

Form **990-EZ**

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

OMB No. 1545-0047

2024

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the **2024** calendar year, or tax year beginning , **2024**, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C THE ANIMAL PROTECTORATES PO BOX 1645 BURBANK, CA 91507	D Employer identification number 46-2323624
		E Telephone number (818) 934-4268
		F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify): _____ **H** Check if the organization is **not** required to attach Schedule B (Form 990).

I Website: WWW.TAPSUSA.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other: _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 112,436.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	59,638.
	2 Program service revenue including government fees and contracts	2	6,030.
	3 Membership dues and assessments	3	
	4 Investment income	4	1,403.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	45,365.	
b Less: cost of goods sold	7b	31,706.	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	13,659.	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	80,730.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,525.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	572.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	48,645.
17 Total expenses. Add lines 10 through 16	17	50,742.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	29,988.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	134,546.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	164,534.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2024)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. SEE SCH O

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed: CA

42a The organization's books are in care of: SHELLEY RIOS Telephone no. (818) 516-6409
Located at: 706 KISER STATION ROAD FRIENDSVILLE TN ZIP + 4 37737

42b 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?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. N/A

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.....	46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.....

	Yes	No
47 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.....	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.....	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?.....	49a	X
b If "Yes," was the related organization a section 527 organization?.....	49b	

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000.....

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.....

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A..... **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	SHELLEY RIOS		PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	
	JOHN BOLYARD, CPA		JOHN BOLYARD, CPA	
	Firm's name		Date	
	Firm's address		Check <input type="checkbox"/> if self-employed	
BEESON, HOFFMAN & SIDDALL, INC.		PTIN		
500 NORTH CENTRAL AVE, SUITE 325		P01680035		
GLENDALE, CA 91203		Firm's EIN		
		95-3654092		
		Phone no. (818) 240-8322		

May the IRS discuss this return with the preparer shown above? See instructions..... **Yes** **No**

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

2024

Open to Public Inspection

Name of the organization THE ANIMAL PROTECTORATES	Employer identification number 46-2323624
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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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 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.)
- 9 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 university: _____
- 10 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 June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	96,037.	75,886.	86,845.	80,198.	59,638.	398,604.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	96,037.	75,886.	86,845.	80,198.	59,638.	398,604.
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).						26,206.
6 Public support. Subtract line 5 from line 4.						372,398.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	96,037.	75,886.	86,845.	80,198.	59,638.	398,604.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	82.	40.	52.	32.	1,403.	1,609.
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.) SEE PART VI	889.	3.		513.		1,405.
11 Total support. Add lines 7 through 10.						401,618.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)).	14	92.72 %
15 Public support percentage from 2023 Schedule A, Part II, line 14.	15	92.51 %

16a **33-1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 - %.

19a 33-1/3% support tests-2024. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests-2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
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? <i>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.</i>	1	
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? <i>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.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a		
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? <i>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.</i>	2b		
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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
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	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

BAA

Schedule A (Form 990) 2024

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2024	2023	2022	2021	2020
OTHER INCOME		\$ 513.		\$ 3.	\$ 889.
TOTAL	\$ 0.	\$ 513.	\$ 0.	\$ 3.	\$ 889.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

**Open to Public
Inspection**

THE ANIMAL PROTECTORATES

Employer identification number

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**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION.....	\$	3,499.
ANIMAL CARE EXPENSES.....		14,320.
BANK & CREDIT CARD FEES.....		1,368.
DEPRECIATION.....		1,868.
FUEL.....		50.
INFORMATION TECHNOLOGY.....		7,161.
INSURANCE.....		1,657.
MISC. EXPENSES.....		10.
OFFICE EXPENSES.....		8,676.
TAXES.....		2,368.
VETERINARY SUPPLIES.....		6,898.
VOLUNTEER APPRECIATION.....		770.
	TOTAL \$	<u>48,645.</u>

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 2,107.	\$ 2,211.
TOTAL	<u>\$ 2,107.</u>	<u>\$ 2,211.</u>

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROTECTING ORPHANED ANIMALS BY INSPIRING PEOPLE TO ADOPT.

**FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
PURPLE COLLAR PROMISE PROGRAM - RECEIVING DOGS AND CATS PREVIOUSLY ADOPTED THROUGH THE ORGANIZATION BACK INTO IT'S CARE DUE TO OWNERS CHANGED CIRCUMSTANCES. INCLUDES FOREIGN GRANTS: NO		1,023.
SOCIAL SECURITY PETS - PROVIDES LIFETIME MEDICAL CARE TO SENIOR AND SPECIAL NEEDS PETS (COMING FROM THE SHELTER) WHO ARE PLACED WITH SENIOR PEOPLE ON LIMITED INCOME (WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD A PET WITHOUT THE MEDICAL ASSISTANCE). INCLUDES FOREIGN GRANTS: NO		885.
SPAY & NEUTER ASSISTANCE - PROVIDES FREE NEEDBASED SPAY/NEUTER ASSISTANCE TO CITY OF FRIENDSVILLE RESIDENTS. INCLUDES FOREIGN GRANTS: NO		185.
BEAUTIFUL DOGS - RECEIVING DOGS WITH MISSING LIMBS THROUGH THERAPY DOG TRAINING WITH THE END GOAL OF THEM HELPING PEOPLE WHO HAVE GONE THROUGH A SIMILAR LOSS.		2.

**SCHEDULE O
(Form 990)**

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**FORM 990-EZ, PART III, LINE 31 (CONTINUED)
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
INCLUDES FOREIGN GRANTS: NO		
	TOTAL \$ <u>0.</u>	\$ <u>2,095.</u>

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

FORM 990-EZ, PART III, LINE 28 - PROGRAM SERVICE ACCOMPLISHMENTS

PURPLE COLLAR PROMISE - ANY TIME WE RESCUE AN ANIMAL FROM THE SHELTER, THEY GET A
PURPLE COLLAR TO SIGNIFY OUR COMMITMENT TO BE THERE FOR THEM FOR THE REST OF THEIR
LIVES SO THEY NEVER HAVE TO BE HOMELESS AGAIN. THE PURPLE COLLAR PROMISE PROGRAM
WAS BORN OUT OF THE NEED TO BE THERE FOR ALL OF THE PETS ADOPTED FROM THE ANIMAL
PROTECTORATES AT ANY TIME. OUR GOAL IS TO DO THE BEST JOB POSSIBLE OF MAKING SURE
THE HOMES WE CHOOSE FOR OUR PETS IS A GOOD FIT FOR THEM - SO THAT WE HAVE A LOW
RETURN RATE. IN 2024, WE ONLY RECEIVED 2 DOGS BACK INTO OUR CARE.

FRIENDSVILLE SCHOLARSHIP PETS - IN FRIENDSVILLE, TN, OUR PETS RECEIVE DONATED ROOM,
BOARD AND STAFFING AT FRIENDSVILLE ANIMAL CENTER - A LUXURY PET RESORT. WE CALL
THESE PETS OUR SCHOLARSHIP PETS. OUR MISSION WITH THIS PROGRAM IN TENNESSEE IS TO
INTRODUCE THE CONCEPT OF ADOPTING PETS TO AN AREA WHERE MOST PEOPLE PURCHASE PUPPIES
FROM BREEDERS. RATHER THAN FOCUSING ON NUMBERS, WE FOCUS ON CARING FOR ORPHANED
PETS AS IF THEY ARE OUR OWN - SUDDENLY LET ALONE IN THE WORLD. IN 2024, WE PLACED
15. OF THOSE PLACEMENTS, 40% OF THE ADOPTERS HAD NEVER ADOPTED A SHELTER PET.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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BEAUTIFUL DOGS - PEOPLE ARE ALWAYS AMAZED HOW QUICKLY DOGS RECOVERING FROM AMPUTATION SURGERY RELEARN HOW TO FUNCTION WITH MISSING LIMB(S). THE WILLINGNESS AND CAN-DO ATTITUDE OF THESE DOGS PUT A SMILE ON PEOPLES' FACES. IN 2022, WE WERE SELECTED TO BECOME THE NEW LIFE-GUARDIAN FOR RUFIO (NOW CHEERIOS), A GOLDEN RETRIEVER WITH A DEFORMED FRONT PAW SURRENDERED BY HIS OWNER TO AN EMERGENCY HOSPITAL IN WASHINGTON STATE AFTER SHE WAS UNABLE TO AFFORD HIS CARE. WITH TWO OTHER FRIENDLY AMPUTEE DOGS ALREADY SCHOLARSHIP PETS (BLOSSOM (A FRONT LEG AMPUTEE) AND HONEY (A REAR LEG AMPUTEE), WE DEVELOPED THE BEAUTIFUL DOGS PROGRAM - A PROGRAM TO TAKE THESE DOGS WITH MISSING LIMBS THROUGH THERAPY DOG TRAINING WITH THE END GOAL OF THEM HELPING PEOPLE WHO HAVE GONE THROUGH A SIMILAR LOSS (OR SUFFERED SOME TYPE OF BODY TRAUMA - BURN, EYE LOSS, ETC...). THESE DOGS WILL BE PERMANENT RESIDENTS OR LIVE WITH FOSTER FAMILIES SO THEY CAN CONTINUE TO TRAIN AND HELP PEOPLE. IN 2024, CHEERIOS WAS QUALIFIED AS A HABIT (HUMAN ANIMAL BOND IN TENNESSEE) DOG THROUGH THE UNIVERSITY OF TENNESSEE VENTERINARY SCHOOL AND IS NOW CERTIFIED THROUGH THEM AS A THERAPY DOG. CHEERIOS AND A VOLUNTEER MADE WEEKLY VISITS TO AN ELEMENTARY SCHOOL SPECIAL EDUCATION CLASS WHERE THEY WOULD READ TO HIM. ALSO, DUTTON (NOT AN AMPUTEE) ALSO WAS QUALIFIED THROUGH THE HABIT PROGRAM AND MADE VISITS TO A SENIOR REHABILITATION/NURSING HOME.

