	ment of	90 the Treasury de Service	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex Do not enter social security numbers on this form as it may Information about Form 990 and its instructions is at www	ccept private foundations be made public.	omB No. 1545-0047 2016 Open to Public Inspection		
A Fo	or the	2016 calend	ar year, or tax year beginning and ending				
B Ch ap	eck if plicable		organization	D Employer identifica	ation number		
	Addres: change Name	11112	CLEVELAND ANIMAL PROTECTIVE LEAGUE		14644		
L	change Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	te E Telephone number (216)	771-4616		
L	Final return/ termin-		WILLEY AVENUE	G Gross receipts \$	5,536,833.		
	ated Amend		own, state or province, country, and ZIP or foreign postal code ELAND, OH 44113	H(a) Is this a group ret			
	Application	F Name a	nd address of principal officer: SHARON A. HARVEY AS C ABOVE	for subordinates? H(b) Are all subordinates inc	Yes X No		
I T/		mpt status:			ist. (see instructions)		
			CLEVELANDAPL.ORG	H(c) Group exemption			
			X Corporation Trust Association Other L Ye	ar of formation: 1913 M	State of legal domicile: OH		
Pa	HI	Summary					
·	1	Briefly describ	e the organization's mission or most significant activities: THE APL'S	MISSION IS T	O FOSTER		
Activities & Governance	(COMPASS	ION AND END ANIMAL SUFFERING. THE APL	PROVIDES SHEL	JIER,		
rnai	2	Check this bo	x > if the organization discontinued its operations or disposed of mo		ets.		
ove			ting members of the governing body (Part VI, line 1a)		14		
Ö			lependent voting members of the governing body (Part VI, line 1b)		14		
es o			of individuals employed in calendar year 2016 (Part V, line 2a)		104		
viti			of volunteers (estimate if necessary)		0.		
Acti			d business revenue from Part VIII, column (C), line 12		0.		
	b	Net unrelated	business taxable income from Form 990-T, line 34		Current Year		
				Prior Year 3,050,115.	3,864,573.		
e			and grants (Part VIII, line 1h)	912,332.	971,618.		
Revenue		•	ice revenue (Part VIII, line 2g)	287,217.	417,649.		
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)	52,814.	-20,630.		
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,302,478.	5,233,210.		
			add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
******			to or for members (Part IX, column (A), line 4)	0.	0.		
			r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,588,628.	2,708,742.		
enses	15	Drofossional	indroising fees (Part IX, column (A) line 11e)	173,985.	190,813.		
neo	iua b	Total fundrais	iundraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 732,679.				
Expe			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,592,491.	1,764,415.		
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,355,104.	4,663,970.		
			expenses. Subtract line 18 from line 12	-52,626.	569,240.		
es				Beginning of Current Year	End of Year		
Assets or d Balances	20	Total assets (Part X, line 16)	15,125,265.	16,097,013.		
Ass	21	Total liabilitie	s (Part X, line 26)	196,321.	238,173.		
Fund	22		fund balances. Subtract line 21 from line 20	14,928,944.	15,858,840.		
	nt II	Signatur					
Unde	er pena	lties of perjury,	I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my	knowledge and beller, it is		
true,	correc	ct, and complete	a. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.	22.27		
		Cinneliu	Alter all	Date	2017		
Sign Gignatized Unicci							
Her	e	SHAP	CON A. HARVEY, PRESIDENT AND CEO				
				Date Check	PTIN		
Paid	1	Print/Type pr	SOTT, JR., CPA	1 stanly seil-employ	ed P01238880		
	arer	Firm's name	CARD PALMER SIBBISON & CO.	Firm's EIN 🕨	34-1599718		
	Only		s 4545 HINCKLEY PARKWAY				
	J	,	CLEVELAND, OH 44109-6009	Phone no.21	6-621-6100		
May	the II	RS discuss th	is return with the preparer shown above? (see instructions)		X Yes No		
Sector Sector Sector	01 11-1	1-16 LHA	For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2016)		
		EE SCHI	EDULE O FOR ORGANIZATION MISSION STATEM	ENT CONTINUAT	ION		

