Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Dep	artment o	f the Treasury nue Service	► The organization may have to us	se a copy of this retu	ım to satısf	fy state repo	rtıng requii	ements.	Inspect	ion
A	For the	2011 cale	ndar year, or tax year beginning	January 1	, 2011, a	nd ending	Decen	nber 31	, 20 11	
В	Check if	applicable	C Name of organization Austin Pets Aliv	e!				D Employe	er identification nu	ımber
	Address	change	Doing Business As						74-2893360	
	Name cl	hange	Number and street (or P O box if mail is no	ot delivered to street ad	ldress)	Room/suite		E Telephor	ie number	
	Initial ref	•	P.O. Box 6247						512-961-6519	
	Termina	ted	City or town, state or country, and ZIP + 4			•				
$\overline{\Box}$		ed return	Austin, TX, 78762					G Gross re	ceipts \$	1643948
$\bar{\Box}$			F Name and address of principal officer [Or Ellen Jefferson, I	DVM		H(a) Is this a	group return f	or affiliates? Yes	☑ No
			1400 Eva St, Austin, TX 78704					•	cluded? Tes	☐ No
$\overline{}$	Tax-exe	mpt status	✓ 501(c)(3)) ◀ (insert no) ☐ 49	47(a)(1) or	527			list (see instructio	
J	Website		v.austinpetsalive.org				H(c) Group	exemption	number ▶	
K	Form of	organization	Corporation Trust Association	Other ▶	L Yea	ar of formation	2000	M State	of legal domicile	TX
Р	art I	Summ	ary		•					
	1	Briefly de	scribe the organization's mission o	r most significant	activities:	Providing	people a	nd their p	ets with the res	ources
-		-	ams they need to prevent homelessr	_						
Governance		***************************************		**		•••••				
Ē										
ĕ	2	Check th	s box ▶☐ if the organization disco	ntinued its operat	ions or di	sposed of r	nore than	25% of i	ts net assets.	
్త త	3		of voting members of the governing			·		3		11
60 12 ties &	4		of independent voting members of t					4		11
∄ ₹	5		ber of individuals employed in cale					5		92
Activities &	6		ber of volunteers (estimate if neces	•				6		500
- ĕ	7a		elated business revenue from Part					7a		58
≥	'a		ated business taxable income from					7b		0
<u> </u>	"	INCL UITIE	tted business taxable income from	11 Offit 550-1, line			Prior Ye		Current Ye	
2		Contribut	uppe and grants (Part VIII line 1h)					716917		1128256
2 9	8 9		ions and grants (Part VIII, line 1h).					425500		537933
ART CAR	1	_	service revenue (Part VIII, line 2g)					425500 56		
2 & 2	10		nt income (Part VIII, column (A), line					36	·	58
3	11		enue (Part VIII, column (A), lines 5,					4440470		22118
<u>က</u>	12		nue-add lines 8 through 11 (must e			16 12)		1142473		1688365
1 3	13		d similar amounts paid (Part X,Co)	· ·		+		
	14	Benefits	paid to or for members (Part-IX-coll	umin (A)-line 4)	/A\ 1	- : 		075000		4000550
es	15		other compensation, employee benef		(A), lines	5-10)		675968		1006559
Expenses	16a		nal fundraising fees (Part IXMoolum					12591		-
.×	b		draising expenses (Part IX, column			52797				
ш	17		enses (Part IX, column (A), lines 14			.··	<u> </u>	331715		658760
	18	•	enses. Add lines 13 <u>–17 (must equ</u> a		A), line 25	·		1020274		1665319
	19	Revenue	less expenses. Subtract line 18 fro	m line 12				122199		23046
50	<u> </u>					Beg	inning of Cu		End of Ye	
sset	20		ets (Part X, line 16)					182379		590391
Net Assets or	21		lities (Part X, line 26)					0		369213
ž	22_		s or fund balances. Subtract line 2	1 from line 20 .				182379		221178
Р	art II	Signa	ure Block							
			y, I declare that I have examined this return,						ny knowledge and	belief, it is
tru	ie, correc	ct, and comp	ete Declaration of preparer (other than office	r) is based on all inform	ation of which	cn preparer na	is any know	eage 		
		1 L	gun							
	gn	Sign	ature of efficier	ث اثر	n.		Da		4.1.	
He	ere		Ellen Tefferen	Executive	e Wire	COOY		<u> 5 </u>	11 112	
		Туре	or print name and title							
P	aid	Print/Ty	pe preparer's name Prepa	arer's signature		Date		Check [If PTIN	
	epare	ar L						self-emp		
	se On	-	ame ►				Fire	n's EIN ▶		
U :	- OII	עי עי	ddress ►				Pho	ne no		
Ma	y the I		this return with the preparer show	n above? (see inst	tructions)				. Yes	No No
_			ction Act Notice, see the separate ins			Cat No	11282Y		Form 9	90 (2011)