SAVING SPOT BOUTIQUE (OPENING MARCH 2023) - SAVING SPOT IS AN ALL VOLUNTEER RUN (HIGHER END) THRIFT STORE THAT WE OPERATE OUT OF SPACE THAT IS DONATED (\$1 PER YEAR LEASE). VOLUNTEERS ORGANIZE AND ACCEPT DONATIONS DURING THE WEEK AND WE ARE OPEN TO THE PUBLIC ON THE 1ST AND 3RD SATURDAY OF EACH MONTH. IN 2024, WE HAD 1,784 ARTICLES OF CLOTHING DONATED (AT A VALUE OF \$16,056); 165 ITEMS OF PET SUPPLIES (\$825); 58

PIECES OF FURNITURE (\$5,880). PROCEEDS FROM SAVING SPOT HELPS TO FUND OUR VARIOUS

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PROGRAMS.

MICROCHIPPING AND VACCINATION CLINICS - HOST BI-ANNUAL FREE MICROCHIPPING AND VACCINATION CLINICS THAT ARE OPEN TO A TRI-COUNTY AREA. IN 2024, WE MICROCHIPPED 2 PETS AND GAVE 3 RABIES VACCINATIONS.

SPAY AND NEUTER ASSISTANCE - PROVIDE FREE NEED-BASED SPAY AND NEUTER ASSISTANCE TO RESIDENTS IN THE CITY LIMITS OF FRIENDSVILLE, TN. IF APPROVED, A LOCAL VETERINARIAN PERFORMS THESE SURGERIES LOW COST AND WE PAY THE CLINIC DIRECTLY FOR THE SURGERIES. WE ARE CONSIDERING EXPANDING THIS PROGRAM TO REACH A BROADER AREA. IN 2024, WE PROVIDED ASSISTANCE TO 1 FAMILY BY SPAYING THEIR PIT BULL TERRIER.

SOCIAL SECURITY PETS - WE RESCUE SENIOR AND SPECIAL NEEDS PETS FROM THE SHELTER AND PLACE THEM WITH SENIOR PEOPLE WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD A PET. WE PAY FOR MEDICAL CARE AND MAKE MEDICAL DECISIONS FOR THE PET FOR HIS/HER LIFE AND THE FOSTER PAYS FOR FOOD AND NORMAL MAINTENANCE. IT IS A WIN/WIN FOR EVERYONE. IN 2024, WE PLACED ROSIE, A SHIHTZU MIX, WITH A SENIOR FAMILY. ROSIE DIED SEVERAL MONTHS AFTER BEING WITH THE FAMILY, BUT SHE WAS SHOWN LOVE UNTIL THE VERY END.

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

BAA

Schedule A (Form 990) 2024

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2024	2023	2022	2021	2020
OTHER INCOME		\$ 513.		\$ 3.	\$ 889.
TOTAL	\$ 0.	\$ 513.	\$ 0.	\$ 3.	\$ 889.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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THE ANIMAL PROTECTORATES

Employer identification number

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**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION.....	\$	3,499.
ANIMAL CARE EXPENSES.....		14,320.
BANK & CREDIT CARD FEES.....		1,368.
DEPRECIATION.....		1,868.
FUEL.....		50.
INFORMATION TECHNOLOGY.....		7,161.
INSURANCE.....		1,657.
MISC. EXPENSES.....		10.
OFFICE EXPENSES.....		8,676.
TAXES.....		2,368.
VETERINARY SUPPLIES.....		6,898.
VOLUNTEER APPRECIATION.....		770.
TOTAL	\$	48,645.