Form	1 990 (2016) THE CLEVELAND ANIMAL PROTECTIVE LEAGUE	34-0714644	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE APL'S MISSION IS TO FOSTER COMPASSION AND END ANIMAL		
	THE APL PROVIDES SHELTER, CARE, AND MEDICAL TREATMENT TO		
	HAVE LOST THEIR HOMES AND/OR SUFFERED CRUELTY OR NEGLECT.		
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		XNo
5	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	easured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		ł
	revenue, if any, for each program service reported.	, <u>,</u> ,	
4a	(Code:) (Expenses \$2, 511, 654. including grants of \$) (Revenue		89.)
	ANIMAL SHELTERING, CARE & OUTREACH: THE CLEVELAND APL OF		
	30,000 SQUARE FOOT SHELTER AND ANIMAL CARE FACILITY WHERE		T
	HAVE BEEN SURRENDERED BY THEIR OWNERS, BROUGHT IN BY GOOD		
	TRANSFERRED IN FROM OTHER OVERCROWDED SHELTERS, OR SEIZED		
	INVESTIGATORS RECEIVE HUMANE SHELTER, CARE, AND TREATMENT		
	SHELTER IS FULL OR WHEN ANIMALS HAVE SPECIAL NEEDS THAT W		R
	MET IN A HOME, THEY ARE PLACED WITH TEMPORARY, VOLUNTEER		
	FAMILIES UNTIL THEY CAN COME BACK TO THE APL FOR ADOPTION		
	TOTAL OF 6,212 ANIMALS WERE ADOPTED OUT, RETURNED TO THEI		
		NIMALS THAT	
	HAVE LOST THEIR HOMES RECEIVE SHELTER AND CARE AT THE SHE ************************************	LTER,	
41			65.)
4b	(Code:) (Expenses \$) (Revenue HUMANE INVESTIGATIONS: THE CLEVELAND APL IS THE LEAD AGE)
	CUYAHOGA COUNTY FOR INVESTIGATING ANIMAL CRUELTY, NEGLECT		
	ABANDONMENT. UNDER OHIO LAW, CLEVELAND APL HUMANE AGENTS		ED
	BY THE APL TO ENFORCE LOCAL AND STATE ANIMAL PROTECTION I		
	SALARIES AND WORK ARE FUNDED SOLELY BY DONATIONS. THE API		
		16, THE HUMA	NE
	INVESTIGATIONS TEAM RECEIVED APPROXIMATELY 5,440 REPORTS		
	ANIMAL CRUELTY, OPENED 1,517 NEW INVESTIGATIONS, AND SEIZ		
	651 ANIMALS. THE APL'S HUMANE INVESTIGATIONS TEAM ALSO S		
	FOR THE ANIMAL VICTIMS OF ABUSE BY ASSISTING WITH THE PRO	SECUTION OF	
	ANIMAL CRUELTY CASES. UNDER OHIO LAW, HUMANE AGENTS ARE	ALSO MANDATE	D
	REPORTERS FOR CHILD ABUSE AND NEGLECT.		
4c	(Code:) (Expenses \$704,755. including grants of \$) (Revenue		0.)
	SHELTER VETERINARY SERVICES: THE CLEVELAND APL'S VETERIN		
	PROVIDES SPAY/NEUTER, MEDICAL, AND OTHER SURGICAL SERVICE		S
		S, DOGS AND	
	RABBITS ARE STERILIZED PRIOR TO BEING ADOPTED FROM THE AF		
	DONATIONS TO THE SECOND CHANCE PROGRAM, ANIMALS THAT ARE		
	THE APL'S SHELTER WITH INJURIES OR ILLNESSES THAT CAN BE		
	HUMANELY TREATED RECEIVE MEDICAL AND/OR SURGICAL CARE SO		
	TOO, CAN FIND A NEW HOME. IN 2016, 4,234 SHELTER ANIMALS STERILIZED, AND 4,061 SHELTER ANIMALS RECEIVED MORE THAN		
	DIAGNOSTIC TESTS, TREATMENTS, PROCEDURES, AND/OR SURGERIE		
	DIAGNOSIIC IESIS, INEAIMENIS, FROCEDURES, AND/OK SURGERIE		
4d	Other program services (Describe in Schedule O.)		
τu		40,064.)	
4e	Total program service expenses ► 3,666,371.	-,,	
		Form 99	0 (2016)
63200	2 11-11-16 SEE SCHEDULE O FOR CONTINUATION(S		. ,

Form 990 (20			ANIMAL	PROTECTIVE	LEAGUE
Part IV	Checklist of Require	d Schedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
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	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X X
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		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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	Х	
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		X
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		X
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? If "Yes," complete Schedule D, Part IX	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	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		x

Form 990 (2016)				PROTECTIVE	LEAGUE				
Part IV Checklist of Required Schedules (continued)									