Form 99	90 (2011) P	age 2							
Part									
	Check if Schedule O contains a response to any question in this Part III								
1	Briefly describe the organization's mission:								
	To provide people with the resources necessary to prevent the needless killing of companion animals.								
	Did the organization undertake any significant program services during the year which were not listed on the								
_	prior Form 990 or 990-EZ?	No							
	If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program								
	services?	No							
	If "Yes," describe these changes on Schedule O.								
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure								
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of								
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.								
	(Code: 912210) (European C 1259745 including groups of C) (Paragraph C 575215)								
4 a	(Code: 813319) (Expenses \$ 1358745 including grants of \$) (Revenue \$ 575316) We pull animals of of area shelters euthanasia lists and find foster homes for as many animals as possible until we can place the	m in							
	in permanent homes. Once ready for adoption, the animals are adopted out from various sites and at scheduled events. We curre								
	have 10 adoption sites and numerous special events throughout the year								
	nave to adoption sites and numerous special events throughout the year.								
	(O. I.)								
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)								
		-							
	(O-d								
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)								
	•••••••••••••••••••••••••••••••••••••••								
4d	Other program services (Describe in Schedule O.)								
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1358745								
4e	Total program service expenses ► 1358745								

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>·</u> ✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	√	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			(r - 1)
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓_
	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	11d		√
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		<u>√</u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
	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, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>√</u>
14 a	, , , ,	14a		✓
b	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		✓_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a	·	20a		✓_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		Forn	990	(2011)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	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		✓
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		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		1
			. 000	(0044)

Part				
	Check if Schedule O contains a response to any question in this Part V	<u>,</u>	• ;	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 92		٠,	
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 92 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	<u>-</u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	<u> </u>		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<u>`</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>√</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
_	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	6a		./
h	organization solicit any contributions that were not tax deductible?	Ua		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		, i	₹.
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		* *	100
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_
	required to file Form 8282?	7c	A 1 1	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	***		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	- 6 - 5	. ~ 🔅	\$ 4
	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.		Ýê:	***
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-4/3	,	,
b	aroos roccipio, included on to interest, and tim, into 12, ver patient			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	*	,	\$
a b	Gross income from other sources (Do not net amounts due or paid to other sources	,		,
_	against amounts due or received from them.)	3		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		√
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	7		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	لــــــــا		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
_	Note. See the instructions for additional information the organization must report on Schedule O.	, `		
þ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	-		
_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(,)		
C	Enter the amount of reserves on hand	14a		/
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-
	11 100, The R filed a 1 of 11 120 to 10 port those payments in 110, provide an explanation in contour of .		n 99 0	(2011)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response to any question in this Part VI	See ins	struct	ions.
Secti	on A. Governing Body and Management	_		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			*** *\$. \$
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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	1	***
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	5 6		√ √ √
b	one or more members of the governing body?	7a 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	2	,5.0.{\delta}	
а b 9	The governing body?	8a 8b 9	✓	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<u>~.%'</u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13 14 15	Did the organization have a written whistleblower policy?	13	* , %	1
a b	The organization's CEO, Executive Director, or top management official	15a 15b	2 3 33	✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		*; ✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	À. 1	\(\frac{1}{2}\)
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ▶ Dr Ellen Jefferson, DVM, 1156 W Cesar Chavez St. Austin, TX 78703 512-382-1433	of the		

