31.000 or more during the year?       3a       X         bit "ks: that files Fam 30 The the year! All to regranization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account), or other financial accounts of BAR.       Sa       X         Bit "ks: interfield Fam 30 The the year! All to regranization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account), and the stoppen of the stoppen of the stoppen of the stoppen of the organization and the uppen of the regranization in FinCEN FOrm 114, Report of Frage Bank and Financial Accounts (FBAR).       Sa       X         Bit Was: indication a protein bus ware not bas declaration accounts and the regranization factor in the stoppen of the stoppen o	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
ments, filed for the calendar year anding with or within the year covered by this returns.       2a       33         bit at least one is reported on ine 2a, dit the organization file all required fedral employment tax returns?       2b       X         Bott the organization have unrelated business pros income of \$1,000 or more during the year?       3a       X         bit Txs, has tifted a Forn 50.1 for this year! <i>M</i> to <i>bite</i> 2b, provide explanation as backele 0.       3b       X         bit Txs, in the relate husiness pros indices of \$1,000 or more during the eather.       3b       X         bit Txs, in the file a Forn 50.1 for this year! <i>M</i> to <i>bite</i> 2b, provide explanation as backele 0.       3b       X         bit Txs, in the organization have an interest in, or a signature or other authority over. a file a form the harm of the foreign county.       5a       X         Sa Was the organization have an interest in, or a signature or sther authority over.       5a       X         Sa Dott the organization have anneal stops receive that as charitable contributions and prove receive the stop of foreign bank and Financial Accounts (FBAR).       5a       X         Sa Dit the organization have anneal stops receive that as a normality greater than \$100,000, and did the organization file of X       5b       X         Dit Txs, id the organization nucle with vers of 57 made partly as a contributions of gits were nor law disclubibles.       7b       X         Dit Txs, id the organization noity the done of the value				Yes	No
Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file. See instructions.         Image: Control of the organization have unrelated basiness greas income of \$1,000 or more during the year?         Image: Control of the organization have unrelated basiness greas income of \$1,000 or more during the year?         Image: Control of the organization have an interest in, or a signature or their authority over a financial account?         Image: Control of the organization have an interest in, or a signature or their authority over a financial account?         Image: Control of their control or their control or their control or or their authority over a during the tax year?         Image: Control of their control or their contro	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 33			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?         3a         X           bit Yes, thus it this a form 300-16 mthay early if W to like a paradia an explantation as Schould 0.         3b         X           bit Yes, the at this a form 300-16 mthay early if W to like a paradia an explantation as significate or other authority over, a third in the advergin control Yes         3b         X           bit Yes, there the name of the foreign control Y         See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         Sea         X           5a Was the organization approximation that it was role as paraly to a prohibited tax shelter transaction 7.         Sea         X           bit any taxable party notify the organization that it was roles as party to a prohibited tax shelter transaction 7.         Sea         X           6a Does the organization include with every solicitation an express statement that such contributions or gifts were fort tax diductible as chartable contributions and reserves provided to the paralystic.         Ge         Ge           7 Organizations that may receive deductible contributions under section 170(c).         Ta         X         Yes, 'did the organization notify the done of the value of the goods or services provided 1.         Ta         X           10 'Yes, 'did the organization notify the done of the value of the goods or services provided 1.         Ta         X           10 'Yes, 'idid the organization notify the done of			2 b	Х	
b If Yes, has filed a form 990. To this year? If No for late 3b, provide an exploration on Schedule 0.       3b         4a At any time during the cylendary year, all the organization have an interest in, or a signature or other authority over, a timenolal accounts (rEMAP).       4a         b If Yes, relater the name of the foreign country 'Est as bank account, or other financial accounts (rEMAP).       5a         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         5a Was the organization as any to a prohibited tax shelter transaction at any time during the tax year?       5a         5a Was the organization aparty to a prohibited tax shelter transaction?       5b         5b If Yes, rotin the organization the during the organization that it was or is a party to a prohibited tax shelter transaction?       6a         5b If Yes, rotin the organization include with every soliciation an express statement that such contributions or gifts were for tax deductible?       6a         7 Organization include with every soliciation an express statement that such contributions or gifts were for tax deductible?       7b         7 Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to file payer?       7c         7 Urs, 'indication notify the donor of the value of the goods or services provided?       7b       7c         7 Urs, 'indication notify the donor of the value of indice pay permitims on a personal benefit contract?       7c       X      <					
4 At any time during the calendar view, ddd the organization have an interest in or a signature or other subbridy over, a financial account in a foreign country?       4 a       X         b If Yes, i enter the name of the foreign country?       5 a       X         Sa Was the organization a party to b a prohibited tax shifter transaction at any time during the tax year?       5 a       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shifter transaction at any time during the tax year?       5 a       X         c1 Yes, i' on the Sa or 5b, of the organization that it was or is a party to a prohibited tax shifter transaction?       5 b       X         c1 Yes, i' on the Sa or 5b, of the organization there or masks?       6 a       X       X         b If Yes, i' on the organization and prost receives that are normally greater than \$100.000, and did the organization solid any contributions that were not tax deductible as charinable contributions?       6 a       X         b If Yes, i' did the organization nolify the down of the value of the goods or services provided?       7 b       7 b         c Did the organization and year, were mortax decises of tangite personal property for which it was required to the form 8292       7 c       X         b If Yes, i' did the organization dift, were organization dift, were mortax decises of tangite personal property for which it was required to the form 8292       7 c       X         b If the organization anely, tax, drecty or indirecty, o napersonal ben					Х
Interactal account in a foreign country (such as a bark account, securities account, or other financial account)?       4a       X         bit 11 Yes; reture the name of the foreign country *       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5a       X         5a Was the organization a park with a schelter transaction at any time during the tax year?       5a       X       Sb       X         5a Does the organization a park annual gross receipts that are normally greater than \$100,000, and did the organization face with a scheducible as charitable contributions?       5a       X         bit 17 vs; i to line Ba or 5b, did the organization file Form 8886-72.       6a       X         bit 17 vs; i din the organization native exclust 178(c).       6a       X         bit 17 vs; i din the organization native exclust 178(c).       6b       6a         101 Tvs; i did the organization notify the donor of the value of the goods or services provided to the park.       7b       X         101 the organization sele, exchange, or otherwise dispose ot angule personal property for which it was required to file       7c       X         101 the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the park, directly or indirectly, on personal benefit contract?       7c       X         101 the organization receive any funct, directly or indirectly on a personal benefit contract?       7c <td></td> <td></td> <td>3 b</td> <td></td> <td></td>			3 b		
See instructions for tinge requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         Sa Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?       5a       X         Su Dat any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?       5b       X         c If Yes,' to line 5a or 5b, did the organization that was or is a party to a prohibited tax sheller transaction?       5c       Sc         Sa Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization fiele Form 8285-172.       6a       X         If Yes,' to dit the organization notate with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       7a       X         Dif Yes,' did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         Dif Yes,' indicate the number of Form 8282 filed during the year.       Zd       7d       7c       X         If the organization received a contribution of qualified interectly, on a personal benefit contract?       7e       X         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of a donor advised fund anantained by the sponsoring organization received a contr		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       55       X         c If Yes,' to line 5a or 5b, did the organization file Form 8285-17.       5c       5c         6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8285-17.       6a       X         b If Yes,' to line 5a or 5b, did the organization neques cecipits that are normally greater than \$100,000, and did the organization file Form 8285 statement that such contributions or gifts were in tax deductible?       6b       X         7 Organizations that may receive deductible contributions under section 170(c).       a contribution and party for goods and services provided 0 the organization notify the door of the value of the goods or services provided?       7c       X         b If Yes,' idd the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       Zd       7d       7d         g If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f Did the sponsoring organization received a contribution of acts, bats, airplanes, or other vehicles, did the organization file area may taxable distributions under section 49667.       9a       9b         9 Sponsoring organization make a distribution sunder section 49667.       9a       9b			_		V
c If Yes,' to line 5a or 5b, did the organization file Form 8886-T?.       5c         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions.       6a       X         b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contribution and partly for goods and services provided to the payor?       6b         7 Organization schular any receive deductible contributions under section 170(c).       a lif the organization notify the donor of the value of the goods or services provided?       7a       X         b If Yes,' indicate the number of Forms 8282 filed during the year       7d       7d       7d       X         f If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization, diring the year, pay premiums, funds, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a required?       7d       7d       7d         g If the organization maker as taxable distributions under soction 49667       9a       9a       9b       7d       7h         g Sponsoring organization maker a sitzibution to a donor advised fund.       10a       10a       10a       10a					
6a       Des: the organization have annul gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         9       Organizations that may receive deductible contribution and parts statement that such contributions or gifts were not tax deductible?       6b       6a       X         9       Organizations that may receive deductible contribution and parts of the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payo?       7a       X         b If 'Yes,' indicate the number of Forms \$282 filed during the year       7d       X       7b       7c       X         d If Yes, indicate the number of Forms \$282 filed during the year       7d       7e       X       7t       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file organization received a contribution of qualified intellectual property, did the organization file a Form 1088-0?       7g       7t       X         g If the organization received a contribution of ars, boats, airplanes, or other vehicles, did the organization file a Form 1088-0?       7g       7t       X         g If the organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9a       9a       9a       9a					Λ
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not fax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7b         7 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file       7c       X         6 Dif Yes,' did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file       7c       X         7 Did the organization receive any funds, directly or indirectly, to ap premiums on a personal benefit contract?       7e       X         9 If the organization received a contribution of qualified intelectual property, did the organization file contract?       7f       X         9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7g         9 Sponsoring organizations maintaining donor advised funds.       9a       9a       9a       9a         9 Did the sponsoring organization make a distributions under section 4966?       9a       9a       9b       9a         9 Sonsoring organizations maintaining donor advised funds.       10a       10b       10a       10b         10 Section 501(c)(2) organizations. Enter: <td< td=""><td></td><td></td><td>50</td><td></td><td></td></td<>			50		
not tax deductible?.       6b         7 Organizations that may receive deductible contributions under section 170(c).       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?.       7a       X         b If Yes; 'i did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7c       X         d If Yes; 'indicate the number of Forms 8282 filed during the year.       7d       7e       X         f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         g If the organization incervice a contribution of qualified intellectual property, did the organization file a Form 1698-6?       7g       7d         g Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       9a       9a         g Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         g Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         D Soction 501(c(2) organizations. Enter:       10a       10a       10a       11a         B Soros income			6 a		Х
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?       7a       X         b If Yes,' did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7d       X         g Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.       7f d       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?.       7g       7d       X         8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       8       8       8         a Did the sponsoring organizations maintaining door advised funds.       8 </td <td>b</td> <td>If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td> <td>6b</td> <td></td> <td></td>	b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
services provided to the payor?     7a     X       b If Yes,' did the organization notify the donor of the value of the goods or services provided?     7b       c Did the organization notify the donor of the value of the goods or services provided?     7c     X       d If Yes,' indicate the number of Forms 8282 filed during the year.     7d     7c     X       e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e     X       f Did the organization received a contribution of qualified intellectual property, did the organization flie form 8899     7g     7g       g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flie a required?     7h     7h       8 Sponsoring organizations maintaining donor advised funds.     0 a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a       9 Sponsoring organization make any taxable distributions under section 4966?     9a     9b       10 de the sponsoring organization make any taxable distributions under sources against amounts due or received from them.     10a     10a       11 Section 501(c(Z) organizations. Enter:     10a     10b     11a       a Gross income from members or shareholders     11a     11a       12 Section 501(c(Z) organizations. Enter:     11a     12a       13 Section 501(c(Z) organizations. Enter:     11a     13a	7	Organizations that may receive deductible contributions under section 170(c).			
b If Yes,' did the organization notify the donor of the value of the goods or services provided?       7b         c Did the organization sell, exchange, or otherwse dispose of tangible personal property for which it was required to file       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7d       7e         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f If the organization received a contribution of qualified intellectual property did the organization file Form 8899       7g       7f       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         S Sponsoring organizations maintaining donor advised funds.       Did a donor advised funds.       7h       7h         S bonsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         10 Section 501(c)(2) organizations. Enter:       10a       10b       1b       10b       1b         12 Section 501(c)(2) organization. Enter:       11a       10b       12a       11b       12a         13 Section 501(c)(2) organizations. Enter:       11a       11b       12a       12a       11b       12a         14 Section 501(c)(2) organization. Rele us	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7 c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7 d       7       X         d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7 e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7       7       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-02.       7       7       X         g Sponsoring organizations maintaining door advised funds.       a door advised funds.       9       8       8       8         9 Sponsoring organization make any taxable distributions under section 49667.       9 a       9 a       9 b       9       <			-		
Form 8282?       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7e       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       7g         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?.       7h       7h         8 Sponsoring organizations maintaining donor advised funds.       a donor advised funds.       8       9         9 Joint the sponsoring organizations maintaining donor advised funds.       9a       9a       9b         9 Joint the sponsoring organizations maintaining donor advised funds.       9a       9b       9b         10 at the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a       10a       10a         11 Section 501(c)(2) organizations. Enter::       11a       10a       10b       11a         12 Section 501(c)(2) organizations. Enter::       11a       10a       10b       11a         13 Section 501(c)(2) organizations. Enter::       11b       12a					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7 e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7 f       X         g if the organization received a contribution of qualified intellectual property, did the organization file organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7.       7 g       7 f       X         8 Sponsoring organizations maintaining donor advised funds.       a donor advised funds.       7 f       8       7 f         9 Did the sponsoring organization make any taxable distributions under section 4966?       9 a       9       9 a         9 Did the sponsoring organizations. Enter:       a lotit the sponsoring organizations. Enter:       10 a       10 a       10 a         10 Section 501(c/t) organizations. Enter:       a forso sincome from members or shareholders.       11 a       12 a         11 Section 501(c/t) organizations. Enter:       a forso sincome from members or shareholders.       11 a       12 a         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing form 990 in lieu of Form 1041?       12 a       12 a         13 Section 501(c/t2) organization is claudified health plans in more than one state?       13 a       13 a         14 b organization in licensed to issue qualified health plans.		Form 8282?	7 c		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7g       7h         S Sponsoring organizations maintaining donor advised funds.       8       7h       7h         a Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         Did the sponsoring organizations. Enter:       10a       10b       10b         a foross income from themes or shareholders.       10a       10b       10b         11 Section 501(c)(12) organizations. Enter:       11a       10b       11b         12 Gross income from members or shareholders.       11a       10b       11b         13 Section 501(c)(12) organizations. Enter:       11a       12a       12b         14 Section 501(c)(2) organizations. Enter:       11a       12a       12b         15 Section 501(c)(2) organizations. Enter:       11a       12a       12b       12a         15 Beross income from members or shareholders.       11a       12b       12a       12a         14 B Gross income from					
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Note: See the instructions for additional information the organization must report on Schedule O.       Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       Image: Ima	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If 'Yes,' see the instructions and file Form 4720, Schedule N.       10       10       10			14a		Х
excess parachute payment(s) during the year?			14b		
		excess parachute payment(s) during the year?	15		Х
		If 'Yes,' see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If 'Yes,' complete Form 4720, Schedule O.		If 'Yes,' complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