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	1

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	<u></u>					
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5		Yes	No			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0	-					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
U									
2a	(gambling) winnings to prize winners? 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	104						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	х				
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instruction								
3a				3a		x			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other								
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x			
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 A	Account	s (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X			
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
	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?								
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•							
	to file Form 8282?			7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year		L	-					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?	7e	<u> </u>				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f	<u> </u>	<u> </u>			
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	<u> </u>				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer	d by the	;		-				
•	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
a L	Did the sponsoring organization make any taxable distributions under section 4966?			9a	<u> </u>				
				9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		1					
11	Section 501(c)(12) organizations. Enter:			1					
 a	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	110		1					
~	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		,	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	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.								
b									
	organization is licensed to issue qualified health plans	13b							
с		13c							
14a	Did the experimetion were included and the termine equiped during the termine of			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu	le 0		14b					

THE CLEVELAND ANIMAL PROTECTIVE LEAGUE

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34-0714644

THE CLEVELAND ANIMAL PROTECTIVE LEAGUE

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

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

			Yes	Na				
10	Enter the number of voting members of the governing body at the end of the tax year 14		res	No				
Id	Enter the number of voting members of the governing body at the end of the tax year 1a 4 If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
2		2		х				
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision							
U	of officers, directors, or trustees, or key employees to a management company or other person?	3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
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	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		<u> </u>				
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v				
	taxable entity during the year?	16a		<u>X</u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	166						
Sec	exempt status with respect to such arrangements?	16b						
<u>17</u>	List the states with which a copy of this Form 990 is required to be filed OH							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	ailahla	<u>,</u>					
	for public inspection. Indicate how you made these available. Check all that apply.	20000	•					
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
-	SHARI GIBBS - (216) 377-1619							
	1729 WILLEY AVENUE, CLEVELAND, OH 44113							

Form 990 (2					PROTECTIVE		34-0714644	Page 7	
Part VII	Compensation	of Off	icers, Director	s, Trustees	, Key Employees	, Highest Com	pensated		
Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors	s, Trust	ees, Key Employee	s, and Highe	st Compensated Em	ployees			

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) (B)		(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one				ane	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	npen		(00-2/1099-00130)		and related
	below	dual t	nstitutional trustee	_	Key employee	st col	5			organizations
	line)	Indivi	In stitu	Officer	Key el	Highest compensated employee	Former			5
(1) CAROL CARUSO	2.00									
DIRECTOR		х						0.	Ο.	0.
(2) ED PAVLISH	2.00									
EMERITUS		Х						0.	0.	0.
(3) JANE GRISWOLD	2.00									
DIRECTOR		Х						0.	0.	0.
(4) JACK HERRICK	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) NANCY LESIC	2.00									
DIRECTOR		Х						0.	0.	0.
(6) KATHY TATMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) ROBERT HAZELTON	2.00									
DIRECTOR		Х						0.	0.	0.
(8) FRED POMPEANI	2.00									
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL COHAN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) RITA MAIMBOURG	2.00									
SECRETARY		Х		Х				0.	0.	0.
(11) DAVID MAYO	2.00									
CHAIRPERSON		Х		X				0.	0.	0.
(12) PAM LEBOLD	2.00									
VICE CHAIRPERSON		Х		X				0.	0.	0.
(13) KAREN KAMINSKI	2.00									
DIRECTOR		Х						0.	0.	0.
(14) TOM LASH	2.00									
DIRECTOR		Х						0.	0.	0.
(15) DAWN SWIT	2.00								•	•
DIRECTOR	10.00	X						0.	0.	0.
(16) SHARI GIBBS	40.00								•	0 654
DIRECTOR OF FINANCE				X	-			65,260.	0.	2,651.
(17) SHARON A. HARVEY	50.00							140 000	•	
PRESIDENT & CEO				Х				142,006.	0.	5,727.