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 2,107.	\$ 2,211.
TOTAL	\$ 2,107.	\$ 2,211.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROTECTING ORPHANED ANIMALS BY INSPIRING PEOPLE TO ADOPT.

**FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
PURPLE COLLAR PROMISE PROGRAM - RECEIVING DOGS AND CATS PREVIOUSLY ADOPTED THROUGH THE ORGANIZATION BACK INTO IT'S CARE DUE TO OWNERS CHANGED CIRCUMSTANCES. INCLUDES FOREIGN GRANTS: NO		1,023.
SOCIAL SECURITY PETS - PROVIDES LIFETIME MEDICAL CARE TO SENIOR AND SPECIAL NEEDS PETS (COMING FROM THE SHELTER) WHO ARE PLACED WITH SENIOR PEOPLE ON LIMITED INCOME (WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD A PET WITHOUT THE MEDICAL ASSISTANCE). INCLUDES FOREIGN GRANTS: NO		885.
SPAY & NEUTER ASSISTANCE - PROVIDES FREE NEEDBASED SPAY/NEUTER ASSISTANCE TO CITY OF FRIENDSVILLE RESIDENTS. INCLUDES FOREIGN GRANTS: NO		185.
BEAUTIFUL DOGS - RECEIVING DOGS WITH MISSING LIMBS THROUGH THERAPY DOG TRAINING WITH THE END GOAL OF THEM HELPING PEOPLE WHO HAVE GONE THROUGH A SIMILAR LOSS.		2.

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**FORM 990-EZ, PART III, LINE 31 (CONTINUED)
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
INCLUDES FOREIGN GRANTS: NO		
	TOTAL \$ <u>0.</u>	\$ <u>2,095.</u>

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

FORM 990-EZ, PART III, LINE 28 - PROGRAM SERVICE ACCOMPLISHMENTS

PURPLE COLLAR PROMISE - ANY TIME WE RESCUE AN ANIMAL FROM THE SHELTER, THEY GET A
PURPLE COLLAR TO SIGNIFY OUR COMMITMENT TO BE THERE FOR THEM FOR THE REST OF THEIR
LIVES SO THEY NEVER HAVE TO BE HOMELESS AGAIN. THE PURPLE COLLAR PROMISE PROGRAM
WAS BORN OUT OF THE NEED TO BE THERE FOR ALL OF THE PETS ADOPTED FROM THE ANIMAL
PROTECTORATES AT ANY TIME. OUR GOAL IS TO DO THE BEST JOB POSSIBLE OF MAKING SURE
THE HOMES WE CHOOSE FOR OUR PETS IS A GOOD FIT FOR THEM - SO THAT WE HAVE A LOW
RETURN RATE. IN 2024, WE ONLY RECEIVED 2 DOGS BACK INTO OUR CARE.

FRIENDSVILLE SCHOLARSHIP PETS - IN FRIENDSVILLE, TN, OUR PETS RECEIVE DONATED ROOM,
BOARD AND STAFFING AT FRIENDSVILLE ANIMAL CENTER - A LUXURY PET RESORT. WE CALL
THESE PETS OUR SCHOLARSHIP PETS. OUR MISSION WITH THIS PROGRAM IN TENNESSEE IS TO
INTRODUCE THE CONCEPT OF ADOPTING PETS TO AN AREA WHERE MOST PEOPLE PURCHASE PUPPIES
FROM BREEDERS. RATHER THAN FOCUSING ON NUMBERS, WE FOCUS ON CARING FOR ORPHANED
PETS AS IF THEY ARE OUR OWN - SUDDENLY LET ALONE IN THE WORLD. IN 2024, WE PLACED
15. OF THOSE PLACEMENTS, 40% OF THE ADOPTERS HAD NEVER ADOPTED A SHELTER PET.