1 a	a Enter the number of voting members of the governing body at the end of the tax year <b>1 a</b> 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 on Schedule O.	_		
	b Enter the number of voting members included on line 1a, above, who are independent 1b 7			
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, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents	5		21
	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?			Х
6 7 a	Did the organization have members or stockholders? a 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?	6 7a		X X
ł	<ul> <li>a Are any governance decisions of the organization reserved to (or subject to approval by) members,</li> <li>stockholders, or persons other than the governing body?</li> </ul>	7 u 7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	7.5		
	the following: a The governing body?	8 a		Х
	a 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	0.0		Λ
	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		X
Sec	<b>Cion B. Policies</b> (This Section B requests information about policies not required by the internal Re	eveni	Yes	No No
10 :	a Did the organization have local chapters, branches, or affiliates?	10 a	162	X
	<ul> <li>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?</li> </ul>	10a		Λ
11 :	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10 D	Х	
	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	ma		
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		Х
	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
(	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	a The organization's CEO, Executive Director, or top management official	15a		Х
	<b>o</b> Other officers or key employees of the organization	15b	-	X
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
ł	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
500	organization's exempt status with respect to such arrangements?	16 b		
-	List the states with which a copy of this Form 990 is required to be filed  NM			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5	01(c)(	3)s on	ly)
	available for nublic inspection. Indicate how you made these available. (Dery of 102+ 7, 11 applicable), 550, and 550 T (Occilion 5)			
	available for public inspection. Indicate how you made these available. Check all that apply.       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	available for public inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website         X       Upon request         Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.         See       Schedule O			
19 20	available for public inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website         X       Upon request         Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.         See       Schedule O         State the name, address, and telephone number of the person who possesses the organization's books and records ►	able to		
	available for public inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available. Check all that apply.       Other (explain on Schedule O)         Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available. Check all the name, address, and telephone number of the person who possesses the organization's books and records ►         CLIFFORD, ROSS & COOPER, LLC 1155 COMMERCE, STE. E LAS CRUCES NM 88011 (575)	able to	<u>4-1(</u> 990(	

## 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management

Page 6

Х

No

Yes

BAA

Form 990 (2021) ACTION PROGRAM FOR ANIMALS	27-0234541	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		<u> </u>
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensate	d Employees	
<b>1 a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending wi organization's tax year.	th or within the	