	ELAND AN	IM	[AL	P	RO	TE	Сл	TIVE LEAGUE	34-073	L46	44 F	Page 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	Compensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average		not ch		nore	than c		Reportable	Reportable		Estimat	
	hours per week					s both r/trust		compensation from	compensation from related		amount other	
	(list any	tor						the	organizations		compens	
	hours for	· direc				pa		organization	(W-2/1099-MISC		from th	
	related	tee or	ustee			ensati		(W-2/1099-MISC)	-		organiza	tion
	organizations	al trus	nal tr		loyee	com p e					and rela	
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizat	ions
(18) JUDITH HUNTER	40.00	Inc	ц.	1 0	Key	Hi err	Б			+		
DIRECTOR OF DEVELOPMENT	40.00					x		100,073.		b.	1 0	29.
(19) ALLISON LASH, D.V.M.	40.00							100,075.		/• -		27.
HEAD OF VETERINARY SERVICES						x		112,374.	() .	4.5	04.
						<u> </u>						
										\perp		
										+		
										+		
										+		
										\perp		
1b Sub-total								419,713.).	16,9	
c Total from continuation sheets to Part VI								0.).).	1 0	0.
d Total (add lines 1b and 1c)								419,713.)•	16,9	<u> </u>
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wn	o re	eceived more than \$100,	UUU of reportable			3
											Yes	1
3 Did the organization list any former officer,	director. or tru	stee	e. ke	v em	olar	vee.	or	highest compensated er	nplovee on			
line 1a? If "Yes," complete Schedule J for s	-				•					- E	3	x
4 For any individual listed on line 1a, is the su										· –	-	
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich c	bers	on .		-			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co										nsatio	n from	
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg wi	ith c	or wi	thin		ear.			
(A) Name and business	address							(B) Description of s	ervices	Cor	(C) mpensatio	าท
ALPHA DOG MARKETING	4001033						_	Description of a			препзан	
1286 IMPERIA DRIVE, HENDE	RSON. N	v	89	052	2			DIRECT MAIL			294,2	99.
,		-									/	
							_					
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	hos	se lis	ted	above) who received me	ore than			
\$100.000 of compensation from the organize	zation 🕨				1							

Forn	n 990 ((2016) THE C	CLEVELAND	ANIMAL I	PROTECTIVE	LEAGUE	34-0714	644 Page 9
Pa	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t t	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ي ق ق	с	Fundraising events	1c	535,192.				
ifts ar A	d	Related organizations			1			
o, si	е	Government grants (contribut			1			
ŝ	f	All other contributions, gifts, grar						
bei		similar amounts not included abo		329,381.				
ÖĘ	g	Noncash contributions included in lines		200,418.	1			
aCo	h	Total. Add lines 1a-1f			3,864,573.			
				Business Code				
ė	2 a	PROGRAM SERVICE	E REVENU	812900	971,618.	971,618.		
Ś	b							
Sei	с							
am	d							
Program Service Revenue	е							
Ţ	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		►	971,618.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		►	282,559.			282,559.
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨 🕨				
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b							
	с	()						
			·····					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	345,103.	400.				
	b	Less: cost or other basis	010 410	0				
		and sales expenses Gain or (loss)	$\frac{210,413}{124,600}$	<u> </u>				
			•		125 000			125 000
		Net gain or (loss)		····· ►	135,090.			135,090.
ne	ва	Gross income from fundraisin including \$535,1						
ven		contributions reported on line						
Be		Part IV, line 18		72,580.				
Other Revenue	h	Less: direct expenses		93,210.				
đ		Net income or (loss) from fund		<u> </u>	-20,630.			-20,630.
		Gross income from gaming a	-		20,0000			
		Part IV, line 19						
	ь	Less: direct expenses						
		Net income or (loss) from gan		►				
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale		►				
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	с							
	d							
	е	Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.			5,233,210.	971,618.	0.	397,019.

THE CLEVELAND ANIMAL PROTECTIVE LEAGUE Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•	nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	207,266.	99,404.	86,561.	21,301.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,074,617.	1,758,588.	64,561.	251,468.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	33,290.	14,544. 167,566.	9,688.	9,058. 6,878. 21,363.
9	Other employee benefits	193,914.	167,566.	19,470.	6,878.
10	Payroll taxes	199,655.	166,546.	11,746.	21,363.
11	Fees for services (non-employees):				
а	Management				
b	Legal	10,075.	10,075.		
с	Accounting	9,500.		9,500.	
d	Lobbying	65,200.	65,200.		
е	Professional fundraising services. See Part IV, line 17	190,813.			190,813.
f	Investment management fees	19,331.		19,331.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	83,004.	75,354.	4,010.	3,640.
12	Advertising and promotion				
13	Office expenses	100,849.	72,091.	1,534.	27,224. 8,972.
14	Information technology	25,871.	12,546.	4,353.	8,972.
15	Royalties				
16	Occupancy	92,700.	87,046.	5,654.	
17	Travel	14,706.	12,757.	902.	1,047.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,215.	5,588.	230.	397.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	244,597.	244,597.		
23	Insurance	25,513.		25,513.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ANIMAL CARE	515,452.	515,452.		
a b	IN-KIND SUPPLIES RECEIV	189,744.	189,744.		
с С	POSTAGE	122,000.	1,108.		120,892.
d d	BUILDING AND MAINTENANC	83,978.	83,547.	197.	234.
	All other expenses	155,680.	84,618.	1,670.	69,392.
	· · · · · · · · · · · · · · · · · · ·	4,663,970.	3,666,371.	264,920.	732,679.
25	Total functional expenses. Add lines 1 through 24e	±,003,310•	5,000,571.	204,920.	154,019.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

