Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

inter	nai Reven	lue Service		GOI	O www.ii	S.gov/Formiss	o for instruction	JIIS allu lile	e iatest init	ormation	l		шоро	
Α	For the	e 2022 calen	dar y	year, or tax year	r begin	ning 5/0	1	, 2022,	and ending	9 4/	30	,	20 2023	3
В	Check if a	applicable:	С								D Emplo	yer identi	ification num	ıber
	Addı	ress change	AN:	IMAL DEFEN	ISE P	ARTNERSH	IP INC				81-	3109	559	
	Nam	ne change		3 SAW MILL							E Teleph			
	\vdash	al return		DSLEY, NY							017	-224	-2496	
	\vdash										911	224	2490	
	\vdash	return/terminated											٠ .	F00 400
	-	ended return	_						1	114 > 1- 41-1-	G Gross			538,430.
	App	lication pending	F	Name and address of	f principal	officer: DAV	ID EBERT				a group retu		<u> </u>	Yes X No
				ME AS C AB						Are all If "No,	l subordinate " attach a lis	s included t. See ins	tructions.	Yes No
<u> </u>	Tax-ex	cempt status:	X 5	501(c)(3) 501	1(c) () (in	sert no.)	1947(a)(1) or	527					
J	Webs	site: WW	W.P	ANIMALDEFE	NSEP <i>I</i>	ARTNERSH	IP.ORG			H(c) Group	exemption n	umber		
K	Form o	of organization:	X	Corporation Tru	ust	Association	Other	LY	ear of formation	on: 201	6 M	State of le	egal domicile	: NY
Pa	art I	Summar	y											
_	1 E	Briefly descri	be th	ne organization's	s missi	on or most s	ignificant acti	vities:THE	ANIMAI	DEFE	NSE PA	RTNE	RSHIP	
d)	Ī	PROTECTS	ĀN	NIMALS BY I	PROVI	DING FR	EE LEGAL	SERVICE	ES TO N	ONPROI	FITS T	HAT I	ADVOCAT	ſE FOR
ĕ	7			PLANT-BAS				. — — — —	. – – – –					
E	_					. – – – – –								
Activities & Governance	2	Check this bo)X	if the orga	nizatio	n discontinue	ed its operatio	ns or dispo	osed of mo	re than 2	25% of its	net as	sets.	
ၓ	3 N	Number of vo	ting	members of the	e gover	ning body (F	art VI, line 1a	a)				3		4
• প	4 1	Number of in	depe	endent voting m	embers	of the gove	rning body (P	art VI, line	1b)			4		5
<u>ë</u>	5 ⊺			ndividuals empl								5		6
₹	6 ⊺			olunteers (estin								6		0
Ac				usiness revenue								7a		0.
	b N	Net unrelated	bus	siness taxable in	ncome	from Form 9	90-T, Part I, Ii	ine 11				7b		0.
											Prior Year			ent Year
ø)	8 0	Contributions	and	l grants (Part VI	III, line	1h)					424,	535.		538,430.
Revenue	9 F	Program serv	rice r	revenue (Part V	'III, line	2g)								
λe	10 li	nvestment ir	ncom	ne (Part VIII, col	lumn (A	(1), lines 3, 4,	, and 7d)							
ď				art VIII, column										
	12 T	Total revenue	e – a	add lines 8 throu	ugh 11	(must equal	Part VIII, colu	umn (A), lir	ne 12)		424,	535.		538,430.
	13 G	Grants and si	imila	r amounts paid	(Part I	X, column (A	(4), lines 1-3).				117,	500.		
	14 E	Benefits paid	to o	or for members ((Part I)	(, column (A), line 4)							
	15 S	Salaries, othe	er co	mpensation, en	nployee	benefits (P	art IX, columr	(A), lines	5-10)		223,	411.		310,742.
Expenses	16a F	Professional	fund	raising fees (Pa	art IX. c	olumn (A). I	ine 11e)							
ë							-							
꿃	D		-	expenses (Part										
_	17			Part IX, column							38,3			66,524.
				Add lines 13-17							379,2			377,266.
	19 F	Revenue less	ехр	enses. Subtract	t line 1	3 from line 1	2				45,2	261.		161,164.
₽ 8 8											ng of Curre	nt Year	End	of Year
Net Assets or Fund Balances	20 T			t X, line 16)							145,	513.		306,677.
Aŝ	21 ⊺	Total liabilitie	s (P	art X, line 26)								0.		0.
§ 2	22 N	Net assets or	fund	d balances. Sub	otract li	ne 21 from li	ne 20				145,	513.		306,677.
Pa	art II	Signatur	еВ	lock							,	I		
Unde	er penaltie	es of periury. I de	eclare	that I have examined	d this retu	rn, including acc	ompanving schedu	les and staten	nents, and to t	he best of n	nv knowledae	and beli	ef. it is true.	correct, and
com	plėte. Dec	laration of prepa	rer (o	ther than officer) is b	pased on a	information of	which preparer ha	as any knowled	dge.		, ,			
Sig	nc	Signature of	office	r						Date				
He	re	JOEL I	ידד.	VTN					V	P/TREA	ASURER			
		Type or print							•	I / II(III	юонын			
		Print/Type p	repare	er's name		Preparer's sign	ature		Date		Check	if	PTIN	
ъ-	:										self-employ	- □"	P00283	635
Pa		MAX EI			С с т	L ZNNE TTD					sen-emplo)	rcu	1 00203	033
TIC.	eparer e Only			EISIKOVIO			1105				Eirmin EIN	0.7	00004	71
US	e Only	Firm's addre	ess	1430 BROZ		•	1105				Firm's EIN		-00394	
				NEW YORK							Phone no.	(212		-7733
Ma	y the IR	RS discuss th	is re	eturn with the pr	reparer	shown above	e? See instru	ctions					. X Yes	s No

