EXTENSION GRANTED THROUGH MARCH 17, 2014

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| A | For the | 2012 calendar year, or tax year beginning AUG 1, 2012 and ending | JUL 31, 2013 | | | | | |
|---------------|---------------------------|--|--|--|--|--|--|--|
| _ | Check if | C Name of organization | D Employer identific | ation number | | | | |
| | applicable | The state of the s | | | | | | |
| | Addres | ROBERT POTTER LEAGUE FOR ANIMALS, INC. | | | | | | |
| | Name | | 05-03 | 301553 | | | | |
| - | change lnitial | | | | | | | |
| - | return | 115111651 | | 346-8276 | | | | |
| - | Termin- ated Amend | | | 2,638,014. | | | | |
| - | return | City, town, or post office, state, and zir code | G Gross receipts \$ | | | | | |
| L | Applica tion pendin | NEWPORT, RI 02840 | | H(a) Is this a group return for affillates? Yes X No | | | | |
| | , | F Name and address of principal officer:DAVID THANKAN | | for affiliates? Yes X No H(b) Are all affiliates included? Yes No | | | | |
| _ | | SAME AS C ABOVE | | | | | | |
| | | Tips Status. [FF] On I(O)(0) | | list. (see instructions) | | | | |
| | | www.potterleague.org | H(c) Group exemption | | | | | |
| | | | ear of formation: 1929 M | State of legal domicile: NI | | | | |
| P | art I | Summary | DE CADE AND CI | מסק משתוקנ | | | | |
| ě | 1 1 | Briefly describe the organization's mission or most significant activities: TO PROVI | DE CARE AND SI | HELTER FOR | | | | |
| Governance | | LOST OR UNWANTED ANIMALS AND TO EDUCATE THE | | | | | | |
| ern | | Check this box $lacktriangle$ if the organization discontinued its operations or disposed of r | | sets. | | | | |
| ò | | Number of voting members of the governing body (Part VI, line 1a) | | 24 | | | | |
| ಲ ಫ | 1 | Number of independent voting members of the governing body (Part VI, line 1b) | | 32 | | | | |
| es | | Fotal number of individuals employed in calendar year 2012 (Part V, line 2a) | | | | | | |
| Ν | | Fotal number of volunteers (estimate if necessary) | | 600 | | | | |
| Activities & | | Fotal unrelated business revenue from Part VIII, column (C), line 12 | Control of the contro | 0. | | | | |
| | Ь | Net unrelated business taxable income from Form 990·T, line 34 | | 0. | | | | |
| Revenue | | | Prior Year | Current Year | | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | 2,653,381. | 1,617,491. | | | | |
| | 9 | Program service revenue (Part VIII, line 2g) | 510,657. | 510,782. | | | | |
| Je V | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | 109,369. | 50,743. | | | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <16,948. | | | | | |
| _ | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,256,459. | 2,156,109. | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. | | | | |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | | | | |
| 8 | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 801,236. | 855,771. | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | | | | |
| Š | b b | Total fundraising expenses (Part IX, column (D), line 25) | 706 224 | 073 301 | | | | |
| ш | 117 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 796,224. | 873,391. | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,597,460. | 1,729,162. | | | | |
| - | 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,658,999. | 426,947. | | | | |
| Net Assets or | 2 | | Beginning of Current Year | End of Year | | | | |
| sset | 20 | Total assets (Part X, line 16) | 10,538,411. | 10,697,051. | | | | |
| A H | 21 | Total liabilities (Part X, line 26) | 391,525. | 85,770. | | | | |
| 2 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 10,146,886. | 10,611,281. | | | | |
| | | Signature Block | -ii- and is the best of | . Impuring a and holist it is | | | | |
| | | ities of perjury, I declare that I have examined this return, including accompanying schedules and st | | y knowledge and bellet, it is | | | | |
| tru | e, correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which pre | parer has any knowledge. | | | | | |
| | | Signature of officer | Date | | | | | |
| Sig | | Service and the service and th | | | | | | |
| He | re | DAVID THALMANN, TREASURER Type or print name and title | | | | | | |
| _ | | | Date/ 1 / Check | PTIN | | | | |
| D- | let. | Print/Type preparer's name DEBORAH A. HOPKINS | - 1111114 II | -00167040 | | | | |
| Pa | | | Firm's EIN | 05-0409384 | | | | |
| | parer | | FIGH S ENV | 03-0407304 | | | | |
| US | e Only | Firm's address > 951 NORTH MAIN STREET PROVIDENCE, RI 02904 | Phone no. 4 | 01-274-2001 | | | | |
| 5.5 | | | Prione no. 4 | | | | | |
| Ma | ay the IF | RS discuss this return with the preparer shown above? (see instructions) | | X Yes No | | | | |

| Pai | Statement of Program Service Accomplishments | |
|---------------|--|--------------|
| | | X |
| 1 | Briefly describe the organization's mission: | |
| | THE POTTER LEAGUE FOR ANIMALS IS DEDICATED TO MAKING A DIFFERENCE IN | |
| | THE LIVES OF ANIMALS. WE PROMOTE THE HUMANE TREATMENT OF ALL ANIMALS | |
| | AND PROVIDE SHELTER AND CARE FOR LOST OR UNWANTED COMPANION ANIMALS. | |
| | THROUGH COMMUNITY EDUCATION AND THE (CONTINUED ON SCHEDULE O) | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | 1 |
| | the prior Form 990 or 990-EZ? | No |
| | If "Yes," describe these new services on Schedule O. | 1 |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes | 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 measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 960,906 · including grants of \$) (Revenue \$ 449,067 | <u>/ •</u>) |
| | SHELTERING AND ADOPTIONS - WE HOUSED 1,772 ANIMALS, WHILE ACHIEVING A | |
| | 91% SAVE RATE FOR DOGS AND CATS. NO HEALTHY, ADOPTABLE ANIMALS WERE | |
| | EUTHANIZED, AND THE LEAGUE CONTINUES TO INVEST IN OBEDIENCE TRAINING AND MEDICAL PROGRAMS TO INSURE EVEN MORE ANIMALS ARE REHABILITATED ANI | |
| | | |
| | ADOPTED. OUR FETCHING FRIENDS TRANSFER PROGRAM GAVE A 'SECOND CHANCE' TO 369 ANIMALS FROM 12 OVERCROWDED SHELTERS IN NEW ENGLAND, GEORGIA, | |
| | SOUTH CAROLINA, NORTH CAROLINA, NEW YORK, TEXAS AND THE VIRGIN ISLANDS | <u>~</u> |
| | THESE TRANSFERS ARE CAREFULLY COORDINATED TO INSURE NO LOCAL HOMELESS | <u> </u> |
| | ANIMALS ARE DENIED SERVICE AT THE POTTER LEAGUE. BECAUSE OF THIS | |
| | TRANSFER PROGRAM, WE ARE ABLE TO GIVE ANIMALS FACING AN UNCERTAIN | |
| | FUTURE THE PROMISE OF NEW HOMES. WE ALSO WORKED CLOSELY WITH THE RI | |
| | STATE VETERINARIAN AND THE RISPCA TO (CONTINUED ON SCHEDULE O) | |
| 4b | 200 640 | 4 . \ |
| 40 | (Code:) (Expenses \$ 509,649 including grants of \$) (Revenue \$ 60,634 EDUCATION, BEHAVIOR & TRAINING, AND COMMUNITY AWARENESS - AS THE ANIMA | |
| | RESOURCE CENTER FOR NEWPORT COUNTY (RI) AND BEYOND, THE POTTER LEAGUE | |
| | OFFERS A WIDE VARIETY OF PROGRAMS TO SUPPORT OUR MISSION OF ANIMAL CAP | RE |
| | AND PROTECTION. OUR EFFORTS ARE ALSO AIMED AT PREVENTING THE FAILED | |
| | BONDS BETWEEN AN ANIMAL AND HIS OWNER; IT IS OUR GOAL TO KEEP ANIMALS | |
| | IN THEIR HOMES AND OUT OF OUR SHELTER. TOWARDS THIS END WE PROVIDED | |
| | OBEDIENCE TRAINING CLASSES TO ALMOST 2400 DOGS AND PUPPIES IN OUR | |
| | COMMUNITY IN A VARIETY OF CLASSES AND PLAYGROUPS. BEHAVIOR EVALUATION | NS |
| | AND THE HEADSTART PROGRAM PROVIDED ONE-ON-ONE CUSTOMIZED TRAINING TO | |
| | THE MORE CHALLENGING YOUNG ADULT DOGS IN OUR SHELTER AND OFFERED THEM | |
| | THE OPPORTUNITY TO LEARN ACCEPTABLE MANNERS. THE LEAGUE'S BEHAVIOR | |
| | HELPLINE HANDLED OVER 500 CALLS AND EMAILS. (CONTINUED ON SCHEDULE O) | |
| 4c | (Code:) (Expenses \$ |) |
| | | |
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| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4-1 | Other program continue (Deceribe in Schedule O.) | |
| 40 | Other program services (Describe in Schedule O.) | |
| 40 | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,270,555. | |
| 10 | Total program service expenses Fig. 1, 270, 333. | 2012) |