\mathbf{THE}	CLEVELAND	ANIMAL	PROTECTIVE	LEAGU
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JE 34-0714644 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,758,069.	1	2,029,125.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	195,390.	3	380,761.
	4	Accounts receivable, net	108,969.	4	136,217.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disgualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	12,779.	9	33,394.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 8,519,783.			
	b		4,298,933.	10c	4,141,769.
	11	Investments - publicly traded securities	5,888,160.	11	6,801,135.
	12	Investments - other securities. See Part IV, line 11	346,197.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,516,768.	15	2,574,612.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,125,265.	16	16,097,013.
	17	Accounts payable and accrued expenses	196,321.	17	238,173.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
	~~	Schedule D	196,321.	25	238,173.
	26	Total liabilities. Add lines 17 through 25	190,321.	26	230,173.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
sec	07	complete lines 27 through 29, and lines 33 and 34.	11,283,251.	27	12,080,390.
lano	27 28	Unrestricted net assets	813,725.	27	881,602.
Ba	20 29		2,831,968.	20 29	2,896,848.
pur	25	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	2,001,000	23	2703070101
гF		and complete lines 30 through 34.			
S O	30	Capital stock or trust principal, or current funds		30	
isel	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	14,928,944.	33	15,858,840.
	34	Total liabilities and net assets/fund balances	15,125,265.	34	16,097,013.

Form **990** (2016)

Part X Balance Sheet

	000	1001	~
Form	990	(201)	C

Check if Schedule O contains a response or note to any line in this Part XI1Total revenue (must equal Part VIII, column (A), line 12)15, 233, 210.2Total expenses (must equal Part IX, column (A), line 25)24, 663, 970.3Revenue less expenses. Subtract line 2 from line 13569, 240.4Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))414, 928, 944.5Net unrealized gains (losses) on investments5360, 656.667178Prior period adjustments88	Form	990 (2016) THE CLEVELAND ANIMAL PROTECTIVE LEAGUE	34-0	714644	Pag	_{ge} 12
1 Total evenue (must equal Part VIII, column (A), line 12) 1 5, 233, 210. 2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 663, 970. 2 A, 663, 970. 2 4, 663, 970. 3 569, 240. 3 569, 240. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 14, 928, 944. 5 Net unrealized gains (losses) on investments 5 360, 656. 6 Onated services and use of facilities 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 15, 858, 840. Part XIII Financial Statements and Reporting X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash <t< th=""><th>Pa</th><th>rt XI Reconciliation of Net Assets</th><th></th><th></th><th></th><th></th></t<>	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 663, 970. 3 Revenue less expenses. Subtract line 2 from line 1 3 569, 240. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 14, 928, 944. 5 360, 6556. 6 7 1 14, 928, 944. 5 360, 656. 6 7 7 7 8 7 7 8 9 0. 9 0 ther changes in net assets or fund balances (explain in Schedule O) 9 0. 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 15, 858, 840. Yes No Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Acccounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 663, 970. 3 Revenue less expenses. Subtract line 2 from line 1 3 569, 240. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 14, 928, 944. 5 360, 6556. 6 7 1 14, 928, 944. 5 360, 656. 6 7 7 7 8 7 7 8 9 0. 9 0 ther changes in net assets or fund balances (explain in Schedule O) 9 0. 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 15, 858, 840. Yes No Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Acccounting method used to prepare the Form 990:						
3 Revenue less expenses. Subtract line 2 from line 1 3 569,240. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 14,928,944. 5 Net unrealized gains (losses) on investments 5 360,656. 6 7 6 7 8 7 8 9 0. 9 0. 9 10 Net assets or fund balances (explain in Schedule 0) 9 10 Net assets or fund balances (explain in Schedule 0) 9 10 Net assets or fund balances (explain in Schedule 0) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B) 15,858,840. Yes Ves ket asset of fund balances (explain in Schedule 0) 11 Accounting the dused to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indic	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 14,928,944. 5 Net unrealized gains (losses) on investments 5 360,656. 6 0 360,656. 6 6 6 7 7 7 8 7 7 9 0.4 15,858,840. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 15,858,840. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization s financial statements compiled or reviewed by an independent accountant? Yes No 1 Yes No 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X 2b X If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a s	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 360,656.6 6 0nated services and use of facilities 6 7 1 6 8 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 0.6 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 15,858,840. Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Account Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Account other Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis. Consolidated basis. Both consolidated and separate basis. Zb X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Zb X I If "Yes," check a box below to indicate whether the financial statement	3	Revenue less expenses. Subtract line 2 from line 1				
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 15,858,840. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 15,858,840. Part XII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Zb X Zb X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	5	Net unrealized gains (losses) on investments	5	360),6	56.
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9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, columm (B)) 10 15,858,840. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Dever the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a basis Consolidated basis Both consolidated and separate basis If "Yes," or the again attements and selection of an independent accountant? If the organization c	7	Investment expenses	7			
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Image:						
consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis	b			2b	X	<u> </u>
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis			e basis,			
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review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133? 3a X						
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X				2c	Х	<u> </u>
Act and OMB Circular A-133?						
	3a		gle Audit			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				<u>3a</u>		X
	b					1
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	L