Par	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	<u></u>
	SEE SCHEDULE O	
	Did the expenitation undertake any configurat program convices during the year which were not listed on the prior	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	. I les M
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	leasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other and revenue, if any, for each program service reported.	s, the total expenses,
4a	(Code:) (Expenses \$ 303,512. including grants of \$) (Revenue	\$)
	PROVIDE COMPENSATION TO THE LAWYERS PROVIDING FREE LEGAL SERVICES TO NO	NPROFITS THAT
	ADVOCATE FOR ANIMALS AND PLANT-BASED DIET CHANGE.	
		<u> </u>
4b	(Code:) (Expenses \$7,230. including grants of \$) (Revenue ADP IS WORKING TO GUIDE THE ANIMAL PROTECTION MOVEMENT TO A MORE RACIAL	
	FUTURE BY EXPANDING THE NUMBER OF BLACK, INDIGENOUS, AND PEOPLE OF COLO	
	GROUPS IN THE NEW YORK CITY AREA TO WHICH WE PROVIDE FREE LEGAL ADVICE.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
1 4	Other program services (Describe on Schedule O.)	
→u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 310.742.	

Form 990 (2022) ANIMAL DEFENSE PARTNERSHIP INC Part IV Checklist of Required Schedules

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

Form 990 (2022) ANIMAL DEFENSE PARTNERSHIP INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	 	Yes	. No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	110
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
_ c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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Form 990 (2022) ANIMAL DEFENSE PARTNERSHIP INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X
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		Х
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against 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 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14a 14b		Λ
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
13	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 on Schedule O..... 9 Section 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 Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Χ Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ X **14** Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?.... 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