• 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

				(C)	)					
(A) Name and title	(B) Average hours per	Pos thar is	n one t s both dire	box, an o ctor/	ot che unles officer 'truste	,	on	<b>(D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	veek (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) MICHEL MEUNIER	40									
EXECUTIVE DIRECTOR	0				Х			25,920.	0.	0.
(2) LAUREN ZIMMERMAN	2	,						0	0	0
MEMBER	0	Х	+ +					0.	0.	0.
	<u>2</u> 0	Х						0.	0.	0.
AMANDA_ASKIN_LOPEZ MEMBER	<u>2_</u>	х						0.	0.	0.
(5) KAREN MABRY	2	1						0.	0.	0.
	0	Х						0.	0.	0.
(6) MARDELL ESPARZA	2									
MEMBER	0	Х						0.	0.	0.
(7) DENISE COOPER	2									
Treasurer	0			Х				0.	0.	0.
(8) SHARON HARTFORD	2									
CHAIRPERSON	0			Х				0.	0.	0.
(10)		-								
(11)										
(12)										
(13)										
(14)			$\left  \right $							
 BAA	TEEA0	107	09/22	/21						Form <b>990</b> (2021)
	^ 0		221661							

#### Form 990 (2021) ACTION PROGRAM FOR ANIMALS

27-0234541

		2021) ACTION PROGRAM FOR ANI									27-0234543		Page 8
Pa	t VII	Section A. Officers, Directors, T		Key	En		-	es,	and	d Highest Con	pensated Emp	oyees	(continued)
		<b>(A)</b> Name and title	(B) Average hours per week	box offi	c, unle cer a	Po: check ess po nd a	erson direct	e than is botl or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	0	(F) ated amount f other
			(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-Ź/1099- MISC/1099-NEC)	(W-211099- MISC/1099-NEC)	the or and	nsation from rganization d related anizations
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1 t	Subto	otal								25,920.	0.		0.
		from continuation sheets to Part VII, Sec							•	0.	0.		0.
		(add lines 1b and 1c)							•	25,920.	0.		0.
2		number of individuals (including but not limited the organization $\triangleright 0$	ed to those	listed	abo	ve)	wno	recer	vea	more than \$100,00	JU of reportable comp	ensatior	
3		e organization list any <b>former</b> officer, dire e 1a? /f 'Yes.' complete Schedule J for si										3	Yes No
4	For an the or	ny individual listed on line 1a, is the sum ganization and related organizations grea	of reportab ater than \$1	ole co	ompe 00?	ensa If '\	ation Y <i>es,</i>	and ' <i>con</i>	oth 1 <i>ple</i>	er compensation te Schedule J for	from		
5	Did ar	<i>individual</i> ny person listed on line 1a receive or acc rvices rendered to the organization? <i>If</i> 'Y	rue comper	nsatio	on fr	om	anv	unre	late	d organization or	individual	4	X
Sec		<b>3. Independent Contractors</b>	es, comple		cnet	Juie	5 10	i suc	лр	erson			Λ
1	Comp	lete this table for your five highest compensation from the organization. Report compo											
		(A) Name and business ac					<u> </u>			(B) Description	5		<b>C)</b> nsation
2		number of independent contractors (including 000 of compensation from the organizatio	-	ited t	o the	ose	listeo	d abo	ve)	who received more	than		

#### Form 990 (2021) ACTION PROGRAM FOR ANIMALS

#### Part VIII Statement of Revenue

1 a Federated campaigns .....

**b** Membership dues..... **c** Fundraising events..... d Related organizations ..... e Government grants (contributions) . . . . f All other contributions, gifts, grants, and similar amounts not included above . . . **g** Noncash contributions included in lines 1a-1f. h Total. Add lines 1a-1f .....

Contributions, Gifts, Grants, and Other Similar Amounts

lie Check if Schedule O contains a

		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1 a					
1 b					
1 c					
1 d					
1 e					
l f	475,969.				
1 g					
		475,969.			
	Business Code				
		262,969.	262,969.		
		19,696.	19,696.		
		5,793.	5,793.		
		3,896.	3,896.		
		3,000.	3,000.		
	· · · · · · · · · · · · · · · · · · ·	295,354.			
s, int	erest, and ►				

	n Iotal. Add lines 1a-11		475,969.			
r		Business Code				
2	a <u>THRIFT STORE</u>		262,969.	262,969.		
	<b>b</b> <u>ADOPTION_EARNINGS</u>		19,696.	19,696.		
	c <u>CLINICS AND VACCINATIONS</u>		5,793.	5,793.		
	d <u>OTHER</u>		3,896.	3,896.		
			3,000.	3,000.		
	e <u>PROGRAM_INCOME</u> f All other program service revenue.	-	5,000.	5,000.		
	g Total. Add lines 2a-2f		205 254			
	•		295,354.			
3	Investment income (including dividends other similar amounts)	s, interest, and				
4						
5						
5	(i) Real	(ii) Personal				
6		(II) Personal				
	a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
7	a Gross amount from (i) Securities	s (ii) Other				
	sales of assets					
	other than inventory <b>/ a</b> <b>b</b> Less: cost or other basis					
	and sales expenses 7b					
	<b>c</b> Gain or (loss) <b>7c</b>					
	d Net gain or (loss)					
	a Gross income from fundraising events					
0	(not including \$					
	of contributions reported on line 1c).					
8	See Part IV, line 18	<b>8a</b> 18,914.				
	<b>b</b> Less: direct expenses	10/5111				
	c Net income or (loss) from fundraisin	500.	10 (14			
	c Net litcome or (loss) from fundraisin		18,614.			
9	a Gross income from gaming activities.	0				
	See Part IV, line 19.	9a				
	<b>b</b> Less: direct expenses	9b				
	c Net income or (loss) from gaming a	ctivities ►				
10	<b>a</b> Gross sales of inventory, less					
	returns and allowances	10a				
	0	10b				
	${\bf c}$ Net income or (loss) from sales of in	nventory ►				
		Business Code				
11 <del>ن</del>	a					
	b					
Š	с					
Kevenue	d All other revenue	-				
	e Total. Add lines 11a-11d	·				
_			700 007	0.05 0.54	0	
12	<b>Total revenue.</b> See instructions		789,937.	295,354.	0.	