Part IV | Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X 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, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II______ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Х Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 X located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

ROBERT POTTER LEAGUE FOR ANIMALS, INC. 05-0301553 Form 990 (2012) Page 4 Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 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 Х Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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? _____ 25a 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 X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified 26

person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

X Form **990** (2012)

X

Х

Х

X

X

X

X

X

X

X

Х X

X

X

X

25b

27

28a

28c

29

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31

32

35a

35b

36

37

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | | | | | | | | |
|---------|---|----------|-----|--------|--|--|--|--|--|--|
| | | | Yes | No | | | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | | | | | | | |
| 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 reportable gaming | | | | | | | | | |
| | (gambling) winnings to prize winners? | 1c | X | | | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | | | | | | | |
| 4a | 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 | | X | | | | | | |
| b | If "Yes," enter the name of the foreign country: ► | | | | | | | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | | |
| С | 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? | 6b | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X | | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | | |
| | to file Form 8282? | 7c | | X | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X | | | | | | |
| f | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | | | | | | | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | | | | | | | |
| 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 10a | | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | | | | | | | |
| | Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | | |
| b | | | | | | | | | | |
| 122 | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | IZa | | | | | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | |
| 13 a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | | |
| а | Note. See the instructions for additional information the organization must report on Schedule O. | ioa | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | |
| D | organization is licensed to issue qualified health plans | | | | | | | | | |
| C | Enter the amount of reserves on hand 13c | | | | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | | | | | | |
| | | | 990 | (2012) | | | | | | |

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

| | Check if Schedule O contains a response to any question in this Part VI | | | X |
|-----|---|---------|-------|----|
| Sec | tion A. Governing Body and Management | | | |
| | <u> </u> | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year la | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 24 | | | |
| 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 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| 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 | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶RI | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | vailab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | d finar | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | tion: | • | |
| | M. CHRISTIE SMITH, EXECUTIVE DIRECTOR - 401-846-8276 | | | |
| | 87 OLIPHANT LANE, MIDDLETOWN, RI 02842 | | | |

232006 12-10-12

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

Check if Schedule O contains a response to any question in this Part VII

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.

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

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

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

| (A) Name and Title | (B) Average hours per | (do box | not c | Pos heck ss pe | ition more | | one th an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|--------------------------|--|------------------|-----------------------|----------------------|---------------|------------------------------|--------------|--|--|---|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) ELLEN FORD | 8.00 | ., | | 37 | | | | | 0 | 0 |
| PRESIDENT | F 00 | Х | _ | Х | _ | _ | | 0. | 0. | 0. |
| (2) HARRIET DICICCO | 5.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | _ | Х | _ | _ | | 0. | 0. | 0. |
| (3) HOWARD NAUGLE | 2.00 | | | l | | | | | | |
| TREASURER | | Х | | Х | | _ | | 0. | 0. | 0. |
| (4) PATTY SPIGEL | 2.00 | | | | | | | | | |
| SECRETARY | 1 00 | Х | | Х | | _ | | 0. | 0. | 0. |
| (5) JAMES BERWIND | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | ╙ | | 0. | 0. | 0. |
| (6) RICHARD BRICKLEY | 1.00 | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) A. HUGH DOUGLAS, III | 1.00 | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) CAROLYN DUPONT | 1.00 | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) KURT EDENBACH | 1.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) MARY EDWARDS | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) DEBORAH ELLIOTT | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) JUDITH ENSTONE | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) MARILYN KANTER | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) CHARLENE KARNS | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) ELENA KISSEL | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (16) KATHLEEN MANAGHAN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | L | <u> </u> | L | 0. | 0. | 0. |
| (17) NANCY MAYER | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | Form 990 (2012) |

232007 12-10-12

| | OTTER LI | EΑC | GUI | E E | OF | R 2 | AN: | IMALS, INC. | 05-030 | 1553 | i P | age 8 |
|---|--|--------------------------------|-----------------------|-------------------------------------|-------------------------|------------------------------|----------|----------------------------------|--|-----------------------|--|----------------------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , and | d Hi | ghe | st C | Compensated Employe | es (continued) | | | |
| (A) Name and title | (B) Average hours per week | box | not c , unle | Posi heck i ss per id a di | ition more rson i | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | able Est sation am | | of |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the | organizations (W-2/1099-MISC) | orç ar | other npensa from th ganizat nd relat janizat | ation ne tion ted |
| (18) ROE O'BRIEN MOLDOW | 1.00 | | | | | | | | | | | |
| DIRECTOR | 1 00 | Х | | Ш | | _ | <u> </u> | 0. | C |) . | | 0. |
| (19) ERIC RADLER | 1.00 | ٠,, | | | | | | | | | | 0 |
| DIRECTOR | 1 00 | Х | _ | | | | _ | 0. | <u></u> |) . | | 0. |
| (20) KIM RENK | 1.00 | Х | | | | | | 0. | , |). | | Λ |
| DIRECTOR | 1.00 | ^ | <u> </u> | \vdash | | _ | ┝ | 0. | | - | | 0. |
| (21) MARY ALICE SMITH | 1.00 | X | | | | | | 0. | ر ا | | | 0. |
| DIRECTOR (22) DAVID THALMANN | 1.00 | ^ | \vdash | Н | | | ├ | 0. | · · · · · · | - | | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | ١ | | | 0. |
| (23) HELENE VAN BEUREN | 1.00 | | \vdash | Н | | | ┢ | | | + | | • |
| DIRECTOR | 1,00 | X | | | | | | 0. | 1 | | | 0. |
| (24) TERYN WEINTZ | 1.00 | | | Н | | | \vdash | | | 1 | | |
| DIRECTOR | | X | | | | | | 0. | |) . | | 0. |
| (25) M. CHRISTIE SMITH | 40.00 | | | Н | | | \vdash | | | _ | | |
| EXECUTIVE DIRECTOR | | 1 | | Х | | | | 92,946. | |). 1 | 6,5 | 17. |
| (26) NANCY WRATHALL | 40.00 | | | | | | | | | | | |
| DIR. FINANCE & ADMINISTRAT | | 1 | | Х | | | | 62,193. | c |) . | | 82. |
| 1b Sub-total | | | | | | | | 155,139. | C |) . 2 | 23,3 | 99. |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | |) . | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 155,139. | C |). 2 | 23,3 | 99. |
| 2 Total number of individuals (including but n | ot limited to th | nose | liste | ed al | oove | e) wł | no r | eceived more than \$10 | 0,000 of reportable | | | |
| compensation from the organization | | | | | | | | | | | | 0 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director, or tru | uste | e, ke | y en | nplo | yee | , or | highest compensated e | employee on | | | |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | . 3 | | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | ١ |
| and related organizations greater than \$150 | | | | | | | | | | . 4 | ــــــ | X |
| 5 Did any person listed on line 1a receive or a | = | | | | - | | | - | | | | |
| rendered to the organization? If "Yes," com | plete Schedul | e J f | or si | uch _I | pers | on . | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | * | | | |
| 1 Complete this table for your five highest co | | | | | | | | | | nsation | from | |
| the organization. Report compensation for | the calendar y | ear (| endi | ng v | vith | or w | rithir | | year. | | | |
| (A) Name and business | address | NIC | זאר | 7 | | | | (B) Description of | | (C) Compensation | | |
| . Idino dia padiliodo | Name and business address NONE Description of services | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | \dashv | | | | | |
| | | | | | | | - 1 | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