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BEAUTIFUL DOGS - PEOPLE ARE ALWAYS AMAZED HOW QUICKLY DOGS RECOVERING FROM AMPUTATION SURGERY RELEARN HOW TO FUNCTION WITH MISSING LIMB(S). THE WILLINGNESS AND CAN-DO ATTITUDE OF THESE DOGS PUT A SMILE ON PEOPLES' FACES. IN 2022, WE WERE SELECTED TO BECOME THE NEW LIFE-GUARDIAN FOR RUFIO (NOW CHEERIOS), A GOLDEN RETRIEVER WITH A DEFORMED FRONT PAW SURRENDERED BY HIS OWNER TO AN EMERGENCY HOSPITAL IN WASHINGTON STATE AFTER SHE WAS UNABLE TO AFFORD HIS CARE. WITH TWO OTHER FRIENDLY AMPUTEE DOGS ALREADY SCHOLARSHIP PETS (BLOSSOM (A FRONT LEG AMPUTEE) AND HONEY (A REAR LEG AMPUTEE), WE DEVELOPED THE BEAUTIFUL DOGS PROGRAM - A PROGRAM TO TAKE THESE DOGS WITH MISSING LIMBS THROUGH THERAPY DOG TRAINING WITH THE END GOAL OF THEM HELPING PEOPLE WHO HAVE GONE THROUGH A SIMILAR LOSS (OR SUFFERED SOME TYPE OF BODY TRAUMA - BURN, EYE LOSS, ETC...). THESE DOGS WILL BE PERMANENT RESIDENTS OR LIVE WITH FOSTER FAMILIES SO THEY CAN CONTINUE TO TRAIN AND HELP PEOPLE. IN 2024, CHEERIOS WAS QUALIFIED AS A HABIT (HUMAN ANIMAL BOND IN TENNESSEE) DOG THROUGH THE UNIVERSITY OF TENNESSEE VENTERINARY SCHOOL AND IS NOW CERTIFIED THROUGH THEM AS A THERAPY DOG. CHEERIOS AND A VOLUNTEER MADE WEEKLY VISITS TO AN ELEMENTARY SCHOOL SPECIAL EDUCATION CLASS WHERE THEY WOULD READ TO HIM. ALSO, DUTTON (NOT AN AMPUTEE) ALSO WAS QUALIFIED THROUGH THE HABIT PROGRAM AND MADE VISITS TO A SENIOR REHABILITATION/NURSING HOME.

SAVING SPOT BOUTIQUE (OPENING MARCH 2023) - SAVING SPOT IS AN ALL VOLUNTEER RUN (HIGHER END) THRIFT STORE THAT WE OPERATE OUT OF SPACE THAT IS DONATED (\$1 PER YEAR LEASE). VOLUNTEERS ORGANIZE AND ACCEPT DONATIONS DURING THE WEEK AND WE ARE OPEN TO THE PUBLIC ON THE 1ST AND 3RD SATURDAY OF EACH MONTH. IN 2024, WE HAD 1,784 ARTICLES OF CLOTHING DONATED (AT A VALUE OF \$16,056); 165 ITEMS OF PET SUPPLIES (\$825); 58 PIECES OF FURNITURE (\$5,880). PROCEEDS FROM SAVING SPOT HELPS TO FUND OUR VARIOUS

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

THE ANIMAL PROTECTORATES

46-2323624

PROGRAMS.

MICROCHIPPING AND VACCINATION CLINICS - HOST BI-ANNUAL FREE MICROCHIPPING AND VACCINATION CLINICS THAT ARE OPEN TO A TRI-COUNTY AREA. IN 2024, WE MICROCHIPPED 2 PETS AND GAVE 3 RABIES VACCINATIONS.

SPAY AND NEUTER ASSISTANCE - PROVIDE FREE NEED-BASED SPAY AND NEUTER ASSISTANCE TO RESIDENTS IN THE CITY LIMITS OF FRIENDSVILLE, TN. IF APPROVED, A LOCAL VETERINARIAN PERFORMS THESE SURGERIES LOW COST AND WE PAY THE CLINIC DIRECTLY FOR THE SURGERIES. WE ARE CONSIDERING EXPANDING THIS PROGRAM TO REACH A BROADER AREA. IN 2024, WE PROVIDED ASSISTANCE TO 1 FAMILY BY SPAYING THEIR PIT BULL TERRIER.

SOCIAL SECURITY PETS - WE RESCUE SENIOR AND SPECIAL NEEDS PETS FROM THE SHELTER AND PLACE THEM WITH SENIOR PEOPLE WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD A PET. WE PAY FOR MEDICAL CARE AND MAKE MEDICAL DECISIONS FOR THE PET FOR HIS/HER LIFE AND THE FOSTER PAYS FOR FOOD AND NORMAL MAINTENANCE. IT IS A WIN/WIN FOR EVERYONE. IN 2024, WE PLACED ROSIE, A SHIHTZU MIX, WITH A SENIOR FAMILY. ROSIE DIED SEVERAL MONTHS AFTER BEING WITH THE FAILY, BUT SHE WAS SHOWN LOVE UNTIL THE VERY END.