Page 9

1	Part IX	State	ement of I	unctional	Expe	enses
	orm 990 (			PROGRAM		

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Construction     Total expenses     Program service expenses     Management and general expenses     Fund expenses       1     Grants and other assistance to domestic siste Part V, line 21.     Total expenses     Program service expenses     Management and general expenses     Fund expenses       2     Grants and other assistance to foreign organizations, foreign operaments, and for esplin individuals. See Part V, line 21.     Total expenses     25, 920.     12, 960.     12, 960.       3     Grants and other assistance to foreign organization not include above to section 4958(c)(13) and persons described in section 4958(c)(3)(6).     0.     0.     0.     0.       4     Brenetis persons (as defined under section 4958(c)(3)(6).     241, 542.     9     9       9     Other employee benefits.     21, 215.     20, 178.     1, 037.       10     Payroli taxes     21, 215.     20, 178.     1, 037.       11     Fees for services (nonemployees):     0.     0.     0.       12     Advertising and promotion.     12, 302.     12, 302.     0.       14     Information technology     12, 302.     12, 302.     0.       14     Information technology     12, 302.     12, 302.     0.       15     Royatiles.     10, 311.     9, 771.     1, 036.     8, 735.       16     Occupancy.     <	Sec	tion 501(c)(3) and 501(c)(4) organizations must con				
Do the include and other separation of mass       Total expenses       Program service expenses       Management and energy expenses       Fund expenses         1       Grants and other assistance to domestic several service individuals. See Part V, line 22.       Total expenses       Energy expenses       Engry expenses <t< th=""><th></th><th></th><th></th><th></th><th>(C)</th><th>(D)</th></t<>					(C)	(D)
organizations and domestic governments. See Part V. Ine 21.         organizations and domestic governments.           2 Grants and other assistance to forging organizations. See Part V. Ine 22.         instance         instance           3 Grants and other assistance to forging organizations. See Part V. Ine 22.         instance         instance           4 Benefits pial to or for members.         instance         instance         instance           5 Compensation of current forces, directors, include assistance and wages.         25, 920.         12, 960.         12, 960.           6 Compensation on include above to asection 4958(c)(3)(3)(6).         instance         0.         0.         instance           9 Other employee benefits.         21, 215.         20, 178.         1, 037.           10 Payroll taxes.         21, 215.         20, 178.         1, 037.           11 Pees for services (nonemployees):         amangement.         instance         instance           a Advertising and promotion.         12, 302.         instance         instance           9 Other employee benefits.         instance         instance         instance           10 Payroll taxes.         12, 302.         instance         instance           10 Advertising and promotion.         instance         instance         instance           10 Advertising and promotion.	Do 6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising expenses
individuals. See Part IV, line 22	1	organizations and domestic governments.				
arginizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16           4 Benefits paid to or for members           5 Compensation of current officers, directors, trustees, and key employees           6 Compensation not included above to asction 4958(c)(3)(6).           7 Other satalers and wages.           8 Pension plan accuruls and contributions (include section 495(c)(3)(6).           9 Other employee contributions (include section 495(c)(3)(6).           9 Other employee contributions (include services (nonemployees):           a Management.           b Legal.           c Accounting.           d Lobbying.           9 Other employee contributions (include services (nonemployees):           a Management.           b Legal.           c Accounting.           d Lobbying.           9 Other, (fline 11g amont excels 10% of the 25, column (A) amont list line 11g agmets on Scheldel 0).           17 Tarvel.           18 Royatites.           19 Royatites.           10 Payments of travel or entertainment expenses for any federal, state, or local public officials.           11, 981.           11, 981.           12, 302.           13 Royanes.           9 Other, (fline 11g amont excels 10% of the 25, column (A) amont list line 11g agmets on Scheduel 0).           14 Information tec	2	Grants and other assistance to domestic individuals. See Part IV, line 22				
compensation of current officers, directors, trustees, and key employees.         25,920.         12,960.         12,960.           6 Compensation not included above to disqualified persons (as defined under section 4958)((1)) and persons described in section 4958)((1)) and persons described in section 4958)((1)) and and contributions         241,542.         241,542.           7 Other salaries and wages         21,215.         20,178.         1,037.           9 Descion plan accruats and contributions         21,215.         20,178.         1,037.           10 Payroll taxes         21,215.         20,178.         1,037.           11 Fees for services (nonemployees):         a Management.         40.         40.           12 Advertising and promotion.         12,302.         12,302.         12,302.           13 Office expenses         12,302.         12,302.         12,302.           14 Information technology.         40,150.         40,150.         12,302.           13 Office expenses.         11,981.         12,977.         12           14 Information technology.         9,771.         16,977.         13           15 Payments to filiales.         9,771.         1,036.         8,735.           10 Interest.         9,771.         1,036.         8,735.           11 Travel.         12,977.         23	3	organizations, foreign governments, and for-				
tustes, and key employees.         25, 920.         12, 960.         12, 960.           6         Compensation not included above to disputified persons (as defined under section 4958((1)) and persons described in section 4958((2)(36).         0.         0.         0.           7         Other salares and wages.         241, 542.         241, 542.         241, 542.           8         Pension plan accruals and contributions (include section 4016(a)).         0.         0.         0.           9         Other salares and wages.         21, 215.         20, 178.         1, 037.           10         Payroll taxes.         21, 215.         20, 178.         1, 037.           11         Fees for services (nonemployees):              12         Adventing amount codes 10% of the 25, column (M), anount, list line 119 epones on Schedule 0.         12, 302.         12, 302.           13         Office expenses.               14         Information technology.               15         Royalties.                16         Occupancy.         40, 150.              16         Occupancy.	4	Benefits paid to or for members				
discialified persons (as defined under section 4998(r(1)) and persons described in section 4998(r(2)(3)(B).         0.         0.         0.         0.           7 Other salaries and wages (include section 401(k) and 403(b). employer contributions).         0.         0.         0.         0.           9 Other employee benefits         0.         0.         0.         0.         0.           10 Payroll taxes         21,215.         20,178.         1,037.           11 Fees for services (nonemployees):         a Management         0.         0.         0.           a Management         0.         0.         0.         0.         0.           e robustional fundrating services. See Part N, line 17         0.         0.         0.         0.           12 Advertising and promotion         12,302.         12,302.         12,302.         0.         0.           13 Office expenses           0.         0.         0.         0.           14 Information technology.          1.         1.         0.         0.         0.           15 Royalties.          0.         0.         0.         0.         0.         0.           16 Occupancy.          0.         0	5	trustees, and key employees	25,920.	12,960.	12,960.	0.
8         Persion plan accruais and contributions (include section 301(k) and 403(b) employer contributions).           9         Other employee benefits.	6	disqualified persons (as defined under section 4958(f)(1)) and persons described	0.	0.	0.	0.
8         Persion plan accruais and contributions (include section 301(k) and 403(b) employer contributions).           9         Other employee benefits.	7	Other salaries and wages	241,542.	241,542.		
10       Payroll taxes       21,215.       20,178.       1,037.         11       Fees for services (nonemployees):       a       a       a       a         a Management.       blegal       c       c       blegal       c         c Accounting.       c       c       c       c       c         d Lobbying.       c       c       c       c       c       c         g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.       12, 302.       12, 302.       12, 302.         13       Office expenses       c       c       c       c         14       Information technology.       12, 302.       12, 302.       c       c         14       Information technology.       40, 150.       10.       c       c       c         15       Royatties.       0       11, 981.       11, 981.       c </td <td>8</td> <td>(include section 401(k) and 403(b) employer contributions)</td> <td></td> <td></td> <td></td> <td></td>	8	(include section 401(k) and 403(b) employer contributions)				
11       Fes for services (nonemployees):       a Vanagement       b Legal       b Legal       b Legal       c Accounting         d Lobbying       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising services. See Part IV, line 17.       e Professional fundraising and promotion       12, 302.	9	Other employee benefits				
a Management       b Legal         b Legal	10	Payroll taxes	21,215.	20,178.	1,037.	
b Legal	11	Fees for services (nonemployees):				
c Accounting	ä	a Management				
d Lobbying         Professional fundraising services. See Part IV, line 17.           f Investment management fees	ł	<b>)</b> Legal				
e Professional fundraising services. See Part IV, line 17	C	c Accounting				
f Investment management fees	C	Lobbying				
9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0)	e	e Professional fundraising services. See Part IV, line 17				
(A) anount, list line 11g expenses on Schedule 0.)       12, 302.         12       Advertising and promotion       12, 302.         13       Office expenses       12, 302.         14       Information technology       12, 302.         15       Royalties       12         16       Occupancy       40, 150.       40, 150.         17       Travel.       1       1         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1       1         19       Conferences, conventions, and meetings.       1       1       1         21       Payments to affiliates       1       1       9, 771.       1, 036.       8, 735.         20       Depreciation, depletion, and amortization       16, 977.       16, 977.       1       1         21       Payments to affiliates       9, 771.       1, 036.       8, 735.       1         24       Other expenses on Schedule O.)       9, 771.       1, 036.       8, 735.       1         24       VETERINARY CARE       12, 4529.       124, 529.       1       4, 922.       1         4       VETERINARY CARE       16, 971.       11, 979.       4, 992.       1       6, 069. <td>f</td> <td>Investment management fees</td> <td></td> <td></td> <td></td> <td></td>	f	Investment management fees				
12       Advertising and promotion       12, 302.       12, 302.         13       Office expenses       1       12, 302.         14       Information technology       1       1         15       Royalties       1       1         16       Occupancy       40, 150.       40, 150.       1         17       Travel       1       1       1       1         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1 </td <td>g</td> <td></td> <td></td> <td></td> <td></td> <td></td>	g					
13       Office expenses       Important in the second sec	12		12 302		12 302	
14       Information technology			12,302.		12,302.	
15       Royalties.       40,150.       1         16       Occupancy.       40,150.       40,150.         17       Travel.       1       1         18       Payments of travel or entertainment expenses for any federal, state, or local public officials.       1       1         19       Conferences, conventions, and meetings.       11,981.       1       1         20       Interest.       11,981.       1       1       9         21       Payments to affiliates.       16,977.       16,977.       1       1       1       6       8,735.       0         22       Depreciation, depletion, and amortization.       16,977.       1,036.       8,735.       0       0       1       1,036.       8,735.       0         24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on Schedule O.).       9,771.       1,036.       8,735.       0       0       1 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
16       Occupancy						
17       Travel.       17         18       Payments of travel or entertainment expenses for any federal, state, or local public officials.       1         19       Conferences, conventions, and meetings.       11, 981.       11, 981.         20       Interest.       11, 981.       11, 981.         21       Payments to affiliates.       16, 977.       16, 977.         22       Depreciation, depletion, and amortization       16, 977.       16, 977.         23       Insurance       9, 771.       1, 036.       8, 735.         24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       9, 771.       124, 529.       124, 529.         4       VETERINARY_CARE       124, 529.       124, 529.       13, 243.       5         5       SUPPLIES       16, 971.       11, 979.       4, 992.       4         6       EQUIPMENT RENTAL & MAINTENANCE       7, 055.       7, 055.       6       7, 055.       6       7, 055.       6       7, 055.       6       7, 055.       6       7, 055.       6       7, 055.       6       7, 055.       6       7, 055.       6       7, 055.       6       7, 055.		-	40 150	40 150		
18       Payments of travel or entertainment expenses for any federal, state, or local public officials.         19       Conferences, conventions, and meetings         20       Interest.         21       Payments to affiliates.         22       Depreciation, depletion, and amortization         23       Insurance.         24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).         a       VETERINARY CARE         b       FACILITIES AND EQUIPMENT         c       SupperLies         d       EQUIPMENT RENTAL & MAINTENANCE         e All other expenses. Add lines 1 through 24e.       573, 872.         25       Total functional expenses. Add lines 1 through 24e.         573, 872.       508, 149.         65, 723.		· · ·	40,130.	40,130.		
20       Interest       11,981.       11,981.         21       Payments to affiliates.       16,977.       16,977.         22       Depreciation, depletion, and amortization       16,977.       16,977.         23       Insurance       9,771.       1,036.       8,735.         24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       124,529.       124,529.         a       VETERINARY_CARE       124,529.       124,529.         b       FACILITIES AND EQUIPMENT       19,312.       6,069.       13,243.         c       SUPPLIES       16,971.       11,979.       4,992.         d       EQUIPMENT RENTAL & MAINTENANCE       7,055.       7,055.         e All other expenses.       26,147.       20,748.       5,399.         25       Total functional expenses. Add lines 1 through 24e.       573,872.       508,149.       65,723.         26       Joint costs. Complete this line only if the organization reported in column (B)       65,723.       65,723.		Payments of travel or entertainment expenses for any federal, state, or local				
20       Interest       11,981.       11,981.         21       Payments to affiliates.       16,977.       16,977.         22       Depreciation, depletion, and amortization       16,977.       16,977.         23       Insurance       9,771.       1,036.       8,735.         24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       124,529.       124,529.         a       VETERINARY_CARE       124,529.       124,529.         b       FACILITIES AND EQUIPMENT       19,312.       6,069.       13,243.         c       SUPPLIES       16,971.       11,979.       4,992.         d       EQUIPMENT RENTAL & MAINTENANCE       7,055.       7,055.         e All other expenses.       26,147.       20,748.       5,399.         25       Total functional expenses. Add lines 1 through 24e.       573,872.       508,149.       65,723.         26       Joint costs. Complete this line only if the organization reported in column (B)       65,723.       65,723.	19					
21       Payments to affiliates       16,977.       16,977.         22       Depreciation, depletion, and amortization       16,977.       16,977.         23       Insurance       9,771.       1,036.       8,735.         24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       9,771.       1,036.       8,735.         24       VETERINARY_CARE       124,529.       124,529.       124,529.         b       FACILITIES AND EQUIPMENT       19,312.       6,069.       13,243.         c       SUPPLIES       16,971.       11,979.       4,992.         d       EQUIPMENT RENTAL & MAINTENANCE       7,055.       7,055.         e All other expenses. Add lines 1 through 24e.       573,872.       508,149.       65,723.         26       Joint costs. Complete this line only if the organization reported in column (B)       573,872.       508,149.       65,723.	20	-	11,981.	11,981.		
23       Insurance       9,771.       1,036.       8,735.         24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       9,771.       1,036.       8,735.         a       VETERINARY CARE       124,529.       124,529.         b       FACILITIES AND EQUIPMENT       19,312.       6,069.       13,243.         c       SUPPLIES       16,971.       11,979.       4,992.         d       EQUIPMENT RENTAL & MAINTENANCE       7,055.       7,055.         e All other expenses. Add lines 1 through 24e.       573,872.       508,149.       65,723.         26       Joint costs. Complete this line only if the organization reported in column (B)       60       60       60	21	Payments to affiliates				
23       Insurance       9,771.       1,036.       8,735.         24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       9,771.       1,036.       8,735.         a       VETERINARY_CARE       124,529.       124,529.         b       FACILITIES_AND_EQUIPMENT       19,312.       6,069.       13,243.         c       SUPPLIES       16,971.       11,979.       4,992.         d       EQUIPMENT_RENTAL & MAINTENANCE       7,055.       7,055.         e All other expenses. Add lines 1 through 24e.       573,872.       508,149.       65,723.         26       Joint costs. Complete this line only if the organization reported in column (B)       60       60       60	22	Depreciation, depletion, and amortization	16,977.	16,977.		
24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       124,529.       124,529.         a       VETERINARY_CARE       124,529.       124,529.         b       FACILITIES_AND_EQUIPMENT       19,312.       6,069.       13,243.         c       SUPPLIES       16,971.       11,979.       4,992.         d       EQUIPMENT_RENTAL & MAINTENANCE       7,055.       7,055.         e All other expenses.       26,147.       20,748.       5,399.         25       Total functional expenses. Add lines 1 through 24e       573,872.       508,149.       65,723.         26       Joint costs. Complete this line only if the organization reported in column (B)       60       60       60	23				8,735.	
b         FACILITIES AND EQUIPMENT         19,312.         6,069.         13,243.           c         SUPPLIES         16,971.         11,979.         4,992.           d         EQUIPMENT RENTAL & MAINTENANCE         7,055.         7,055.           e All other expenses.         26,147.         20,748.         5,399.           25         Total functional expenses. Add lines 1 through 24e         573,872.         508,149.         65,723.           26         Joint costs. Complete this line only if the organization reported in column (B)         Image: Column (B)         Column (B)         Column (B)         Column (B)	24	covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e	·			
b         FACILITIES AND EQUIPMENT         19,312.         6,069.         13,243.           c         SUPPLIES         16,971.         11,979.         4,992.           d         EQUIPMENT RENTAL & MAINTENANCE         7,055.         7,055.           e All other expenses.         26,147.         20,748.         5,399.           25         Total functional expenses. Add lines 1 through 24e.         573,872.         508,149.         65,723.           26         Joint costs. Complete this line only if the organization reported in column (B)         Gamma (B)         Gamma (B)         Gamma (B)	á	VETERINARY CARE	124.529	124.529		
c       SUPPLIES       16,971.       11,979.       4,992.         d       EQUIPMENT RENTAL & MAINTENANCE       7,055.       7,055.         e       All other expenses.       26,147.       20,748.       5,399.         25       Total functional expenses. Add lines 1 through 24e.       573,872.       508,149.       65,723.         26       Joint costs. Complete this line only if the organization reported in column (B)       65,723.       65,723.					13,243	
d         EQUIPMENT         RENTAL & MAINTENANCE         7,055.           e         All other expenses.         26,147.         20,748.         5,399.           25         Total functional expenses. Add lines 1 through 24e.         573,872.         508,149.         65,723.           26         Joint costs. Complete this line only if the organization reported in column (B)         Image: Column (B)         Column (B)         Column (B)						
e All other expenses.26,147.20,748.5,399.25 Total functional expenses. Add lines 1 through 24e.573,872.508,149.65,723.26 Joint costs. Complete this line only if the organization reported in column (B)65,723.65,723.				±±,5,5,		
<ul> <li>25 Total functional expenses. Add lines 1 through 24e 573, 872. 508, 149. 65, 723.</li> <li>26 Joint costs. Complete this line only if the organization reported in column (B)</li> </ul>				20,748.		
26 Joint costs. Complete this line only if the organization reported in column (B)		· · · · · · · · · · · · · · · · · · ·				0.
campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)		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	,	,		