JOEL LITVIN 923 SAW MILL RIVER ROAD SUITE 242 ARDSLEY NY 10502 917-224-2496

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<u> </u>				(C)			_			
(A) Name and title	(B) Average hours per	is	both dir	(do no box, an o ector/	ot che unles officer truste			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
	<u>25</u>	Х						0.	0.	0.
(2) JOEL LITVIN	<u>7.5</u> 0	Х						0.	0.	0.
(3) JUDITH TURKEL DIRECTOR	_ <u>7.5</u> 0	Х						0.	0.	0.
	<u>2</u> _ 0	Х						0.	0.	0.
(5)										
<u></u>										
<u>(7)</u>										
(8)										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII	Section A. Officers, Directors, 17	(B)	ney	⊏II	1D10	_	es,	and	a riignest Com	ipensated Empi	oyees	(cont	inuea)
		, ,			•	•	than		(D)	(F)		(E)	
	(A) Name and title	Average hours per	box	, unle	ess pe	erson	than is both or/trus	n an	(D) Reportable	(E) Reportable	Fstim:	(F) ated am	ount
		week (list any		_					compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	compe	of other nsation	from
		hours for	Individual or director	stituti	Officer	ey en	ghest nploy	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	rganiza d relate	d
		related organiza - tions	ctor tr	onal	_	Key employee	ee t com	۲			orga	anizatio	115
		below dotted	Individual trustee or director	institutional trustee		ee	Highest compensated employee						
		line)		ee			ated						
(15)													
(16)		4											
(17)													
<u> </u>		1	•										
(18)													
<u>(19)</u>													
(20)		+											
<u> </u>		1	•										
(21)													
(22)													
(23)													
(24)													
(25)		1											
(25)													
1b Subt	total								0.	0.			0.
	I from continuation sheets to Part VII, Sect								0.	0.			0.
	I (add lines 1b and 1c)number of individuals (including but not limited								0.	0.			0.
	the organization	ı to those i	isteu	abo	ve) \	WIIO	recer	veu	more than \$100,00	o or reportable comp	ensalio	1	
	ÿ Ü											Yes	No
3 Did t	he organization list any former officer, direc	ctor, truste	e, ke	ey e	mple	oyee	e, or	high	nest compensated	employee			
	ne 1a? If "Yes,"complete Schedule J for suc										. 3		X
4 For a	any individual listed on line 1a, is the sum o organization and related organizations great	f reportab er than \$1	le co 50.0	mpe	ensa If "	ation Yes.	and " cor	oth nole	er compensation ete Schedule J for	from			
such	individual										. 4		X
5 Did a	any person listed on line 1a receive or accruervices rendered to the organization? If "Ye	le comper	nsatio	n fr	om dule	any	unre	late	d organization or	individual	5		Х
Section	B. Independent Contractors												1
1 Com	plete this table for your five highest comper pensation from the organization. Report comper	nsated indeservation for	epen the c	dent alen	t cor dar	ntrad vear	ctors endi	tha ng v	t received more the trace of th	nan \$100,000 of ganization's tax year			
	(A) Name and business add					<i>y</i>			(B)		((C)	
	Name and business add	lress							Description (of services	Compe	nsatio	on
	number of independent contractors (including		ited to	o the	ose I	listed	d abo	ve)	who received more	than			
\$100	0,000 of compensation from the organization	1 O											

ANIMAL DEFENSE PARTNERSHIP INC Form 990 (2022) 81-3109559 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue ts, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b c Fundraising events..... 1с Gifts, d Related organizations..... 1d e Government grants (contributions) 1e Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 538,430. Noncash contributions included in 1g lines 1a-1f. h Total. Add lines 1a-1f 538,430 **Business Code** Program Service Revenue 2a h All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c **d** Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7с d Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses..... 8b 9a Gross income from gaming activities. See Part IV, line 19...... 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. 0a 10b **b** Less: cost of goods sold. . . . c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue

538,

430

0

0

All other revenue... Total. Add lines 11a-11d.

12

Total revenue. See instructions.....