| | | | | R LEAGUE | FOR ANIMAL | S, INC. | 05-0301 | .553 Page 9 |
|--|------|---|---------------------|-----------------|-------------------|------------------------------------|----------------------------------|--|
| Pa | t VI | | | | | | | |
| | | Check if Schedule O cont | tains a response | to any question | in this Part VIII | (B) | (C) | |
| | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
| ıts ts | 1 a | Federated campaigns | 1a | 65,804. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues | | | | | | |
| S, G | c | Fundraising events | | 261,074. | | | | |
| ar a | | Related organizations | | | | | | |
| imi | | Government grants (contribut | | | | | | |
| rior S | f | All other contributions, gifts, gran | | | | | | |
| ig i | | similar amounts not included abo | ve 11 1 | ,290,613. | | | | |
| dat | | Noncash contributions included in lines | | 129,886. | | | | |
| g g | h | Total. Add lines 1a-1f | | <u></u> | 1,617,491. | | | |
| | | | | Business Code | | | | |
| <u>ice</u> | 2 a | | | 900099 | 287,211. | 287,211. | | |
| er v | b | SERVICE CONTRAC | T FEES | 900099 | 223,571. | 223,571. | | |
| n S | C | · | | | | | | |
| gra Re | C | <u> </u> | | | | | | ļ |
| Program Service Revenue | e | | | | | | | |
| _ | | All other program service reve | | | 510,782. | | | |
| \dashv | 3 | Total. Add lines 2a-2f | | | 310,702. | | | |
| | 3 | other similar amounts) | | | 56,710. | | | 56,710. |
| | 4 | Income from investment of ta | | | | | | |
| | 5 | Royalties | • | | | | | |
| | | riojamos | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | c | Rental income or (loss) | | | | | | |
| | c | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 287,862 | • | | | | |
| | b | Less: cost or other basis | 202 020 | | | | | |
| | | and sales expenses | 293,829. <5,967. | · [| - | | | |
| | | Gain or (loss) | | | <5,967. | | | <5,967.> |
| | | d Net gain or (loss)a Gross income from fundraisin | | ······ | <5,307. | | | <3,307. |
| Other Revenue | 8 8 | including \$ 261,0 | | | | | | |
| e | | contributions reported on line | | | | | | |
| , a | | Part IV, line 18 | | 145,325. | | | | |
| the | b | Less: direct expenses | | 175,351. | - | | | |
| 0 | | Net income or (loss) from fund | | | <30,026. | > | | <30,026.> |
| | | Gross income from gaming a | | | | | | |
| | | Part IV, line 19 | | ı | | | | |
| | b | Less: direct expenses | | | | | | |
| | c | Net income or (loss) from gan | ning activities . | . <u></u> | | | | |
| | 10 a | a Gross sales of inventory, less | returns | 10011 | | | | |
| | | and allowances | a | 19,844. | _ | | | |
| | | Less: cost of goods sold | | 12,725. | 7 110 | 7 110 | | |
| | C | Net income or (loss) from sale | | 1 | 7,119. | 7,119. | | |
| - | 44 | Miscellaneous Revenu | ie | Business Code | | | | |
| | 11 a | | | | - | | | |
| | b | | | | | | | |
| | | d All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue. See instructions. | | | 2,156,109. | 517,901. | 0. | 20,717. |
| 23200 12-10- | 12 | | | | | | | Form 990 (2012) |

Part IX Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must comp | | | omplete column (A). | |
|----------|--|----------------|--------------------------|---------------------------------|----------------------|
| | Check if Schedule O contains a responsion of include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | | ' | | · |
| | organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 106 010 | 00 225 | F.4.000 | 42 455 |
| | trustees, and key employees | 186,819. | 89,335. | 54,009. | 43,475. |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 544,087. | 406,043. | 8,202. | 129,842. |
| 7 | Other salaries and wages | 344,007. | 400,043. | 0,202. | 149,044. |
| 8 | Pension plan accruals and contributions (include | | | | |
| • | section 401(k) and 403(b) employer contributions) | 59,035. | 42,328. | 1,115. | 15,592. |
| 9 | Other employee benefits | 65,830. | 45,664. | 5,637. | 14,529. |
| 10 11 | Payroll taxes Fees for services (non-employees): | 05,050. | 43,004. | 3,037 | 14,525. |
| | ` ' ' ' | | | | |
| a b | | | | | |
| c | Г | 17,761. | 10,406. | 3,956. | 3,399. |
| | Lobbying | | | | |
| e | D (' 1(1 ' ' ' O D ' N/ '' 47 | | | | |
| f | | 12,812. | | 12,812. | |
| g | // / L 100/ (I) 05 F | | | | |
| Ī | column (A) amount, list line 11g expenses on Sch O.) | 15,530. | 15,530. | | |
| 12 | Advertising and promotion | 7,808. | 7,616. | 192. | |
| 13 | Office expenses | 117,827. | 62,597. | 16,911. | 38,319. |
| 14 | Information technology | 41,806. | 26,432. | 10,971. | 4,403. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 130,942. | 116,391. | 12,851. | 1,700. |
| 17 | Travel | 8,103. | 5,188. | 1,096. | 1,819. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 1 525 | 1 200 | 1.40 | 2.0 |
| 20 | Interest | 1,535. | 1,366. | 149. | 20. |
| 21 | Payments to affiliates | 329,922. | 293,706. | 31,942. | 4,274. |
| 22 | Depreciation, depletion, and amortization | 26,184. | 19,730. | 4,367. | 2,087. |
| 23 | Other expenses. Itemize expenses not covered | 20,104. | 19,730. | 4,307. | 2,007. |
| 24 | above. (List miscellaneous expenses in line 24e. If line | | | | |
| | 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | VETERINARY FEES & SUPPL | 93,554. | 93,554. | | |
| b | BAD DEBT EXPENSE | 27,120. | 1,620. | | 25,500. |
| С | ANIMAL FOOD | 11,261. | 11,261. | | |
| d | TRAINING | 11,246. | 6,141. | 4,367. | 738. |
| е | All other expenses | 19,980. | 15,647. | 3,834. | 499. |
| 25 | Total functional expenses . Add lines 1 through 24e | 1,729,162. | 1,270,555. | 172,411. | 286,196. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

| Pa | rt X | Balance Sheet | | | |
|-----------------------------|------|---|---------------------------------|-----------------|---------------------------|
| | | Check if Schedule O contains a response to any question in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 722,892. | 1 | 1,099,079. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | 610,340. | 3 | 662,616. |
| | 4 | Accounts receivable, net | 14,011. | 4 | 12,263. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Ass | 8 | Inventories for sale or use | 5,036. | 8 | 4,572. |
| | 9 | Prepaid expenses and deferred charges | 11,729. | 9 | 9,226. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 9,015,165. | | | |
| | b | Less: accumulated depreciation 10b 1,615,527. | 7,719,464. | 10c | |
| | 11 | Investments - publicly traded securities | 1,430,586. | 11 | 1,484,363. |
| | 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 | 24,353. | 15 | 25,294. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 10,538,411. | 16 | 10,697,051. |
| | 17 | Accounts payable and accrued expenses | 44,979. | 17 | 82,725. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 3,768. | 19 | 3,045. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| es | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| jab | | key employees, highest compensated employees, and disqualified persons. | | | |
| _ | | Complete Part II of Schedule L | 242 552 | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 342,778. | 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 of | | | |
| | | Schedule D | 201 525 | 25 | 05 770 |
| | 26 | Total liabilities. Add lines 17 through 25 | 391,525. | 26 | 85,770. |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | | | |
| ces | | complete lines 27 through 29, and lines 33 and 34. | 8,081,076. | 07 | 9 475 774 |
| au | 27 | Unrestricted net assets | 712,367. | 27 | 8,475,774. 782,064. |
| Ва | 28 | Temporarily restricted net assets | 1,353,443. | 28 | 1,353,443. |
| pur | 29 | Permanently restricted net assets | 1,333,443. | 29 | 1,333,443. |
| Ę | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| S | | and complete lines 30 through 34. | | - | |
| set | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net | 32 | Retained earnings, endowment, accumulated income, or other funds | 10,146,886. | 32 33 | 10,611,281. |
| • | 33 | Total lichilities and not seests (fund belences | 10,538,411. | 33 | 10,611,261. |
| | 34 | Total liabilities and net assets/fund balances | TO, 220, ETT. | ال ا | 1 -0,001,001. |