SCHEDU	LE A
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(Form	990	or	990-	EZ)

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.

2016	
Open to Public Inspection	

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

►	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at	www.irs.gov/form990.

Nam	ne of t	he organization	~			~				identification number
Da		THE Decomposition	CLEVELAND	ANIMAL	PROTEC	CTIVE	LEAGU	JE		4-0714644
Ра	rt I	Reason for Public	Charity Status	All organizati	ons must co	omplete th	is part.) Se	e instructions	3.	
The	organ	ization is not a private found			•		,			
1		A church, convention of ch						l)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Scheo	dule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in cor	njunction with	h a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or unive	ersity owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6		A federal, state, or local go	vernment or governm	nental unit de	escribed in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	ally receives a substa	ntial part of it	s support fr	rom a gove	ernmental	unit or from th	ne general j	public described in
		section 170(b)(1)(A)(vi). (C	complete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Co	omplete Par	t II.)				
9		An agricultural research org	ganization described	in section 1	70(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see in	structions).	Enter the	name, city	, and state of	the college	eor
		university:								
10	X	An organization that norma	ally receives: (1) more	than 33 1/39	% of its supp	port from o	contributio	ns, membersl	nip fees, an	nd gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain e	exceptions,	and (2) no	more thar	n 33 1/3% of it	ts support f	from gross investment
		income and unrelated busin	ness taxable income	(less section	511 tax) fro	om busines	ses acquii	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)							
11		An organization organized	and operated exclusi	vely to test fo	or public sat	fety. See	section 50)9(a)(4).		
12		An organization organized	and operated exclusi	vely for the b	enefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	-							Check the box in
		lines 12a through 12d that	• •		-				-	
а		Type I. A supporting orga	-	-		• • • •	-			
		the supported organization				majority c	of the direc	tors or truste	es of the su	upporting
_		organization. You must o	-							
b		Type II. A supporting org	-					•		-
		control or management of				ame perso	ns that coi	ntrol or mana	ge the supp	ported
	_	organization(s). You mus	•							
С		J Type III functionally inte	• • • •		•				ly integrate	ed with,
	_	its supported organizatio						-	4 I	
d		J Type III non-functionally			-				-	
		that is not functionally inf	0 0	U		,			i an attentiv	/eness
		requirement (see instruct	-	-					U. T	
е		Check this box if the orgation functionally integrated, or a second s						турет, туре	п, туре п	
f	Ente	er the number of supported	51	any integration	eu supportii	ng organiz	ation.			
		vide the following information	•	d organizatio						
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of o	organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described or above (see in		Yes	ng document? No	support (see ir	nstructions)	support (see instructions)
				above (See III	Structions					
Tota	l.									

Schedule A (Form 990 or 990-EZ) 2016 THE CLEVELAND ANIMAL PROTECTIVE LEAGUE 34-0714644 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support				_	_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
<u>.</u>	organization, check this box and stop	here					
50	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (li	ne 6, column (f) di	ivided by line 11, o	olumn (f))		14	%
	Public support percentage from 2015						%
16 a	33 1/3% support test - 2016. If the c				14 is 33 1/3% or n	nore, check this	box and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2015. If the c	-			d line 15 is 33 1/3%	% or more, chec	k this box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			=			-
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						the
	organization meets the "facts-and-circ		-		• • • •		>
18	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruct	ions 🕨 🛄