# Fc P

For	m 99	0 (2021) ACTION PROGRAM FOR ANIMALS	27-	023454	11 Page <b>1</b>
Pa	ırt X				_
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing.	122,176.	1	130,212.
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined under			
	Ŭ	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
S	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges		9	
Å	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 367, 760.			
		Less: accumulated depreciation 10b 25, 401.	356,319.	10 c	342,359.
	11	Investments – publicly traded securities.	ł.	11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11	3,890.	15	3,889.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	482,385.	16	476,460.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
bilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			

ŝ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ë					
	23	Secured mortgages and notes payable to unrelated third parties	371,861.	23	150,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	8,868.	25	8,739.
	26	Total liabilities. Add lines 17 through 25	380,729.	26	158,739.
Balances	27	Organizations that follow FASB ASC 958, check here ►       X         and complete lines 27, 28, 32, and 33.         Net assets without donor restrictions	101 (5)	27	217 701
ā			101,656.		317,721.
	28	Net assets with donor restrictions		28	
Fund		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
Ъ	29	Capital stock or trust principal, or current funds		29	
ssets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
δ,	31	Retained earnings, endowment, accumulated income, or other funds		31	
t'A	32	Total net assets or fund balances	101,656.	32	317,721.
Net	33	Total liabilities and net assets/fund balances.	482,385.	33	476,460.
BA	Α	TEEA0111L 09/22/21			Form 990 (2021)