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|------------|----------------|
| | |

| Form | 990 (2012) ROBERT POTTER LEAGUE FOR ANIMALS, INC. | 05-0 | 301553 | Pag | ge 12 |
|------------|---|-----------|--------|-----|--------------|
| Pai | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | Ш |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,156 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,729 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 47. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 10,146 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 35 | 7,4 | 48. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 10,611 | L,2 | 81. |
| Pai | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | Ш |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | igle Audi | t | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | 200 | |

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection

| | | | | POTTER LEAGU | | | | | | 0 | 5-0301 | .553 | 1 | |
|------|----------|---|---|--|-----------------|--------------------|--------------------|---------------------|------------------------|-------------------|---|--|--------|--|
| Pa | art I | Reason | for Public Char | ity Status (All organiz | ations mu | st complet | te this parl | :.) See inst | ructions. | | | | | |
| 1 | organ | | • | because it is: (For lines 1 s, or association of chur | - | | - | • | | | | | | |
| 2 | \vdash | | | '0(b)(1)(A)(ii). (Attach Sc | | | | | | | | | | |
| 3 | \vdash | | | tal service organization of | | | | , , , | | | | | | |
| 4 | | A medical res | | operated in conjunction | with a hos | pital desc | ribed in se | ction 170 | (b)(1)(A)(ii | ii). Enter | the hospita | l's nan | ne, | |
| 5 | | • | | benefit of a college or ur | niversity o | wned or or | perated by | a governi | mental uni | it describ | ned in | | | |
| Ū | | - | (b)(1)(A)(iv). (Comple | - | | | | a go | | | | | | |
| 6 | | | | ent or governmental unit | t describe | d in sectio | n 170(b)(1 | Ι (Δ)(ν) | | | | | | |
| 7 | X | | | eives a substantial part | | | | | or from the | neneral | nublic described in | | | |
| • | | J | , | • | or its supp | ort nom a | governine | intal arm c | / 110111 tile | , general | public des | JIIDCU | "" | |
| 8 | | section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | | |
| 9 | Ħ | | | eives: (1) more than 33 1 | | | rom contri | hutions m | nemhershi | in fees a | and aross re | ceinte | from | |
| · | | • | • | nctions - subject to certa | | | | | | | • | • | | |
| | | | | axable income (less sect | | | | | | | | | | |
| | | | 509(a)(2). (Complete | • | liononnta | <i>x</i>) | 1311103303 6 | ioquired b | y the orga | inzation | arter burie | 50, 15 | 70. | |
| 10 | | | | perated exclusively to te | st for nubl | ic safety 9 | See sectio | n 509(a)(4 | 1) | | | | | |
| 11 | Ħ | | | perated exclusively for the | | | | | | v out the | nurnoses | of one | or | |
| •• | | • | | ations described in section | | | | | | • | | | OI . | |
| | | | | organization and comple | | • | | .). 000 00 0 |) 000 m | u)(0): 011 | COR LITO DO | · inat | | |
| | | a Type | · · · · · · · · · · · · · · · · · · · | | ype III - Fu | ū | | | avT 🔲 I | e III - Noi | n-functiona | llv inte | arated | |
| e | | ,, | | at the organization is not | | • | • | | | | | - | - | |
| _ | | | • | han one or more publicly | | • | | • | | • | - | | | |
| f | | | | ten determination from t | | | | | | σ(α)(1) σι | 000000000000000000000000000000000000000 | J (4)(2). | | |
| | | | rganization, check th | | | | | | · · · · | | | | | |
| ç | 1 | | | | | | | | owing per | sons? | | | . — | |
| ٤ | , | • | st 17, 2006, has the organization accepted any gift or contribution from any of the following persons? on who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, | | | | | | | | | | No | |
| | | | overning body of the supported organization? | | | | | | | | | | 1 | |
| | | | | | | | | | | | |) | | |
| | | | | | | | | | | | | | | |
| h | 1 | | | about the supported or | | | | | | | 11g(iii | <u>' </u> | | |
| - | - | | one on ig monitation | | 94 | (=). | | | | | | | | |
| (i |) Name | of supported | (ii) EIN | | (iv) Is the o | | | ı notify the | (vi) Is organizațio | the | (vii) Amour | t of mo | netarv | |
| ` | , | anization | | (described on lines 1-9 | in col. (i) lis | | _ | | l (i) organız | ed in the | l ` ' | port | | |
| | | | | above or IRC section (see instructions)) | governing | document? | (i) of your | support? | U.S | 5.? | | | | |
| | | | | (see mstructions)) | Yes | No | Yes | No | Yes | No | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| Tota | ai | | | | | | | | | | I | | | |

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 ROBERT POTTER LEAGUE FOR ANIMALS, INC. 05-0301553 Page 2

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|-------------------|------------------------|------------------------|---------------------|-------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1,957,960. | 1,327,952. | 1,657,928. | 1,253,381. | 1,247,028. | 7,444,249. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 3 | 1,957,960. | 1,327,952. | 1,657,928. | 1,253,381. | 1,247,028. | 7,444,249. |
| 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) | | | | | | 690,679. |
| | Public support. Subtract line 5 from line 4. | | | | | | 6,753,570. |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | Amounts from line 4 | 1,957,960. | 1,327,952. | 1,657,928. | 1,253,381. | 1,247,028. | 7,444,249. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | 40 115 | 46 501 | 24 561 | F.C. 1710 | 054 501 |
| | and income from similar sources | 74,434. | 42,115. | 46,571. | 34,761. | 56,710. | 254,591. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 7,698,840. |
| 12 | | • | , | | | | ,878,570. |
| 13 | First five years. If the Form 990 is for | - | s first, second, third | d, fourth, or fifth ta | ıx year as a sectio | n 501(c)(3) | |
| 800 | organization, check this box and storection C. Computation of Publ | here | rcentage | | | | <u></u> |
| | | | | | | | 87.72 % |
| | Public support percentage for 2012 (| | | | | 14 | <u> </u> |
| 15 | 11 1 | | | | | 15 | |
| 16a | 33 1/3% support test - 2012. If the o | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2011. If the o | | | | | | |
| 4- | and stop here. The organization qual | | | | | | |
| 1/a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets the | | | | | | . . |
| 40 | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 16b, 1/a, or 17b | | | |
| | | | | | Sche | edule A (Form 990 | or 990-EZ) 2012 |

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

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

| Section A. Public Support | ow, picase com | pioto i ait ii.j | | | | |
|---|--------------------|----------------------|------------------------|----------------------|----------------------|-------------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and | (=, =000 | (3) 2000 | (2) = 0.10 | (2, 2011 | (3) = 3 12 | (-) |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | - | - | | |
| 6 Total. Add lines 1 through 5 | | | - | - | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | 1 | 1 | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 Amounts from line 6 | (a) 2000 | (b) 2009 | (6) 2010 | (u) 2011 | (e) 2012 | (i) iotai |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included in line 10b, | | | | | | |
| whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for t | he organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) organiz | zation, |
| | | | | | | > |
| Section C. Computation of Public | Support Pe | rcentage | | | | |
| 15 Public support percentage for 2012 (lin | ie 8, column (f) d | livided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2011 S | | | | | 16 | % |
| Section D. Computation of Invest | ment Incom | e Percentage | , | | | |
| 17 Investment income percentage for 201 | | | | | 17 | % |
| 18 Investment income percentage from 20 | | | | | 18 | % |
| 19a 33 1/3% support tests - 2012. If the o | - | | | | | |
| more than 33 1/3%, check this box and | | | | | | |
| b 33 1/3% support tests - 2011. If the o | • | | | • | • | |
| line 18 is not more than 33 1/3%, chec | | | | | | |
| 20 Private foundation. If the organization | did not check a | box on line 14 19 | a or 19b check t | his box and see in | structions | |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