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

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

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

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

	☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.									
Officer this box if ficialist the organization flor	l locator	<u> </u>		((Jpo		lany carron	0111001; 41100101	101 1140100.
(A) Name and Title	(B) Average hours per	box,	unles	Pos neck is pe	ition more	than one that the that the that the that the that the that the the that the the the the the the the the the th	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Dr Ellen Jefferson, DVM										
Executive Director	60	\					<u> </u>	65199		
(2) Tom Albright					ŀ					
President	10		_	✓	_		ļ			
(3) Ellis Winstanley	_			١.						
Treasurer	10			✓	_		<u> </u>			
(4) Gerri Kapler				١,						
Secretary	10		_	✓	<u> </u>		<u> </u>			
(5) Palmer Neuhaus										
Board Member	60						<u> </u>			<u></u>
(6) Heather Bailey								į		
Board Member	5	<u></u>					ļ			
(7) Jeff Cohen]				,					
Board Member	5						<u> </u>			· · · · · · · · · · · · · · · · · · ·
(8) Judy Matula										
Board Member	5						<u> </u>			
(9) Michael Matula										
Board Member	5									
(10) Sheldon Eckland-Olsen										
Board Member	5						L_			
(11) Sebastian Rodrigano										
Board Member	5							_		
(12)										
(13)										
(14)	-		-				_			

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	_		lighe	st C	ompensated E	mployees	(contin	ued)	
					•	C) sition							
	(A)	(B)	(do n	ot ch			e than e	one	(D)	(E)	.]	(F)	
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportation compensation		Estimated amount of	
		week		_	-	1	,	, ´	from	related	: <u> </u>	other	
		(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	를	Form	the organization	organizati (W-2/1099-I		compensation from the	
		related	햜	盲	4	青	oyer c	卓	(W-2/1099-MISC)	(***-2) 1033-1	WIIOC, 1	organization	
		organizations	9 5	<u>a</u>		Š	m ğ					and related	
		In Schedule O)	Ste	rus		ď	l en				i	organizations	
		}	"	ee	l	l	Highest compensated employee	ł	ł				
/4E\					├			\vdash					
(15)	······································	1											
(16)		 	<u> </u>	-	-	\vdash	 	╁					
(16)		1					1						
/47\		 						\vdash	-		_		
(17)		-]	ļ	l	ļ				
(4.0)					-	┝	-	├				· 	
(18)													
(40)						-	 -	ļ			-		
(19)		-									[
(00)								-					
(20)													
(04)		<u> </u>			ļ	H		-					
(21)		-				l '							
(00)					<u> </u>	_			 			 _	
(22)		1	!		l			ł	1		i		
(00)		<u></u>			<u> </u>		_	-					
(23)						ļ							
(2.4)					_			 					
(24)		}							ļ		Ì		
(05)								ļ	 				
(25)		-											
-41	0.1.4.1		L	j		L		Ļ	05400				
	Sub-total								65199				
C	Total from continuation sheets to Part	•		•			-		65100		-		
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	65199				
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,00	0 of	
	reportable compensation from the organi	zation										lv. l	
_	Did the consumation list only formers of	finas disan	.				ا دهاد		مميما				<u>No</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ncer, airec Schodulo I	for o	r tr	usi	ee, wd	key e	amp	bloyee, or nigh	est compe	ensate		أمثاليب
												3	√
4	For any individual listed on line 1a, is the												
	organization and related organizations	•		50,	UUU)? II	r re	S,	complete Sch	eaule J TC	or suc		
_	ındividual		-	٠	•	• •					 	4 3 3 3 3 3 2 2	<u>√</u>
5	Did any person listed on line 1a receive of												
	for services rendered to the organization	rii res, c	ompi	ele .	SCI	iear	ile J i	Or S	uch person	· · · · ·	• •	5	<u>✓</u>
	on B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Rep	ort compe	nsatic	on to	or tr	ie c	aiend	ar y	ear ending wit	n or within	tne or	ganization's tax	•
	year.												
	(A) Name and business add	roce							(B) Description of s	on/ices		(C) Compensation	
	rialite and publiess add					_		<u> </u>	Description of S				
								_			<u> </u>		
								_			<u> </u>		
								-					
								<u> </u>			ļ.—		
						-		L <u>.</u>	- 		ļ		
2	Total number of independent contracto) th	ose listed abo	ove) who	1 300		8 8 8
	received more than \$100,000 of compens	sation from	the of	gan	ııza	แดก					l' '		* 5%