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 THE CLEVELAND ANIMAL PROTECTIVE LEAGUE 34-0714644 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3864573.16267169. 2888903 3355948. 3107630. 3050115. 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 859,016. 937,938. 912,332. 971,618. 4507480. organization's tax-exempt purpose 826,576. 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 3962447. 4836191.20774649. 3715479. 4214964. 4045568. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 1433163. 608,587. 621,767. 1103303. 802,037. 4568857. 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 0 c Add lines 7a and 7b 802,037. 1433163. 608,587. 621,767. 1103303. 4568857 16205792. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2013 (a) 2012 (c) 2014 (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6 3715479. 4214964. 4045568. 3962447. 4836191.20774649. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 144,772. 95,601. 110,239. 124,145. 282,559. 757,316. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 144,772. 95,601. 110,239. 124,145. 282,559. 757,316. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3860251. 4310565. 4155807. 4086592. 5118750.21531965. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five 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 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f) 75.26 % 15 73.67 16 Public support percentage from 2015 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 3.52 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % 2.79 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2016. 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 ► X 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 - 2015. 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

Schedule A (Form 990 or 990-EZ) 2016

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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 described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- **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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **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.
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **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? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in 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.
- **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 10b below.*
 - **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.)

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

1 0	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	<u>11a</u>		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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		
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,			
<u></u>	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			
<u></u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	alon 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 in (2), 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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a L	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c A	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction and the second se	ructions).		NL:
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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	01-		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0.		
	trustees of each of the supported organizations? <i>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	01-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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	dule A (Form 990 or 990-EZ) 2016 THE CLEVELAND ANIMAL PR			34-0714644 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion 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		
Sect	ion 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		
е	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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting org	anization (see

instructions).

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)				
Secti	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes					
2	Amounts paid to perform activity that directly furthers exemption						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	3					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which t						
	(provide details in Part VI). See instructions						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reason-						
2	able cause required- explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016:						
a							
 b							
	From 2013						
	From 2014						
	From 2015						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
	Carryover from 2011 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2016 distributable amount						
с	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions						
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c						
8	Breakdown of line 7:						
a							
b	Excess from 2013						
C	Excess from 2014						
	Excess from 2015						
е	Excess from 2016						

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Schedule A	(Form 990 or 990-EZ) 2016 T	HE CLEVEL	ND ANIMAI	PROTECTIVE	LEAGUE	34-0714644	Page 8
Part VI	Supplemental Informa Part IV, Section A, lines 1, 2, line 1; Part IV, Section D, line	ation. Provide the 3b, 3c, 4b, 4c, 5a, 6 es 2 and 3; Part IV, 5	explanations requ 6, 9a, 9b, 9c, 11a, Section E, lines 1c.	ired by Part II, line 10; I 11b, and 11c; Part IV, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or Section B, lines 1 ırt V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	C,
	Section D, lines 5, 6, and 8; a (See instructions.)	and Part V, Section	E, lines 2, 5, and 6	. Also complete this pa	art for any additior	nal information.	

Schedule B

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.jrs.gov/form990 .

OMB No. 1545-0047

Employer identification number

or 990-PF)	
Department of the Treasury Internal Revenue Service	

Name of the organization

Organization type (check one):

THE CLEVELAND ANIMAL PROTECTIVE LEAGUE

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

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

THE CLEVELAND ANIMAL PROTECTIVE LEAGUE

Name of organization

Employer identification number

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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 PETCO FOUNDATION X Person Payroll 654 RICHLAND HILLS DRIVE 150,000. Noncash \$ (Complete Part II for SAN ANTONIO, TX 78245 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 ESTATE OF JEAN GSCHWEND X Person Payroll 6055 ROCKSIDE WOODS BLVD 122,623. Noncash (Complete Part II for CLEVELAND, OH 44131 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 CARL ALLENDORF ESTATE X Person Payroll 14214 SOUTH WOODLAND ROAD 95,512. Noncash \$ (Complete Part II for SHAKER HEIGHTS, OH 44120 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 GEORGE AND ELECTRA DANIELS ESTATE Person X Payroll 2610 SNOWBERRY LANE 153,451. Noncash \$ (Complete Part II for PEPPER PIKE, OH 44124 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 CHARLES AND RUTH MAURER X Person Payroll 411 WEST LAFAYETTE BLVD, 2ND FLOOR 145,000. Noncash (Complete Part II for noncash contributions.) DETROIT, MI 48226 (c) (d) (a) (b) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 6 ANNE RINGLER ESTATE Person Payroll 22255 CENTER RIDGE ROAD # 106 292,260. Noncash \$ (Complete Part II for ROCKY RIVER, OH 44116 noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

THE CLEVELAND ANIMAL PROTECTIVE LEAGUE

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34 - 0714644

Noncash Property (See instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	LOJ FWV (or estimate) (See instructions) Description of noncash property given \$