Forn	n <b>990</b>	(2021)	ACTION	PR	OGRAM	FOR A	ANIM	ALS	S								2	7-0	234	541		Pa	ge <b>12</b>
Pa	t XI	Reco	nciliatio	n of	Net As	sets																	
		Check	if Schedule	e O c	ontains	a respon	se or i	note	e to an	ny line	e in t	this P	art X	1									
1	Tota	l revenue	e (must eqi	ual Pa	art VIII, 🛛	column (	A), lin	ne 12	2)										1		78	9,9	937.
2	Tota	l expense	es (must e	qual l	Part IX,	column (	(A), lin	ne 2	25)									· · · [	2				372.
3	Reve	enue less	s expenses	. Sub	tract line	e 2 from	line 1											· · · [	3		21	6,0	)65.
4	Net a	assets or	r fund bala	nces	at begin	ning of y	ear (n	nust	t equal	l Part	t X, li	ine 32	2, col	lumn	(A))			· · · [	4				556.
5	Net ı	unrealize	ed gains (lo	sses)	) on inve	stments.												[	5				
6	Dona	ated serv	vices and u	se of	facilities	5													6				
7	Inves	stment e	xpenses																7				
8	Prior	r period a	adjustment	S															8				
9	Othe	er change	es in net as	ssets	or fund	balances	(expla	lain	on Sch	hedu	le O)								9				0.
10			fund balanc																10		31	7.7	21.
Pa			icial Stat																				
	-	_	if Schedule						e to an	ny line	e in t	this Pa	art X										
									_												•	Yes	No
1	Acco	ounting m	nethod use	d to p	orepare f	he Form	990:	Х	Cash		A	ccrua	al	С	Other					_			
		e organiz schedule	zation chan O.	iged i	ts metho	od of acc	ountin	ng fr	rom a p	prior	year	or ch	necke	d 'Oth	ner,' e	explain							
28	Were	e the org	anization's	finar	ncial stat	ements o	compil	iled	or revi	iewed	d by a	an inc	deper	ndent	ассоі	untant	?			[	2a		Х
		rate bas	k a box be is, consolic ite basis	dat <u>ed</u>	basis, o				ncial s Both				-				d or revi	eweo	d on a				
								L	_1					•							~ .		Х
I		-	anization's					-	-												2 b		Λ
	basis	s, consol	k a box be lidated bas ite basis	is, <u>or</u>	both:	e whethe lated bas			Both								on a sep	oarat	e				
(	lf 'Ye revie	es' to line ew, or co	2a or 2b, d mpilation c	oes th of its t	ne organi financial	zation ha stateme	ve a co ents an	omn nd s	nittee tl selectio	hat as on of	ssum an in	es res idepe	sponsi enden	ibility it acco	for ov ountai	ersight nt?	of the au	udit,		[	2 c		
_	on S	chedule	•••	-		-								-	-								
	Audi	t Act and	a federal av d OMB Circ	ular /	A-133?			• • • •													3 a		Х
			e organizati plain why c						y steps	s take	en to	unde									3 b		
BAA									TEE	A0112I	L 09/2	22/21									Form	9 <b>90</b> (	(2021)

SCHEDULE A (Form 990)

## 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

202	1

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. ►			nformation.	Open to Public Inspection					
Name of the organization Emplo			Employer identifica						
			FOR ANIMA					27-023454	
Par					organizations must				tions.
The c 1 2	orga	A church, conv	vention of church	ies, or association of o	(For lines 1 through 12, churches described in <b>sec</b> ttach Schedule E (Form	tion 1 <b>70(</b>	2	,	
3					nization described in sec				
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:							
5		An organizati section 170(b	on operated for <b>)(1)(A)(iv).</b> (Co	the benefit of a coll mplete Part II.)	ege or university owned	or operation	ated by	a governmental unit de	escribed in
6		A federal, sta	ite, or local gov	ernment or governm	ental unit described in <b>s</b>	ection 1	<b>70(b)(</b> 1)	(A)(v).	
7	Х	An organizatio in section 17	n that normally r 0(b)(1)(A)(vi).(	eceives a substantial Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	blic described
8		A community	trust described	in section 170(b)(1)	(A)(vi). (Complete Part	ll.)			
9			r a non-land-grai		ction 170(b)(1)(A)(ix) oper e (see instructions). Enter				
10		investment in	come and unre	y receives (1) more exempt functions, su lated business taxab <b>509(a)(2).</b> (Complete	than 33-1/3% of its supp bject to certain exceptio le income (less section Part III.)	oort from ons; and 511 tax)	1 contrib (2) no r from b	outions, membership feo more than 33-1/3% of it usinesses acquired by	es, and gross receipts is support from gross the organization after
11		7			ely to test for public saf	ety. See	sectior	n 509(a)(4).	
12		or more publi	cly supported o	rganizations describ	ely for the benefit of, to ed in <b>section 509(a)(1)</b> o supporting organization	or <b>sectio</b>	n 509(a	)(2). See section 509(a	ut the purposes of one <b>)(3).</b> Check the box on
а		Type I. A supp organization(s	orting organizati	on operated, supervise gularly appoint or elec	ed, or controlled by its sup t a majority of the directo	oported o	raanizat	ion(s), typically by giving	the supported on. <b>You must</b>
b		management of	oporting organiz of the supporting <b>te Part IV, Sect</b>	organization vested in	controlled in connection n the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). <b>You</b>
С		Type III function organization (	onally integrated s) (see instructi	. A supporting organizations). <b>You must com</b>	ation operated in connectio	n with, ar <b>A, D, an</b>	nd functio d E.	onally integrated with, its	supported
d		functionally in	ntegrated. The o	prognization general	ganization operated in cor y must satisfy a distribu <b>ns A and D, and Part V.</b>	tion rea	with its s uiremen	supported organization(s) t and an attentiveness	) that is not requirement (see
е					ten determination from supporting organizatior		that it is	а Туре I, Туре II, Тур	e III functionally
f				-					
g	Pr	ovide the follo	wing informatio	n about the supporte	ed organization(s).	-			
	( <b>i)</b> Na	ame of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
<u>(E)</u>									
Total									

#### ACTION PROGRAM FOR ANIMALS

Page 2

#### 27-0234541 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

#### Section A. Public Support

	don All ablic Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	318,672.	199,298.	230,890.	237,018.	475,969.	1,461,847.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	318,672.	199,298.	230,890.	237,018.	475,969.	1,461,847.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
	Public support. Subtract line 5 from line 4						1,461,847.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
7	Amounts from line 4	318,672.	199,298.	230,890.	237,018.	475,969.	1,461,847.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						1,461,847.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and						►
	tion C. Computation of Pul						
	Public support percentage for 20	•	•••••••				100.00%
15	Public support percentage from a	2020 Schedule A,	Part II, line 14			15	100.00%
16a	<b>33-1/3% support test-2021.</b> If the and <b>stop here.</b> The organization	he organization di qualifies as a put	d not check the b licly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box   ► X
b	<b>33-1/3% support test–2020.</b> If th and <b>stop here.</b> The organization	e organization dic qualifies as a pul	I not check a box plicly supported of	on line 13 or 16a	, and line 15 is 3	3-1/3% or more, c	check this box
17a	7a 10%-facts-and-circumstances test-2021. 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 facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ►						
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	test, check this b	box and stop here	. Explain in Part	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	structions 🕨 🗌

Schedule A (Form 990) 2021

#### ACTION PROGRAM FOR ANIMALS

27-0234541

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (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.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions,						
	and membership fees received. (Do not include						
	any 'unusùal grants.')						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's						
2	tax-exempt purpose Gross receipts from activities	ļ					
3	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a						
	governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1.						
	2, and 3 received from						
	disqualified persons	<u> </u>					
b	Amounts included on lines 2						
	and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) ►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(4) _0	(4) 2010	(0) = 0 : 0	(4) _0_0		(1) 1 0 (0.1
-	Gross income from interest, dividends,						
IVa	payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources	ļ					
U	income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	<u> </u>					
11	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9,						
1.4	10c, 11, and 12.) First 5 years. If the Form 990 is	for the area in the	oplo first accest	third formally	ifth tox was a	$= \frac{1}{1}$	
14	organization, check this box and						
Sec	tion C. Computation of Pul	•					
15	Public support percentage for 20	21 (line 8, colum	n (f), divided by li	ne 13, column (f)	))	15	00
16	Public support percentage from 2	2020 Schedule A,	Part III, line 15.				00
Sec	tion D. Computation of Inv					II	
17	Investment income percentage f		5		umn (f))	17	00
18	Investment income percentage f	-		-			0/0
	33-1/3% support tests-2021. If t						
.50	is not more than 33-1/3%, check	this box and sto	<b>p here.</b> The organ	nization qualifies	as a publicly supp	orted organization	►
b	33-1/3% support tests-2020. If t	the organization d	lid not check a bo	x on line 14 or lir	ne 19a, and line 1	6 is more than 33-	1/3%, and 🛛
	line 18 is not more than 33-1/3%			• ·	•		
20	Private foundation. If the organize	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	I see instructions	· · · · · · · · · · · · · · · · · · ·