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S E	С	Fundraising events 1c	34779				
a it	d	Related organizations 1d					
S, E	е	Government grants (contributions) 1e					1
r Si	f	All other contributions, gifts, grants,					1
를 를		and similar amounts not included above 1f	1093477				
들임	g	Noncash contributions included in lines 1a-1f. \$	75470	*	` ·		*
ခဲ့ မ	h	Total. Add lines 1a-1f		1128256	· · · · · · · · · · · · · · · · · · ·		
3			Business Code	* `	* * * *	_,	*
Program Service Revenue	2 a	Animal adoptions	813319	513340	513340		
æ	b	Fees for medical services	541940	23996	23996		
Ş.	C	Training fees	812910	597	597		
Ser	d						
E	е						
ogu	f	All other program service revenue.				8	1
<u>-</u>	9	Total. Add lines 2a-2f	<u> </u>	537933	* * * * * * * * * * * * * * * * * * * *	***	**
	3	Investment income (including divided and other similar amounts)		50		58	
	_	•		58		30	<u></u>
	4	Income from investment of tax-exempt be					
	5	Royalties	(ii) Personal	13. < 0.4mg	\$~. J * Y		
	6-		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		* * * * * *		
	6a b	Gross rents Less rental expenses		0	* **	* ***	
	C	Rental income or (loss)	-	* \$ 2.7		* * ·	
	d	Net rental income or (loss)		and all ordered and a second	<u>*************************************</u>	<u> </u>	
	7a	Gross amount from sales of (i) Securities	(II) Other	4 5 5 \$	\$1° (44°)	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
		assets other than inventory				* 6 . *	** ** *
	b	Less. cost or other basis			3 *		. ****
		and sales expenses .		2 2 2		> \$.	****
	С	Gain or (loss)		**	** > **	***	, , , , , , , , , , , , , , , ,
	d	Net gain or (loss)	<u></u> . >				
•				* * *	* *		
evenue	8a	Gross income from fundraising		* 4.5			****
Š		events (not including \$ 34779		**		4	12
Œ		of contributions reported on line 1c).		? »	* \$ \$	**	· 4 2 1/4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Other		See Part IV, line 18 a				- (%)	\$ 3 5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
ᅙ	b	Less: direct expenses b					* * * * * * ^
	C	Net income or (loss) from fundraising	events . ►	-15265		* *	* * * *
	ya	Gross income from gaming activities.		, , , , , ,	*	* * ,	* , ^
	١.	See Part IV, line 19 a		, .			, ,
	b	Less: direct expenses b			<u> </u>		
	100	Net income or (loss) from gaming act Gross sales of inventory, less	Ivides P				
	IVa	returns and allowances a	13583	-		*	* *
	h	Less: cost of goods sold b		,	s	,	
	b	Net income or (loss) from sales of inv	L	-2205	-2205		
	–ٿ	Miscellaneous Revenue	Business Code				
	11a	Conference income	813319	4200	4200		
	b	Volunteer orientation fees	813319	20388	20388		
	C	Facility operations revenue	813319	15000	15000		
	d	All other revenue					
	е	Total. Add lines 11a-11d	•	39588		5	. , ,
	12	Total revenue. See instructions	•	1688365	575316	58	1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			, *						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			,						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			> °4 - 22						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	65199		65199						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages	745749	657788	52961	35000					
9	Other employee benefits	73969	59999	10778	3192					
10	Payroll taxes	121642	98668	17724	5250					
11	Fees for services (non-employees):				· <u> </u>					
а	Management	0								
b	Legal	0		. "						
С	Accounting	20000		20000						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17			***						
f	Investment management fees									
g	Other	27081	20800	6281						
12	Advertising and promotion	11656		11656						
13	Office expenses	45376		45376						
14	Information technology	11419	10905	514						
15	Royalties									
16	Occupancy	163684	156251	7433						
17	Travel	1000	1000							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	835	835							
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .	13917	13917							
23	Insurance	4599	,	4599	,					
24	Other expenses. Itemize expenses not covered	· · · · · · · · · · · · · · · · · · ·	, «		\$ *** / 1, * , * .					
	above. (List miscellaneous expenses in line 24e. If	€ *	`	* * . * *	* *					
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	* * * *	, 4, 000	* * * *	* * * * * * * * * * * * * * * * * * * *					
_		* * *	220000	```	* / ,					
a	Medical supplies and services	236899 48033	236899 48033							
b	Automobile expenses Animal equipment, supplies, services	36646	36646							
c d	Laundry and sanitation	14933	14933	<u>.</u> .						
e	All other expenses	22682	12462	. 865	9355					
25	Total functional expenses. Add lines 1 through 24e	1665319	1358745	253777	52797					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	1000310	1555745	2007111	32737					