Par	t IX	Statement of Functional Expens	ses			
Sect	ion 50	1(c)(3) and 501(c)(4) organizations must con	nplete all columns. All ot	her organizations must co	omplete column (A).	
		Check if Schedule O contains a	response or note to any	/ line in this Part IX		
		clude amounts reported on lines , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	orgar See F	ts and other assistance to domestic nizations and domestic governments. Part IV, line 21				
2	Grant	ts and other assistance to domestic duals. See Part IV, line 22				
3	Grant organ eign i	ts and other assistance to foreign izations, foreign governments, and for- individuals. See Part IV, lines 15 and 16				
4 5	Bene	fits paid to or for members	0.	0.	0.	0.
6	Comp disqu section	pensation not included above to lalified persons (as defined under on 4958(f)(1)) and persons described ction 4958(c)(3)(B)	0.	0.	0.	0.
7	Other	r salaries and wages	284,317.	284,317.		
8	(inclu	ion plan accruals and contributions ide section 401(k) and 403(b) oyer contributions)	,	,		
9	Other	r employee benefits				
10	-	oll taxes	26,425.	26,425.		
11		for services (nonemployees):				
		agement				
			10,000.		10,000.	
		unting	3,165.		3,165.	
	-	ying				
		sional fundraising services. See Part IV, line 17				
g	Other. (A), an	tment management fees	6,293.		6,293.	
		e expenses				
14	Inforr	mation technology				
15	Royal	Ities				
16	Occu	pancy				
17	Trave	el				
18	exper	nents of travel or entertainment nses for any federal, state, or local c officials				
19	Confe	erences, conventions, and meetings				
20		est				
21	-	nents to affiliates				
22	•	eciation, depletion, and amortization				
23		ancer expenses not	7,824.		7,824.	
24	covere on line of line	ed above. (List miscellaneous expenses ed above. (List miscellaneous expenses e 24e. If line 24e amount exceeds 10% e 25, column (A), amount, list line 24e nses on Schedule O.)				
а	CONF	ERENCE AND MEETING	15,448.		15,448.	
b		& SUBSCRIPTIONS	12,970.		12,970.	
С	<u>ADVE</u>	ERTISING, MARKETING & PROMO	4,128.		4,128.	
d	<u>PAYR</u>	ROLL PROCESSING FEES	2,734.		2,734.	
		her expenses	3,962.		3,962.	
25	Total f	functional expenses. Add lines 1 through 24e	377,266.	310,742.	66,524.	0.
26	the or joint of camp	costs. Complete this line only if rganization reported in column (B) costs from a combined educational paign and fundraising solicitation. k here if following 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	o any line in this Part X	<u></u>	<u></u> .	<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		145,513.	1	306,677.
	2	Savings and temporary cash investments	ш		2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form	ner officer, director,			
		Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	I contributor, or 35%		_	
					5	
	6	Loans and other receivables from other disqualified p				
		section 4958(f)(1)), and persons described in section			6	
	7	Notes and loans receivable, net	-		7	
ets	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments — publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line	33)	145,513.	16	306,677.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	L		18	
	19	Deferred revenue	_		19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
ies	21	Escrow or custodial account liability. Complete Part	ш		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu	ficer, director, trustee,			
iat		controlled entity or family member of any of these pe	rsons		22	
	23	Secured mortgages and notes payable to unrelated the	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	•		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to related third parties, oplete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
ses		Organizations that follow FASB ASC 958, check here	e X			
ang	27	and complete lines 27, 28, 32, and 33.		145 510	27	266 677
3al	27	Net assets without donor restrictions Net assets with donor restrictions		145,513.	27	266,677.
힐	28				28	40,000.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck nere			
ō	29	Capital stock or trust principal, or current funds	L		29	
et	30	Paid-in or capital surplus, or land, building, or equipn	L		30	
488	31	Retained earnings, endowment, accumulated income	L		31	
et.	32	Total net assets or fund balances	L	145,513.	32	306,677.
	33	Total liabilities and net assets/fund balances		145,513.	33	306,677.
ЗА	Δ.		TEEA0111L 09/01/22			Form 990 (2022

	() Intilia baranca liminatelli int	01000			9.
Par	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		5	38,4	430.
2	Total expenses (must equal Part IX, column (A), line 25).		3	77,2	266.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	61,	164.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	45,	513.
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3	06,	<u>677.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain				
	on Schedule O.				
2a	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 review	ved 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 sepa	rate			
	basis, consolidated basis, or both:				
	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 aud review, or compilation of its financial statements and selection of an independent accountant?	t,	2-		
			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Uniform			
	Guidance, 2 C.F.R Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
BAA	TEEA0112L 09/01/22		Forn	1 990	(2022)