05-0301553

Name of the organization Employer identification number

ROBERT POTTER LEAGUE FOR ANIMALS,

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

ROBERT POTTER LEAGUE FOR ANIMALS, INC. 05-0301553

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | l spac | ce is needed. | |
|------------|--|--------|----------------------------|--|
| (a) No. | | | (c) Total contributions | (d) Type of contribution |
| 1 | | \$_ | 47,588. | Person X Payroll |
| (a) No. | | | (c) Total contributions | (d) Type of contribution |
| 2 | NOTE: The information relating to this question has been excluded from the public inspection copy of the Form 990 in accordance with Internal Revenue Service regulations. | \$_ | 56,500. | Person X Payroll |
| (a) No. | | | (c) Total contributions | (d) Type of contribution |
| 3 | | \$_ | 100,349. | Person X Payroll |
| (a) | | | (c) Total contributions | (d) Type of contribution |
| No4 | | \$_ | 75,498. | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | | | (c) Total contributions | (d) Type of contribution |
| 5 | | \$_ | 400,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | | | (c) Total contributions | (d) Type of contribution |
| | | \$ | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

223452 12-21-12

ROBERT POTTER LEAGUE FOR ANIMALS, INC.

05-0301553

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II | if additional space is needed. | |
|------------------------------|--|--|------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 4 | \$65,498 CONTRIBUTION OF JEWELRY (\$75,498 ON PREVIOUS PAGE INCLUDES \$10,000 CASH CONTRIBUTION) | | VARIOUS |
| (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. 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. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ \$ | 90, 990-EZ, or 990-PF) (2012 |

| Name of orga | nization | Employer identification number | | | | | | |
|---------------------------|---|--|--|--|--|--|--|--|
| ROBERT | POTTER LEAGUE FOR ANI | MALS, INC. | 05-0301553 | | | | | |
| Part III | Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t | vidual contributions to section 501(c he following line entry. For organization | c)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter r the year. (Enter this information once.) | | | | | |
| | Use duplicate copies of Part III if addition | .c., contributions of \$1,000 or less for nal space is needed. | r the year. (Enter this information once.) | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gif | ft | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship 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 gif | | | | | | |
| | Transferee's name, address, a | | Relationship 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, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| Part I | (b) i dipose oi giit | (e) 330 31 giit | (a) Boost paint of new girt to new | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gif | ft | | | | | |
| | Transferee's name, address, a | Relationship of transferor to transferee | | | | | | |
| <u> </u> | mansieree s name, audress, d | IIII 21F T T | notationally of transfer of to transferee | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2012
Open to Public Inspection

Name of the organization

ROBERT POTTER LEAGUE FOR ANIMALS, INC. Employer identification number 05-0301553

| Pa | t I Organizations Maintaining Donor Advised F | • | s or Accounts. Complete if the |
|----|---|--|---|
| | organization answered "Yes" to Form 990, Part IV, line 6. | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in writin | ng that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's exclu | _ | |
| 6 | Did the organization inform all grantees, donors, and donor advisor | | |
| • | for charitable purposes and not for the benefit of the donor or do | | |
| | | | |
| Pa | | | |
| 1 | Purpose(s) of conservation easements held by the organization (c | | • |
| | Preservation of land for public use (e.g., recreation or education of land for public use (e.g., recreation of land for education of land for | <i>,</i> ,, | storically important land area |
| | Protection of natural habitat | | ified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified of | conservation contribution in the form | of a conservation easement on the last |
| _ | day of the tax year. | onservation contribution in the form | or a conservation easement on the last |
| | day of the tax your. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| b | | | |
| c | Number of conservation easements on a certified historic structure | | |
| d | Number of conservation easements included in (c) acquired after | | |
| u | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, release | | |
| • | year | a, extinguished, or terminated by the | o organization daming the tax |
| 4 | Number of states where property subject to conservation easeme | ent is located | |
| 5 | Does the organization have a written policy regarding the periodic | | |
| • | violations, and enforcement of the conservation easements it hold | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enfor | | |
| 8 | Does each conservation easement reported on line 2(d) above sa | | |
| • | and section 170(h)(4)(B)(ii)? | • | |
| 9 | In Part XIII, describe how the organization reports conservation ea | | |
| · | include, if applicable, the text of the footnote to the organization's | • | |
| | conservation easements. | i maneral etatemente that decembes | the organization o decounting for |
| Pa | t III Organizations Maintaining Collections of Ar | t, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" to Form 990, | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 95 | 58), not to report in its revenue stater | ment and balance sheet works of art. |
| | historical treasures, or other similar assets held for public exhibition | • | • |
| | the text of the footnote to its financial statements that describes | , | , |
| b | If the organization elected, as permitted under SFAS 116 (ASC 95 | | t and balance sheet works of art, historical |
| - | treasures, or other similar assets held for public exhibition, educa | | |
| | relating to these items: | , | 2.10 co. 1.10c, p. c. 1.20 t. 1.0 t. 1.10 t. 1.10 |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical treasure | | • |
| - | the following amounts required to be reported under SFAS 116 (A | | ga, provido |
| а | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| b | Assets included in Form 990, Part X | | *************************************** |
| D | Associa molaucu iir i oitii 330, i alt A | | Ψ Ψ |

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

Schedule D (Form 990) 2012

| | The percentages in lines 2a, 2b, and 2c should equal 100%. | | |
|----|---|--------|---|
| 3a | Are there endowment funds not in the possession of the organization that are held and administered for the organization | | |
| | by: | | Υ |
| | (i) unrelated organizations | 3a(i) | |
| | (ii) related organizations | 3a(ii) | Г |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

| Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. | | | | | | | | | |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|--|--|--|--|--|
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | | | | | |
| 1a Land | | | | | | | | | |
| b Buildings | | 8,720,457. | 1,382,576. | 7,337,881. | | | | | |
| c Leasehold improvements | | 7,244. | 2,890. | 4,354. | | | | | |
| d Equipment | | 287,464. | 230,061. | 57,403. | | | | | |
| e Other | | | | | | | | | |
| Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (R), line 10(c).) | | | | | | | | | |

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

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

222254

THE CALENDAR YEAR-END PROCEEDING THE FISCAL YEAR IN WHICH THE EXPENDITURE

Schedule D (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

| Name of the organization ROBERT | POTTER LEAGUE FOR | ANI | MAL | S, INC. | | 05-0301 | ntification number |
|---|---|--|-------------------------------------|---|---------|--|---|
| Part I Fundraising Activities required to complete this par | Complete if the organization answet. | ered "Y | 'es" to | Form 990, Part IV, I | ine 17 | . Form 990-EZ | filers are not |
| 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the | sed funds through any of the following and solicitate and solicitate and solicitate are solicitated. Solicitate and solicitate are solicitated and solicitated are solicitated as a solicitated and solicitated are solicitated as solicitated as solicitated and solicitated are solicitated as solicitated as solicitated and solicitated are solicitated as | tion of tion of fundra (includerofess | non-governaising of ding of ional f | overnment grants nment grants events fficers, directors, tru undraising services? | stees | Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | to (or | Amount paid r retained by) undraiser ed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
| | | | | | | | |
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| | | | | | | | |
| Total | | | • | | | | |
| 3 List all states in which the organization or licensing. | n is registered or licensed to solicit o | contrib | outions | s or has been notified | d it is | exempt from re | egistration |
| | | | | | | | |
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LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 ROBERT POTTER LEAGUE FOR ANIMALS, INC. 05-0301553 Page 2