#### Page 4

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 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 2 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 lines 3b and 3c below. 3a **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. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **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. Δh **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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c 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). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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 (as 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). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 8 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. 9a **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**. 9b c Did a disqualified person (as defined on 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. 9c 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 line 10b below. 10a **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.) 10b

TEEA0404L 08/31/21

Schedule A	(Form	990)	2021
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ACTION PROGRAM FOR ANIMALS

Page 5

Yes

1

2

No

Part IV	Supporting Organizations (continued)			
			Yes	No
<b>11</b> Has	the organization accepted a gift or contribution from any of the following persons?			
<b>a</b> A pe	prson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
the	governing body of a supported organization?	11a		
<b>b</b> A fa	mily member of a person described on line 11a above?	11b		
<b>c</b> A 35	% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

#### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		
-				

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

Yes

No

Part V

#### ACTION PROGRAM FOR ANIMALS Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page 6

			·	through E.
Sec	tion 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 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		
Sec	tion 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):			
а	a Average monthly value of securities	1a		
Ł	Average monthly cash balances	1b		
c	: Fair market value of other non-exempt-use assets	1c		
c	d Total (add lines 1a, 1b, and 1c)	1d		
e	e 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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

BAA

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continue)	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt put	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributic Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in <b>Part VI</b></i> ). See instructions.				
	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
<u> </u>	From 2019				
	From 2020				
1	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
c	Excess from 2020				
e	Excess from 2021				

BAA

Schedule A (Form 990) 2021

Schedule A (Form 990) 20	D21 ACTION	PROGRAM FOR ANIMALS	27-0234541	Page 8
B, lines 3a, and	s 1 and 2; Part IV, Section C   3b; Part V, line 1; Part V, S	;, line 1; Part IV, Section D, lines 2	I by Part II, line 10; Part II, line 17a or 17b; Part 9c, 11a, 11b, and 11c; Part IV, Section and 3; Part IV, Section E, lines 1c, 2a, 2b, 0, lines 5, 6, and 8; and Part V, Section E, on. (See instructions.)	

#### Schedule B (Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

ACTION	PROGRAM	FOR	ANTMALS	

ation number
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27-0234541
27-0234341

ACITON	FROGRAM	FOR	ANTH
Organizatio	<b>on type</b> (cher	rk one	<u>۱</u> .

Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)	1	2 P	Page <b>2</b>
Name of organization	Employer identification number	r	
ACTION PROGRAM FOR ANIMALS	27-0234541		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CANDIS STERN FOUNDATION 1208 REGENCY CT LAS CRUCES, NM 88007	\$20,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PICKETT ESTATE ATTORNEY'S OFFICE LAS CRUCES, NM 88001	\$220,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF LAS CRUCES PO BOX CLC LAS CRUCES, NM 88004	\$20,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PASO DEL NORTE COMMUNITY FOUNDATION 221 N. KANSAS STE. 1900 EL PASO, TX 79901	\$ <u>13,489.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BEST FRIENDS ANIMAL SOCIETY 15321 BRAND BLVD MISSION HILLS, CA 91345	\$20,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	TORTUGA FOUNDATION         C/O SACKS_PRESS 600 THIRD_AVE         NEW YORK, NY 10016         TEFA02021 10/06/21	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)	2	2	Page <b>2</b>
Name of organization	Employer identification number	r	
ACTION PROGRAM FOR ANIMALS	27-0234541		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	PETSMART CHARITIES 19601 NORTH 27TH AVENUE PHOENIX, AZ 85027	\$8,650.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8</u>	ANN ARBOR AREA COMMUNITY FOUNDATION 301 N MAIN ST STE 300 ANN ARBOR, MI 48104	\$25,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>9</u>	AHIMSA FOUNDATION PO BOX 409 MULDROW, OK 74948	\$7,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u> _	LESLIE L ALEXANDER FOUNDATION 1101 E. ATLANTIC AVE, 320 DELRAY BEACH, FL 33444	\$ <u>15,000.</u>	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person        Payroll        Noncash        (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)		1	Page <b>3</b>
Name of organization	Employer ident	fication nur	nber
ACTION PROGRAM FOR ANIMALS	27-02345	541	

Part II Noncas	h Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
		 s	
		<sup>2</sup>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No		(c)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<sup>\$</sup>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	
		'	

	3 (Form 990) (2021)		1 1 Page <b>4</b>
Name of organ	nization PROGRAM FOR ANIMALS		Employer identification number 27-0234541
		<b>ne year from any one contributor.</b> Com ompleting Part III, enter the total of <i>exclus</i> (Enter this information once. See instruct	s described in section 501(c)(7), (8), plete columns (a) through (e) and sively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, addres	s, and ZIP + 4 R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	 		_
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to tran		elationship of transferor to transferee
BAA		TEEA07041 10/06/21	

	SCHEDULE D (Form 990) 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.						OMB No. 1545-0047	
Depar Intern	tment of the Treasury al Revenue Service	► Go to <i>www.irs</i>	gov/Form990 for instructions and the lat	test information.		Open to Inspect	o Public	
	Name of the organization Employer id							
		FOR ANIMALS			27-023	4541		
Par	t I Organizat Complete	if the organization ans	<b>r Advised Funds or Other Simila</b> wered 'Yes' on Form 990, Part IV	r Funds or Acc , line 6.	ounts.			
			(a) Donor advised funds	<b>(b)</b> F	unds and	other accou	unts	
1		end of year						
2		ntributions to (during year)						
3		ants from (during year)						
4	00 0	at end of year						
5	are the organizati	ion's property, subject to the	nor advisors in writing that the assets hele organization's exclusive legal control?		· · · · · · · L	Yes	No	
6	for charitable pur	poses and not for the benefit	rs, and donor advisors in writing that grai of the donor or donor advisor, or for any	/ other purpose cor	nferring _	Yes	No	
Par		tion Easements.						
1 01			wered 'Yes' on Form 990, Part IV	, line 7.				
1		-	/ the organization (check all that apply).	/ -				
	Preservation o	of land for public use (for exam	ole, recreation or education)	servation of a histo	rically imp	ortant land	area	
	Protection of	natural habitat	Pres	servation of a certi	fied histori	c structure		
	Preservation	of open space						
2	Complete lines 2a last day of the tax	through 2d if the organization I x year.	neld a qualified conservation contribution in t					
					leld at the	End of the	Tax Year	
			·····	-				
	-	-	ments					
			fied historic structure included in (a)					
	structure listed in	the National Register	n (c) acquired after 7/25/06, and not on a	<b>2</b> d		_		
3	tax year 🕨		sferred, released, extinguished, or terminate	ed by the organization	on during tr	le		
4		where property subject to conse		<u> </u>				
5	and enforcement	of the conservation easement	garding the periodic monitoring, inspection to the periodic monitoring of the periodic monitoring of the period			Yes	No	
6	<u> </u>		nspecting, handling of violations, and enforce	-			ar	
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enforcing o	conservation easeme	ents during	the year		
8	Does each conse and section 170(h	rvation easement reported on (4)(B)(ii)?	n line 2(d) above satisfy the requirements	s of section 170(h)(	(4)(B)(i)	Yes	No	
9	In Part XIII, descuinclude, if application conservation ease	able, the text of the footnote	orts conservation easements in its reven to the organization's financial statements	ue and expense st that describes the	atement a organizat	nd balance ion's accou	sheet, and nting for	
Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	<b>ctions of Art, Historical Treasure</b> wered 'Yes' on Form 990, Part IV	e <b>s, or Other Sin</b> , line 8.	nilar Ass	ets.		
1;	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its reve Id for public exhibition, education, or rese I statements that describes these items.	nue statement and earch in furtherance	balance s e of public	sheet works service, pr	of art, ovide in	
I	following amounts	s relating to these items:	r FASB ASC 958, to report in its revenue or public exhibition, education, or research ir			t works of a provide the	art,	
	~ / /		line 1					
~						. :		
2	It the organization amounts required	received or held works of art, I to be reported under FASB	istorical treasures, or other similar assets for ASC 958 relating to these items:	or financial gain, pro	vide the fol	lowing		
			·····					
			Instructions for Form 990. TEE			lule D (Forr	n 990) 2021	