Form **990** (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number 81-3109559 ANIMAL DEFENSE PARTNERSHIP INC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Section A. Public Support											
begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	79,438.	235,374.	320,411.	424,535.	538,430.	1,598,188.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
	Total. Add lines 1 through 3 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)	79,438.	235,374.	320,411.	424,535.	538,430.	1,598,188.				
6	Public support. Subtract line 5 from line 4						767,258.				
Sec	tion B. Total Support		•		•		,				
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
7	Amounts from line 4	79,438.	235,374.	320,411.	424,535.	538,430.	1,598,188.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.				
	Total support. Add lines 7 through 10						1,598,188.				
	Gross receipts from related activ					12	0.				
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a	section 501(c)(3)					
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	11 (0)		1 44 1					
	Public support percentage for 20 Public support percentage from 2						48.01 % 40.37 %				
	33-1/3% support test—2022. If the and stop here. The organization	he organization di	d not check the b	ox on line 13, and	d line 14 is 33-1/3	% or more, check	this box				
b	33-1/3% support test—2021. If the and stop here. The organization	ne organization did qualifies as a pul	I not check a box olicly supported or	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, c	check this box				
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	Explain in Part `	VI how				
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a d-circumstances te	nd-circumstances est. The organizat	test, check this begin in the total terms to the test of the test	oox and stop here publicly supporte	Explain in Part dorganization	VI how the				

Schedule A (Form 990) 2022

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

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

Sec	tion A. Public Support	,	1				
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").					,,,	,,
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)				C.C.L.		(2)
	First 5 years. If the Form 990 is organization, check this box and	stop here		tnira, fourth, or	TITTH tax year as a	section 501(c)	(3)
	tion C. Computation of Pul			ao 12 ao h <i>(6</i>	\\\	1 4	e 0.
	Public support percentage for 20	•			• •		
	Public support percentage from a tion D. Computation of Inv					1	ة <u>ا</u> ه
	Investment income percentage f				lumn (f))		7 %
	Investment income percentage f	•	• • •	-			_
	33-1/3% support tests-2022. If the	the organization o	did not check the b	oox on line 14, a	nd line 15 is more	than 33-1/3%,	and line 17
	is not more than 33-1/3%, check 33-1/3% support tests—2021. If t line 18 is not more than 33-1/3% Private foundation. If the organization	the organization of, check this box	did not check a boand stop here. The	x on line 14 or line organization qu	ne 19a, and line 1 ualifies as a public	6 is more than cly supported o	33-1/3%, and rganization
~0	i iivate iouniaation. Ii tile organi.	Lation and Hot Cite	SOL OF BOX OF HITE	\neg , 130, 01 130, 0	CHOCK THIS DOX ALL	a see mistruction	113

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was			
3a	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b	2		
	and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was	E		
b	accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
c	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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Pai	₹ IV Supporting Organizations (continued)		ı	ı
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion B. Type I Supporting Organizations		I	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	The organization satisfied the Activities Test. Complete line 2 below.			
ı	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inctr	uction	(c)

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

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

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

		Yes	No				
	2a						
r							
	2b						
	3a						
	за						
	3b						

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.	
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Current (optiona		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
Ŀ	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	I Total (add lines 1a, 1b, and 1c)	1d			
6	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_ 7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			-
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

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

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 81-3109559

Part V Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (continued)					
Secti		Current Year			
1 /	Amounts paid to supported organizations to accomplish exempt pur	poses	1		
	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	f supported organizations	, 2		
3 /	Administrative expenses paid to accomplish exempt purposes of su	pported organizations	3		
4 /	Amounts paid to acquire exempt-use assets				
5 (Qualified set-aside amounts (prior IRS approval required - provide	5			
6 (Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.		7		
	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.				
9 [Distributable amount for 2022 from Section C, line 6		9		
0 [ine 8 amount divided by line 9 amount		10		
		(i)	(ii)	(iii)	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022 Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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