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

| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|------|---|---------------------------|------------------------------|-------------------|---------------------------|
| | | | WALK FOR | HAVE A HEART | | (add col. (a) through |
| | | | ANIMALS | PARTY | 2 | col. (c)) |
| a) | | | (event type) | (event type) | (total number) | coi. (c)) |
| Revenue | | | | | | |
| 3eve | 1 | Gross receipts | 96,779. | 124,453. | 185,167. | 406,399. |
| ш | | | | | 404 004 | |
| | 2 | Less: Contributions | 96,779. | 59,364. | 104,931. | 261,074. |
| | | | | 65 000 | 00 226 | 145 225 |
| | 3 | Gross income (line 1 minus line 2) | | 65,089. | 80,236. | 145,325. |
| | _ | Cook witness | | 1,998. | | 1,998. |
| | 4 | Cash prizes | | 1,550. | | 1,550. |
| | 5 | Noncash prizes | 4,197. | | | 4,197. |
| es | | Nonodon prized | | | | |
| ens | 6 | Rent/facility costs | 1,017. | 435. | 4,013. | 5,465. |
| Direct Expenses | | | | | | |
| š | 7 | Food and beverages | 2,245. | 23,397. | 7,211. | 32,853. |
| ÖË | | | | | | _ |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 10,821. | 36,017. | 84,000. | 130,838. |
| | 10 | Direct expense summary. Add lines 4 through | | | | (175,351, |
| Do | 11 | Net income summary. Combine line 3, column | n (d), and line 10 | 000 Det IV Bee 40 | | <30,026.> |
| Po | rt I | Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. | answered "Yes" to Form | 1990, Part IV, line 19, or r | eported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | Ī | (b) Pull tabs/instant | | (d) Total gaming (add |
| Jue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c) |
| Revenue | | | | | | () () |
| Ä | 1 | Gross revenue | | | | |
| | | | | | | |
| δί | 2 | Cash prizes | | | | |
| nse | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| ct E | | | | | | |
| Öire | 4 | Rent/facility costs | | | | |
| | _ | | | | | |
| | 5 | Other direct expenses | W 0/ | W 0/ | | |
| | 6 | Volunteer labor | Yes % No | Yes % | Yes % | |
| | 0 | Volunteer labor | L NO | I NO | NO | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | • | (|
| | _ | | | | | , |
| | 8 | Net gaming income summary. Combine line 1 | , column d, and line 7 | | | |
| | | | | | | |
| 9 | En | ter the state(s) in which the organization opera | tes gaming activities: | | | |
| а | ls t | the organization licensed to operate gaming ac | tivities in each of these | states? | | Yes No |
| b | If " | No," explain: | | | | |
| | _ | | | | | |
| | | | | | | |
| | | ere any of the organization's gaming licenses re | evoked, suspended or te | erminated during the tax y | /ear'? | Yes No |
| О | II " | Yes," explain: | | | | |
| | _ | | | | | |
| | | | | | | |

Schedule G (Form 990 or 990-EZ) 2012

| Sch | edule G (Form 990 or 990-EZ) 2012 ROBERT POTTER LEAGUE FOR ANIMALS, INC. 05-0 | <u> 3015</u> | 53 Page 3 |
|----------|--|--------------|---------------|
| 11 | Does the organization operate gaming activities with nonmembers? | Ye | es No |
| | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | ☐ Ye | es No |
| 13 | Indicate the percentage of gaming activity operated in: | 1 | |
| | The organization's facility | 13a | % |
| | An outside facility | 13b | |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | 100 | |
| 17 | Title the hame and address of the person who prepares the organization's gaming/special events books and records. | | |
| | Name | | |
| | Name | | |
| | Addison | | |
| | Address | | |
| 150 | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | es No |
| 156 | Does the organization have a contract with a tring party from whom the organization receives gaming revenue? | | -3 - 140 |
| L | If "Veg " enter the amount of gaming revenue received by the arganization. | | |
| L | olf "Yes," enter the amount of gaming revenue received by the organization > and the amount | | |
| | of gaming revenue retained by the third party \$ | | |
| C | If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name | | |
| | | | |
| | Address | | |
| | | | |
| 16 | Gaming manager information: | | |
| | | | |
| | Name | | |
| | | | |
| | Gaming manager compensation > \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | _ L Ye | es L No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year ▶ \$ | | |
| Pa | rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) | and (v), | and Part III, |
| | lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information | (see ins | structions). |
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ROBERT POTTER LEAGUE FOR ANIMALS, INC.

Employer identification number 05-0301553

| Pai | π I Types of Property | | | | | | | | | |
|----------|--|----------------|------------------------------------|------------------------------------|----------------------|--------------|-----------|-----------------|---------|--------------|
| | | (a) | (b) | (c) | | | | (d) | | |
| | | Check if | Number of | Noncash contr | | | | determinir | | |
| | | applicable | contributions or items contributed | amounts report Form 990, Part V | | nonca | ish contr | ibution am | ount | S |
| 1 | Art - Works of art | | | | ···, ···- · <u>J</u> | | | | | |
| 2 | Art - Historical treasures | | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | | |
| 4 | Books and publications | | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | | |
| 7 | Boats and planes | | | | | | | | | |
| 8 | Intellectual property | | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | | |
| | Securities - Closely held stock | | | | | | | | | |
| 10 | ī | | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | | |
| 40 | trust interests | | | | | - | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | | |
| | Historic structures | | | | | - | | | | |
| 14 | Qualified conservation contribution - Other | | | | | - | | | | |
| 15 | Real estate - Residential | | | | | - | | | | |
| 16 | Real estate - Commercial | | | | | | | | | |
| 17 | Real estate - Other | | | | | - | | | | |
| 18 | Collectibles | | | | | | | | | |
| 19 | Food inventory | | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | | |
| 25 | Other (INVENTORY DON) | X | 1 | | | COST | | | | |
| 26 | Other (AUCTION ITEMS) | X | 20 | | | AUCTIO | | ALE PR | IC | E/M |
| 27 | Other ► (ANIMAL SUPPLI) | X | 118 | , | | COST | ORG. | WOULI |) P. | AY |
| 28 | Other ► (GIFTS & PRIZE) | X | 30 | 13, | 357. | COST | ORG. | WOULI |) P. | AY |
| 29 | Number of Forms 8283 received by the organize | zation durin | g the tax year for c | ontributions | | | | | | |
| | for which the organization completed Form 828 | 33, Part IV, | Donee Acknowled | gement | 29 | | | | | |
| | | | | | | | | , | Yes | No |
| 30a | During the year, did the organization receive by | / contribution | on any property rep | oorted in Part I, lin | es 1-28 th | at it must h | old for | | | |
| | at least three years from the date of the initial of | | | | | | | | | |
| | the entire holding period? | | , | • | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | | | |
| 31 | Does the organization have a gift acceptance p | oolicv that re | equires the review | of any non-standa | ard contrib | utions? | | 31 | Х | |
| | Does the organization hire or use third parties of | | | | | | | ·· | \neg | |
| <u>u</u> | contributions? | | - | · · · | | | | 32a | | х |
| b | If "Yes," describe in Part II. | | | | | | | 524 | | _ <u>-</u> _ |
| 33 | If the organization did not report an amount in | column (c) t | for a type of propo | rty for which colur | nn (a) ie ch | necked | | | | |
| 00 | describe in Part II. | | o, a type of prope | ity for without colui | 1111 (a) 13 CI | iconcu, | | | | |
| LHA | For Paperwork Reduction Act Notice, see | the Instruc | tions for Form 00 | 0 | | 0, | chadula | M (Form 9 | 90) (| 2012) |
| | i or i aperwork meduction Act Notice, see | are monde | LIGHT OF FUTIL 99 | ·. | | 30 | , iedule | 141 (1 OI III S | , JU) (| 20 12) |

Schedule M (Form 990) (2012)

232142 12-20-12

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

Name of the organization

ROBERT POTTER LEAGUE FOR ANIMALS, INC.