P	art X	Balance Sheet							
			(A) Beginning of year		(B) End of year				
	1	Cash-non-interest-bearing	63069	1	182948				
	2	Savings and temporary cash investments	85422	2	43562				
	3	Pledges and grants receivable, net		3	<u> </u>				
	4	Accounts receivable, net		4	14540				
	5	Receivables from current and former officers, directors, trustees, key			,				
		employees, and highest compensated employees. Complete Part II of							
		Schedule L		5					
	6	Receivables from other disqualified persons (as defined under section	, ,	*					
ets		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	, , ,						
		employers and sponsoring organizations of section 501(c)(9) voluntary							
	_	employees' beneficiary organizations (see instructions)		6_					
Assets	7	Notes and loans receivable, net		7 8					
⋖	8	Inventories for sale or use		9	2500				
	9	Prepaid expenses and deferred charges	** .*	3	2500				
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 74897			*				
	_	Less: accumulated depreciation 10b 30055	31888		44842				
	11	Investments – publicly traded securities	0.000	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	2000	15	300200				
	16	Total assets. Add lines 1 through 15 (must equal line 34)	182379	16	590391				
	17	Accounts payable and accrued expenses		17	69213				
	18	Grants payable		18					
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities		20					
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21					
S	22	Payables to current and former officers, directors, trustees, key		3 20 20 20 20 20 20 20 20 20 20 20 20 20					
ij		employees, highest compensated employees, and disqualified persons.							
Liabilities		Complete Part II of Schedule L		22					
_	23	Secured mortgages and notes payable to unrelated third parties		23					
	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			300000				
		of Schedule D		25	300000				
	26	Total liabilities. Add lines 17 through 25	0	26	369213				
	20	Organizations that follow SFAS 117, check here ▶ ☐ and complete	,		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
es	1	lines 27 through 29, and lines 33 and 34.		* · ·					
2	27	Unrestricted net assets	62278	27	146036				
ag	28	Temporarily restricted net assets	120101	28	75142				
BP	29	Permanently restricted net assets		29					
ڃ		Organizations that do not follow SFAS 117, check here ▶ ☐ and	``	,	″ ×				
F		complete lines 30 through 34.							
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30					
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31					
Ķ	32	Retained earnings, endowment, accumulated income, or other funds	· · <u>-</u> -	32					
Se	33	Total net assets or fund balances	182379		221178				
	34	Total liabilities and net assets/fund balances	182379	34	590391 Form 990 (2011)				

-Onn 9:	90 (2011)			Pa	ige iz
Part	XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u> </u>	<u> </u>	
	·	i			
1	Total revenue (must equal Part VIII, column (A), line 12)			168	38365_
2	Total expenses (must equal Part IX, column (A), line 25)			166	55319
3	Revenue less expenses. Subtract line 2 from line 1			2	23046
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			18	32379
5	Other changes in net assets or fund balances (explain in Schedule O)			1	15753
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))			22	1,178
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	· ·		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain	n in			3 -7
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountain	nt?	2c		✓
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n in		1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wissued on a separate basis, consolidated basis, or both:	/ere		, i	
	Separate basis Consolidated basis Both consolidated and separate basis		Sys.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in			لتفسيقا
	the Single Audit Act and OMB Circular A-133?		3a	ĺ	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b	Į	!
			Form	990	(2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