Schedule D (Form 990) 2021 ACTIO				27-023		Page 2
Part III Organizations Mainta	ining Collec	tions of Art, Histo	orical Treasures, or	Other Similar Ass	ets (contini	ued)
<b>3</b> Using the organization's acquisition items (check all that apply):	, accession, and	d other records, check a	ny of the following that m	ake significant use of its	collection	
a Public exhibition		<b>d</b> Loan	or exchange program			
<b>b</b> Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organiz Part XIII.	ation's collectio	ns and explain how they	y further the organization's	s exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the solution of the solut	ition solicit or r	eceive donations of ar	t, historical treasures, o	r other similar assets	Yes	No
Part IV Escrow and Custodia						
line 9, or reported an	amount on F	Form 990, Part X,	line 21.			,
<b>1 a</b> Is the organization an agent, trus	stee, custodian	or other intermediary	for contributions or othe	er assets not included		
on Form 990, Part X?					Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII an	id complete the followi	ing table:	r	<u> </u>	
					Amount	
c Beginning balance						
<b>d</b> Additions during the year						
e Distributions during the year f Ending balance						
					No a	N.
<b>2 a</b> Did the organization include an a				-		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. C	neck here if the explai	nation has been provide	d on Part XIII	· · · · · · · · · · · · · · [	
Part V Endowment Funds. C	omploto if t	ha arganization ar	sword 'Vos' on Ea	rm 000 Part IV/ lin	20.10	
Farty Endowment Funds. C	(a) Current y				(e) Four yea	ure back
<b>1 a</b> Beginning of year balance				(u) Three years back		ITS DOCK
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
<b>d</b> Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentag	e of the curren	t year end balance (lir	ne 1g, column (a)) held	as:		
a Board designated or quasi-endowm	ient 🕨	00				
b Permanent endowment ►	olo					
c Term endowment ►	010					
The percentages on lines 2a, 2b, a	nd 2c should eq	ual 100%.				
<b>3 a</b> Are there endowment funds not in t	he possession (	of the organization that :	are held and administered	for the		
organization by:					Yes	No
(i) Unrelated organizations					3a(i)	
(ii) Related organizations					. 3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ated organization	ons listed as required	on Schedule R?		. 3b	
4 Describe in Part XIII the intended	d uses of the o	rganization's endowme	ent funds.		<u> </u>	•
Part VI Land, Buildings, and	Equipment.					
Complete if the organ	ization answ	vered 'Yes' on Form	m 990, Part IV, line	11a. See Form 99	0, Part X, I	ine 10.
Description of property	(	a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Book v	alue
<b>1 a</b> Land		· · · · · · · · · · · · · · · · · · ·	37,181.		37	,181.
<b>b</b> Buildings			294,901.	16,463.		<i>,</i> 438.
<b>c</b> Leasehold improvements				10,100.	270	,
<b>d</b> Equipment			1,500.	750.		750.
<b>e</b> Other			34,178.	8,188.	25	5,990.
Total. Add lines 1a through 1e. (Colum		ual Form 990, Part X.				,359.
ВАА	· · · · · · · · · · · · · · · · · · ·	,			ule D (Form 99	

Schedule	D (Form 990) 2021 ACTION PROGRAM	M FOR ANIMALS	27-023	4541 Page <b>3</b>
	Investments – Other Securities.		N/A Nat IV/ line 11b See Form 0	00 Port V line 12
	Complete if the organization ans ription of security or category (including name of secu		(c) Method of valuation: Cost or end-of	
	ial derivatives	,, ,,		
	y held equity interests.			
(3) Other				
(A)				
<u>(B)</u>				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Colun	nn (b) must equal Form 990, Part X, column (B) line 12	?.)►		
Part VIII	Investments – Program Related		N/A	
	Complete if the organization answ (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)	(a) Description of investment		(c) Method of Valdation. Cost of end-	or-year market value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colun	nn (b) must equal Form 990, Part X, column (B) line 1	3.)►		
Part IX	Other Assets. Complete if the organization ans	N/A Nered 'Ves' on Form 990	Dart IV/ line 11d See Form 9	00 Part X line 15
	Complete in the organization and	(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
Total. (Co	olumn (b) must equal Form 990, Part X, co	lumn (B) line 15.)		
Part X	Other Liabilities.	ol on Form 000 Part IV line 1	1. or 11f Coo Form 000 Port V line 2F	
1.	Complete if the organization answered 'Ye	Description of liability	Te of TH. See Form 990, Fait A, me 25.	(b) Book value
	eral income taxes			
	ROLL LIABILITIES			8,738.
(3) Rou				1.
(4)				
(5)				
(6)				
(7) (8)				
(8)				
(10)				
(11)				
. ,	mn (h) must squal Form 000 Part V solumn (P) line 21			0 720

 

 Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).
 8, 7

 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

 8,739. tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.....

Schedule D (Form 990) 2021 ACTION PROGRAM FOR ANIMALS	27-0234541	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	-	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G			-	• •	undraising or Gami	•		OMB No. 1545-0047
(Form 990)	compre	te 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.						<b>ZUZI</b> Open to Public
Department of the Treasury Internal Revenue Service	► G	Inspection						
Name of the organization ACTION PROGRAM	FOR ANTMAT	Employer identification 27-023454						
Fundraising	Activities. Comple	te if the organiza	ation answe	ered 'Yes' o	on Form 990, Part IV, line	e 17.	2, 020101	
	Z filers are not re the organization i				owing activities. Check	all that	apply.	
a X Mail solicitati				е	X Solicitation of non-	•	0	
	b X   Internet and email solicitations   f   Solicitation of government grants							
c Phone solicita d X In-person sol				g	Special fundraising	events		
<b>2 a</b> Did the organization	n have a written o	r oral agreement	t with any i	ndividual (i	including officers, directo	rs, truste	es, or key	
<b>b</b> If 'Yes,' list the 1	0 highest paid inc	lividuals or enti	ties (fund		rofessional fundraising ursuant to agreements u			
compensated at I	east \$5,000 by th	ie organization.	1			( . ) (		
(i) Name and addres or entity (fund		(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or r fundra	nount paid to retained by) aiser listed in olumn <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
								0.
<ol> <li>List all states in wl or licensing.</li> </ol>	nich the organization	on is registered o	or licensed	to solicit c	ontributions or has been	notified i	t is exempt from	registration

Schedule	G	(Form	990)	2021
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ACTION PROGRAM FOR ANIMALS

27-0234541 Page **2** 

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		List events with gross receipts gre				
Revenue			(a) Event #1 <u>FUNDRAISING IN</u> (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
	1	Gross receipts	18,914.			18,914.
ц	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	18,914.			18,914.
nses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct Expenses	8	Entertainment				
Δ	9	Other direct expenses	300.			300.
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro	• •			
Par		Gaming. Complete if the organiza				
1 41	C III	\$15,000 on Form 990-EZ, line 6a.		5 011 0111 550, 1 0		
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ā	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Δ	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes <sup>%</sup> No	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)		
Ł	n Is th If 'N 		g activities in each of th	nese states?		
		e any of the organization's gaming license 'es,' explain:				

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021	ACTION PROGRAM FOR ANIMALS	27-0234541	Page 3
11 Does the organization conduct	gaming activities with nonmembers?	Yes	No
<b>o</b>	neficiary or trustee of a trust, or a member of a partnership		No
13 Indicate the percentage of gamin	ng activity conducted in:	1 1	
<b>o</b> ,			0/0
-			010
<b>14</b> Enter the name and address of t	he person who prepares the organization's gaming/special e	events books and records:	
Name ►			
<ul> <li><b>15 a</b> Does the organization have a</li> <li><b>b</b> If 'Yes,' enter the amount of g of gaming revenue retained by</li> <li><b>c</b> If 'Yes,' enter name and addression</li> </ul>		receives gaming revenue? Ye and the amount	es 🗌 No
Name ►			
Addross ►			 
16 Gaming manager information:			
Name ►			
Gaming manager compensation	on ► \$		
Description of services provide	ed ►		
Director/officer	Employee Independent cor	ıtractor	
<b>17</b> Mandatory distributions:			
state gaming license?	er state law to make charitable distributions from the gaming	Υε	es 🗌 No
	required under state law to be distributed to other exempt of	organizations or spent in the	
	tivities during the tax year ► \$	(Part L line 2h columns (iii) and	4 6 0 .
Part IV Supplemental Info and Part III, lines 9 information. See in	r <b>mation.</b> Provide the explanations required by , 9b, 10b, 15b, 15c, 16, and 17b, as applicab structions.	le. Also provide any additional	ı (V),

## 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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ACTION PROGRAM FOR ANIMALS

Employer identification number 27-0234541

#### Form 990, Part VI, Line 11b - Form 990 Review Process

THE 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THE 990 IS PROVIDED TO THE PUBLIC UPON REQUEST.