Employer identification number 05-0301553

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOSTERING OF RELATIONSHIPS BETWEEN PEOPLE AND ANIMALS, WE ENHANCE THE

ANIMAL'S FUTURE AND ENRICH THE HUMAN EXPERIENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PROVIDE SAFE-KEEPING, MEDICAL CARE AND PLACEMENT FOR THE ANIMALS CONFISCATED IN SEVERAL HOARDING CASES. TO SUPPORT FAMILIES IN CRISIS, WE PROVIDE EMERGENCY HOUSING, FOOD, VETERINARY CARE, AND LOST AND FOUND SERVICES FOR HUNDREDS OF ANIMAL COMPANIONS EACH YEAR. OUR PET FOOD BANK AND VETERINARY ASSISTANCE PROGRAMS SUPPORTED ANIMALS WHO BELONG TO FAMILIES WITH LOW OR MODERATE INCOMES. THE LEAGUE'S PETSAFE PROGRAM PROVIDED EMERGENCY HOUSING AND CARE FOR VICTIMS OF DOMESTIC VIOLENCE, NATURAL DISASTERS, FIRES AND OTHER CRISIS SITUATIONS. AFTER SERIOUS FLOODS IN RHODE ISLAND AND THE IMPACT OF SUPERSTORM SANDY IN NEW YORK AND NEW JERSEY, THE POTTER LEAGUE RESPONDED AND HELPED ANIMALS IMPACTED BY THESE NATURAL DISASTERS. THE POTTER LEAGUE PROUDLY WORKS COLLABORATIVELY WITH OTHER ANIMAL WELFARE GROUPS TO PREVENT FUTURE ANIMAL PROBLEMS AND SERVES AS A FOUNDING MEMBER OF THE OCEAN STATE ANIMAL COALITION AND ITS RHODE ISLAND COMMUNITY SPAY-NEUTER CLINIC. THE POTTER LEAGUE ALSO SERVES ON THE RHODE ISLAND LIVESTOCK WELFARE AND CARE STANDARDS ADVISORY COUNCIL. OUR EXECUTIVE DIRECTOR IS A MEMBER OF THE BOARD OF DIRECTORS OF THE SOCIETY OF ANIMAL WELFARE ADMINISTRATORS AND SERVES ON ADVISORY BOARDS TO HILL'S SCIENCE DIET PET NUTRITION AND FOR MERIAL, A WORLD-LEADING ANIMAL HEALTH COMPANY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

ROBERT POTTER LEAGUE FOR ANIMALS, INC.

Employer identification number 05-0301553

OUR HUMANE EDUCATION PROGRAMS TAUGHT 410 LESSONS TO 2,671 SCHOOL ANOTHER 25 YOUNG READERS PARTICIPATED IN OUR LITERACY STUDENTS. PROGRAM, READING FUR FUN, AND 324 ENTHUSIASTIC CHILDREN ATTENDED OUR POPULAR HAPPY TAILS DAY CAMP OR GIRL SCOUT ANIMAL CARE PATCH PROGRAM. SHELTER TOURS AND BIRTHDAY PARTY CELEBRATIONS ENGAGED ANOTHER 317 YOUNG ANIMAL LOVERS IN THE DAY-TO-DAY WORKINGS OF THE POTTER LEAGUE. VOLUNTEER SUPPORT FOR THE 2013 FISCAL YEAR TOTALED 25,284 HOURS GENEROUSLY DONATED BY VOLUNTEERS, MAKING A DIFFERENCE IN ALL ASPECTS OF THE POTTER LEAGUE OPERATIONS. OUR FOSTER FAMILIES NURTURED OVER 200 YOUNG ANIMALS TO PREPARE THEM FOR ADOPTION. VOLUNTEERS SPREAD CHEER TO CLIENTS IN HOSPITALS AND NURSING HOMES WITH DOZENS OF PET VISITS. COMMUNITY OUTREACH AND PUBLIC RELATIONS ARE THE KEY TO EDUCATING ADULTS AND CHILDREN AND TO PROMOTING OUR SERVICES AND PROGRAMS. OVER 200 ANIMALS WERE FEATURED IN THE NEWPORT DAILY NEWS' PET OF THE WEEK AND FULL-PAGE ADS. OUR WEEKLY COLUMN "DEAR BOOTSIE," OFFERED PET ADVICE AND 6 ARTICLES WERE PUBLISHED IN THE RHODE ISLAND WOMEN'S JOURNAL. STATEWIDE TV COVERAGE ON WPRI/FOX PROVIDENCE INCLUDED OVER 300 PSAS TO PROMOTE OUR SPECIAL EVENTS AND THE ADOPTION PROGRAM. TWELVE RADIO INTERVIEWS WERE CONDUCTED ON LOCAL RADIO. FACEBOOK, VISITS TO OUR WEBSITE AND SOCIAL MEDIA KEEP THE IMPORTANT MESSAGES FOR ANIMAL CARE PROMINENT. POTTER PET UNIVERSITY INFORMED ANIMAL LOVERS EACH MONTH ABOUT NEW CONCEPTS, TRENDS AND ADVICE ABOUT THE BEST PRACTICES IN ANIMAL WELFARE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE

EXTERNAL AUDITORS AND REVIEWED BY MANAGEMENT. ONCE ALL ARE SATISFIED WITH

THE FORM, IT IS FINALIZED AND A COPY IS SENT TO ALL BOARD MEMBERS. AT THE

SUBSEQUENT BOARD MEETING, THE BOARD IS ASKED IF THEY HAVE ANY QUESTIONS OR

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Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

ROBERT POTTER LEAGUE FOR ANIMALS, INC.

Employer identification number 05-0301553

COMMENTS AND A GENERAL REVIEW OF THE FORM IS CONDUCTED BY MANAGEMENT.

REVISIONS, CORRECTIONS, ETC. ARE MADE AS NECESSARY. SUBSEQUENT TO THIS

MEETING, THE FORM IS SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR THE ORGANIZATION'S

CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL OFFICERS, DIRECTORS AND KEY

EMPLOYEES. THESE PEOPLE ARE ASKED TO REVIEW THE POLICY AND SIGN A STATEMENT

INDICATING THAT THEY UNDERSTAND THE POLICY AND HAVE REPORTED ALL POTENTIAL

CONFLICTS DURING THE PAST YEAR IN ACCORDANCE WITH THE POLICY AND WILL

REPORT ALL POTENTIAL CONFLICTS DURING THE COMING YEAR. ALL POTENTIAL

CONFLICTS ARE EVALUATED BY THE BOARD TO DETERMINE IF A CONFLICT ACTUALLY

EXISTS. IN THOSE INSTANCES WHERE THE POTENTIAL TRANSACTION IS A CONFLICT,

THE BOARD EXAMINES THE TRANSACTION AND A VOTE IS TAKEN (WITH THOSE INVOLVED

RECUSING THEMSELVES) AS TO WHETHER THE ORGANIZATION WILL ENTER INTO THE

FORM 990, PART VI, SECTION B, LINE 15A: ANNUALLY THE EXECUTIVE COMMITTEE

CONDUCTS A PERFORMANCE REVIEW AND EVALUATION OF THE EXECUTIVE DIRECTOR. THE

REVIEW ALSO ESTABLISHES THE INDIVIDUAL'S COMPENSATION FOR THE FOLLOWING

YEAR. THIS PROCESS INVOLVES THE EVALUATION OF THE INDIVIDUAL AND A REVIEW

OF COMPENSATION OF COMPARABLE POSITIONS OBTAINED FROM LOCAL SALARIES AND

INDUSTRY SALARY AVERAGES. THE COMMITTEE THEN PRESENTS THE COMPENSATION TO

THE BOARD OF DIRECTORS FOR APPROVAL. THE BOARD'S DELIBERATION AND DECISION

ARE NOTED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BY-LAWS), ITS CONFLICT

OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. THE

232212
232212
232212
Schedule O (Form 990 or 990-EZ) (2012)

| ROBERT POTTER LEAGUE FOR ANIM | ALS, INC. Employer identification number 05-0301553 |
|---|---|
| ORGANIZATION WILL MAIL COPIES UPON REQUEST | OR PROVIDE COPIES TO THOSE WHO |
| COME TO THE ADMINISTRATIVE OFFICE DURING NO | RMAL BUSINESS HOURS. THE |
| ORGANIZATION CHARGES FOR THE COPIES IN ACCO | RDANCE WITH IRS REGULATIONS. |
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Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

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

990

OMB No. 1545-0172

Attachment Sequence No. **179**

Business or activity to which this form relates

Identifying number

| ROB | ERT POTTER LEAGUE I | FOR ANIMA | LS, INC. FO | ORM 990 1 | PAGE 10 | | 05-0301553 |
|--------------|--|------------------------------|--|---------------------|-----------------|------------|----------------------------|
| Parl | Election To Expense Certain Proper | rty Under Section 1 | 79 Note: If you have any | listed property, | complete Part | V before y | |
| 1 M | aximum amount (see instructions) | | | | | 1 | 500,000. |
| 2 To | otal cost of section 179 property place | ed in service (see | instructions) | | | 2 | |
| 3 Th | reshold cost of section 179 property | before reduction | in limitation | | | 3 | 2,000,000. |
| 4 Re | eduction in limitation. Subtract line 3 | from line 2. If zero | or less, enter -0 | | | | |
| 5 Do | llar limitation for tax year. Subtract line 4 from line | 1. If zero or less, enter | -0 If married filing separately | see instructions | | 5 | |
| 6 | (a) Description of pro | operty | (b) Cost (b | usiness use only) | (c) Elected | d cost | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | sted property. Enter the amount from | | | | | | |
| | otal elected cost of section 179 prope | | | | | | |
| | entative deduction. Enter the smaller | | | | | | |
| | arryover of disallowed deduction from | | | | | | |
| | usiness income limitation. Enter the si | | | | | | |
| | ection 179 expense deduction. Add li arryover of disallowed deduction to 20 | | | | | 12 | |
| | Do not use Part II or Part III below for | | | 13 | | | |
| Parl | | | | clude listed pror | nerty) | | |
| | pecial depreciation allowance for qual | | | | | | |
| | e tax year | | | • | · · | 14 | |
| | operty subject to section 168(f)(1) ele | | | | | ···· | |
| | | | | | | I . | |
| Parl | | | | | | 10 | |
| | · | · | Section A | | | | |
| 17 M. | ACRS deductions for assets placed in | n service in tax ye | ears beginning before 2 | 012 | | 17 | 329,922. |
| | ou are electing to group any assets placed in serv | | | | | | |
| | Section B - Assets | Placed in Service | e During 2012 Tax Ye | ar Using the Ge | eneral Deprecia | ation Syst | em |
| | (a) Classification of property | (b) Month and year placed | (c) Basis for depreciation (business/investment use | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| | | in service | only - see instructions) | period | | | |
| <u>19a</u> | 3-year property | | | | | | |
| b | 5-year property | | | | | | |
| c | 7-year property | | | | | | |
| d | 10-year property | | | | | | |
| e | 15-year property | _ | | | | | |
| f | 20-year property | _ | | | | | |
| <u>g</u> | 25-year property | | | 25 yrs. | | S/L | |
| h | Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | , | / | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | / | | 39 yrs. | MM | S/L | |
| | | / | Duraina a 0040 Tara Va a | llainn tha Alta | MM | S/L | |
| | | laced in Service | During 2012 Tax Year | Using the Aite | rnative Depred | | stem |
| <u>20a</u> | Class life | - | | 10 | _ | S/L | |
| <u>b</u> | 12-year | , | | 12 yrs. | NANA | S/L | |
| Parl | 40-year IV Summary (See instructions.) | / | | 40 yrs. | MM | S/L | |
| | sted property. Enter amount from line | . 28 | | | | 21 | |
| | otal. Add amounts from line 12, lines | | es 19 and 20 in column | | | 21 | |
| | nter here and on the appropriate lines | | | | | 22 | 329,922. |
| | or assets shown above and placed in | | | | Ju | 22 | 323,3224 |
| | ortion of the basis attributable to sect | | | | | | |

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a)

| | tnrougn (c) of S | section A, all | of Section B, an | ia Section C it a | арр | iicabie. | | | | | | | |
|--|--|-------------------------------------|---|-------------------|-----------------------------|---|------------|------------------------------|-------------|----------------------------------|---------------------------------------|-----|-------|
| | Section A - | Depreciation | on and Other In | formation (Caเ | utic | n: See th | e instruc | tions for li | mits for pa | ssenge | er automobiles. |) | |
| 24a | Do you have evidence to s | upport the bu | siness/investment | use claimed? | | Yes | No | 24b If "Y | es," is the | evider | nce written? | Yes | No No |
| | (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | | Basis for de (business/i | (e) asis for depreciation usiness/investment use only) (f) Recovery period | | (g) Method/ Convention | | (h) Depreciation deduction | (i) Elected section 179 cost | | |
| 25 | Special depreciation allo | wance for q | ualified listed pro | operty placed ir | n se | ervice du | ring the t | ax year an | d | | | | |
| | used more than 50% in | a qualified b | usiness use | | | | | | | 25 | | | |
| 26 | Property used more that | n 50% in a c | ualified busines | s use: | | | | | | | | | |
| | : : % | | | | | | | | | | | | |
| | : : % | | | | | | | | | | | | |
| | | : : | % | | | | | | | | | | |
| 27 | Property used 50% or le | ess in a quali | fied business us | se: | | | | | | | | | |
| | | : : | % | | | | | | S/L - | | | | |
| | | : : | % | | | | | | S/L - | | | | |
| : : % S/L- | | | | | | | | | | | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | | | | | | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | | | | | | |
| | | | Sec | tion B - Inforn | nat | on on U | se of Vel | nicles | | | • | | |
| Con | Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. | | | | | | | | | | | | |

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| 30 | Total business/investment miles driven during the year (do not include commuting miles) | (a Veh | • | (t Veh | • | (d Veh | • | Veh | • | (€ Veh | • | (1 Veh | f) iicle |
|----|--|-----------|----|-----------|----|-----------|----|-----|----|------------------|----|-----------|-------------|
| | Total commuting miles driven during the year Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| | Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| | Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 | Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 | Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

| 37 | Do you maintain a written policy statement that p | orohibits all | personal use of vehicles, | including commutin | g, by your | | Yes | No | | |
|---|--|---------------|---------------------------|----------------------|------------|-----|-----|----|--|--|
| | employees? | | | | | | | | | |
| 38 | 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your | | | | | | | | | |
| | employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | | | | | | | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | | | | | | | | | |
| 40 | 40 Do you provide more than five vehicles to your employees, obtain information from your employees about | | | | | | | | | |
| | the use of the vehicles, and retain the information received? | | | | | | | | | |
| 41 | Do you meet the requirements concerning qualification | ed automo | bile demonstration use? | | | | | | | |
| | Note: If your answer to 37, 38, 39, 40, or 41 is "Your answer to 37, 38, 39, 40, 50, 50, 50, 50, 50, 50, 50, 50, 50, 5 | 'es," do not | complete Section B for t | he covered vehicles. | | | | | | |
| P | art VI Amortization | | | | | | | | | |
| | (a) | (b) | (c) | (d) | (e) | Amo | (f) | | | |

| Fart VI Amortization | | | | | | | | | |
|---|------------------------------------|-------------------------------------|------------------------|------------------------------------|--|---|--|--|--|
| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortizat period or pero | | (f) Amortization for this year | | | |
| 42 Amortization of costs that begins during your 2012 tax year: | | | | | | | | | |
| | : : | | | | | | | | |
| | : : | | | | | | | | |
| 43 Amortization of costs that began before your 2 | 43 | | | | | | | | |
| 44 Total. Add amounts in column (f). See the inst | 44 | | | | | | | | |
| F | | | | | | | | | |

216252 12-28-12

Form **4562** (2012)