74-2893360

Autin P	ets Alive		74-2893360
Part	Organizations Maintaining Dono organization answered "Yes" to Fo	r Advised Funds or Other Similar Fu orm 990, Part IV, line 6.	unds or Accounts. Complete if the
	0.942404	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
	Aggregate contributions to (during year) .	13381	
	Aggregate grants from (during year)	5689	
	Aggregate value at end of year	7692	
5	Did the organization inform all donors and	1	held in donor advised
	funds are the organization's property, subject		
	Did the organization inform all grantees, dor		
	only for charitable purposes and not for the		
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Part		lete if the organization answered "Yes	
	Purpose(s) of conservation easements held to		5 to 1 01111 330,1 art 14, inte 7.
1	• • •	recreation or education)	of an historically important land area
		·	of a certified historic structure
	Protection of natural habitat	Preservation	of a certified historic structure
•	Preservation of open space	tion hold a qualified concentration contribu	ition in the form of a concentation
	Complete lines 2a through 2d if the organiza easement on the last day of the tax year.	tion rield a qualified conservation contribu	idon in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation eas		2b
	Number of conservation easements on a cer		2c
	Number of conservation easements includ		I I
	historic structure listed in the National Regis		2d
	Number of conservation easements modified tax year ▶	i, transferred, released, extinguished, or to	erminated by the organization during the
4	Number of states where property subject to	conservation easement is located ►	
5	Does the organization have a written poli	cy regarding the periodic monitoring, i	nspection, handling of
	violations, and enforcement of the conservat	ion easements it holds?	· · · · · · · T Yes 🗌 No
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easements during the year
	>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
	▶ \$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · 🔲 Yes 🗌 No
9	in Part XIV, describe how the organization re	ports conservation easements in its reven	ue and expense statement, and
	balance sheet, and include, if applicable, the		
	organization's accounting for conservation e	asements.	
Part	Organizations Maintaining Colle	ctions of Art, Historical Treasures,	or Other Similar Assets.
		ered "Yes" to Form 990, Part IV, line 8	3.
1a	If the organization elected, as permitted und	der SFAS 116 (ASC 958), not to report in	its revenue statement and balance sheet
	works of art, historical treasures, or other		
	public service, provide, in Part XIV, the text of		
	If the organization elected, as permitted ur works of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition,	
	(i) Revenues included in Form 990, Part VIII,	line 1	• \$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works		
	following amounts required to be reported up		
а	Revenues included in Form 990, Part VIII, lin	e1	▶ \$
	Assets included in Form 990, Part X		> \$

_			^
۲a	a	e	_

Part									
3	Using the organization's acquisition, collection items (check all that apply):		sion, and of	ther reco	rds, chec	ck any of th	ne follo	wing that are a	significant use of its
а	☐ Public exhibition			d	🗌 Loan	or exchang	ge prog	rams	
b	☐ Scholarly research			е	☐ Othe	r			
С	☐ Preservation for future generation:								
4	Provide a description of the organiza	tion's	collections	and expla	ain how t	hey further	the org	ganization's ex	empt purpose in Part
	XIV								
5	During the year, did the organization								
	assets to be sold to raise funds rather								
Part						ganization	answe	ered Yes to	Form 990, Part IV,
	line 9, or reported an amour ls the organization an agent, trustee	it on	odian or oth	Pari A, II	nediani f	or contribu	tions of	r other accete	not
1a	included on Form 990, Part X?								· Tyes D No
h	If "Yes," explain the arrangement in P								165 _ 100
b	ii res, explain the arrangement in r	מונ אוי	v and compi	iete trie ic	mownig t	abie.		<u> </u>	Amount
С	Beginning balance				_		10	:	
ď	Additions during the year .						10	_	
e	Distributions during the year						16		
f	Ending balance						11	f	
2a	Did the organization include an amou		Form 990, P	art X, line	217				. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P								
Part	V Endowment Funds. Compl	ete ıf	the organiz	zation ar	swered	"Yes" to I	Form 9		
		(a)	Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance								7047.6 449. 77%
b	Contributions								F 22-948
С	Net investment earnings, gains, and								
	losses	<u> </u>	 			ļ			
d	Grants or scholarships	<u> </u>							
е	Other expenditures for facilities and programs								
	· ·			 					
f	Administrative expenses								
g 2	Provide the estimated percentage of	the cu	rrent vear er	nd haland	e (line 1c	r column (a	a)) held	as:	
a	Board designated or quasi-endowme		inon your or	%	0 (0 19	,, oo.a (c	2,, 1.0.0	uo.	
b	Permanent endowment ▶	%		, -					
C	Temporarily restricted endowment ▶		%						
	The percentages in lines 2a, 2b, and 2		ould equal 10	00%.					
3a	Are there endowment funds not in th	e pos	session of th	he organı	zation th	at are held	and ad	lministered for	the
	organization by								Yes No
	(i) unrelated organizations								. 3a(i)
	(ii) related organizations		•						. 3a(ii)
b	If "Yes" to 3a(II), are the related organ						•		3b
4	Describe in Part XIV the intended use								
Part		men					l (-)	A	(d) Dook value
	Description of property		(a) Cost or o			or other basis other)	d	Accumulated epreciation	(d) Book value
1a	Land						19 1 1 1	4-4-14-14-14-14-14-14-14-14-14-14-14-14-	
b	Buildings						ļ		
C	Leasehold improvements		· · · · · · ·		ļ		ļ		
d	Equipment			74897		COST	ļ	30005	44842
E Tatal	Other	•	aud Carre 2	00 0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	n /D) !:= = 4:	0(0)		
i otal.	Add lines 1a through 1e. (Column (d) r	nust e	quai romi 9	SU, Part	, colum	ıı (a), iine 10	U(U).)	▶	

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	
	a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
	d derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				·
(C)				
(D)				
(E)				· · · · · · · · · · · · · · · · · · ·
(F)				
(G) (H)				- A
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments—Program Related	N See Form 990 Part X	line 13	• • • • • • • • • • • • • • • • • • • •
rait viii	(a) Description of investment type	(b) Book value	(c) Method of val	uation
_	(a) Description of investment type	(b) Book value	Cost or end-of-year m	
(1)				
(2)				
(3)			ļ <u>.</u>	
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
_(7)				
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(9)			ļ	
(10)	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		es · · · · · · · · · · · · · · · · · · ·	2 1 2 2 3 3 4 3
Part IX	Other Assets. See Form 990, Pa	ert X line 15		***
Turtin		a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)		1 (0)		
	umn (b) must equal Form 990, Part X, c			
Part X	Other Liabilities. See Form 990.	(b) Book value		The state of the s
1. (1) Federa	(a) Description of liability	(b) Book value	-	
(2)	income taxes		-	
(3)			-	
(4)			┥ .	ares .
(5)			-	San
(6)			·	KO MARKO NA
(7)				
(8)			* * , ` ;	
(9)	- 415		1 :	
(10)			· · · · · · · · · · · · · · · · · · ·	
(11)			1	
	(b) must equal Form 990, Part X, col (B) line 25)		1	
	ASC 740) Footnote. In Part XIV, provide		the organization's financial staten	nents that reports the
	n's liability for uncertain tax positions u			

	e D (Form 990) 2011		Page 4
Part			nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		_ 1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total dajabilionio (not). Nad mileo i mileogi. e		9
10	Excess or (deficit) for the year per audited financial statements. Combine I		10
Part	XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue pe	r Return
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.		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 ·		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			per Return
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	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		7.3 kg 1.3 kg 1.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	10 m

Part XIV Supplemental Information

Add lines **4a** and **4b**

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Fo		Page 5
Part XIV	Supplemental information (continued)	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization
Austin Pets Alive

Employer identification number 74-2893360

Part VI

11b The 990 was prepared and thus reviewed by the bookkeeping department, accounting, the Executive Director and advised by Board members throughout the process as needed. A copy of the final 990 is distributed to all Board Members for input

Part VI

12c Conflict of Interest monitoring and enforcement comes through the review process at Board meetings at which all contracts for goods and services are discussed and voted upon. Any conflict of interest is made public at this time and at no time are contracts awarded to companies wholly or partially owned by Board Members.

Part VII

1 The organization moved from cash to accrual basis accounting for better accuracy and improved access to grant monies