Name of org	anization		Employer identification number			
THE CI	EVELAND ANIMAL PROTECT	IVE LEAGUE	34-0714644			
Part III	Exclusively religious, charitable, etc., coni the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	tributions to organizations described i columns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or	n section 501(c)(7), (8), or (10) that total more than \$1,000 for			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gif	t			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gif	t			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
		(e) Transfer of gif				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047				
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.								
Department of the Treasury Internal Revenue Service	ent of the Treasury								
				46 (Political Camp	aign Ac	tivities), then			
		plete Parts I-A and B. Do not comp							
		01(c)(3)) organizations: Complete Pa	arts I-A and C below. D	o not complete Part	I-B.				
Section 527 organiz		,	- 000 57 David V// line	. 47 (Labbuing Asti		h			
-		Form 990, Part IV, line 4, or Form			-				
	 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. 								
		Form 990, Part IV, line 5 (Proxy		-					
Tax) (see separate inst									
 Section 501(c)(4), (5) 	, or (6) organizat	tions: Complete Part III.							
Name of organization		•			Employ	ver identification number			
			34-0714644						
Part I-A Compl	Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.								
1 Provide a description	on of the organiz	ation's direct and indirect political							
2 Political campaign	activity expendit	ures			▶\$_				
3 Volunteer hours for	political campai	gn activities		·····					
		·							
· · · ·		anization is exempt under							
	•	incurred by the organization under							
		incurred by organization managers							
		n 4955 tax, did it file Form 4720 fo							
						Yes No			
b If "Yes," describe in Part I-C Completion		anization is exempt under	section 501(c), e	xcept section 5	01(c)(3	3).			
	-	by the filing organization for section		-					
		ization's funds contributed to othe			ΨΨ_				
exempt function ac			-		▶\$				
		. Add lines 1 and 2. Enter here and			• • _				
-	-				▶\$_				
						Yes No			
		nployer identification number (EIN)							
		tion listed, enter the amount paid f							
contributions receiv	ed that were pro	omptly and directly delivered to a s	eparate political organ	ization, such as a se	parate s	segregated fund or a			
political action com	mittee (PAC). If	additional space is needed, provide	e information in Part IV						
(a) Name)	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's c	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			

Schedule C (Form 990 or 990-EZ) 2016 THE CLEVELAND ANIMAL PROTECTIVE LEAGUE 34-0714644 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under									
section 501(h)). A Check ► if the filing organization									
expenses, and share o	f excess lobbying	expenditures).							
B Check b if the filing organization	checked box A a	nd "limited control" pro	ovisions apply.		(b) Affiliated group				
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) a Total lobbying expenditures to influence public opinion (grass roots lobbying)								
1a Total lobbying expenditures to influen	ce public opinion (grass roots lobbying)							
b Total lobbying expenditures to influen	b Total lobbying expenditures to influence a legislative body (direct lobbying)								
c Total lobbying expenditures (add lines	1a and 1b)								
d Other exempt purpose expenditures									
e Total exempt purpose expenditures (a									
f_Lobbying nontaxable amount. Enter th									
If the amount on line 1e, column (a) or (b		bying nontaxable am							
Not over \$500,000		the amount on line 1e.							
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc	ess over \$500.000.						
Over \$1,000,000 but not over \$1,500,		00 plus 10% of the exc							
Over \$1,500,000 but not over \$17,000		\$225,000 plus 5% of the excess over \$1,500,000.							
Over \$17,000,000 \$1,000,000.									
g Grassroots nontaxable amount (enter	25% of line 1f)								
h Subtract line 1g from line 1a. If zero of	, ,								
i Subtract line 1f from line 1c. If zero or	,								
j If there is an amount other than zero of		ling 11 did the organize							
	0			1	Yes No				
reporting section 4911 tax for this yea		eraging Period Under	eastion E01(b)						
(Some organizations that	made a section 5		have to complete all o	f the five columns b	elow.				
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total				
2a Lobbying nontaxable amount									
b Lobbying ceiling amount (150% of line 2a, column(e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 THE CLEVELAND ANIMAL PROTECTIVE LEAGUE 34-0714644 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(b)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?	77	X		256
d Mailings to members, legislators, or the public?	X	x		256.
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	x		1	,250.
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 	Δ	x		,230.
	x		65	,755.
i Other activities? j Total. Add lines 1c through 1i	21			,261.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	0,	72010
 b If "Yes," enter the amount of any tax incurred under section 4912 				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Part III-B Complete if the organization is exempt under section 501(c)(4), section				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."	NO," OH	(b) Part	III-A, line	e 3, IS
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	A, lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
1B: DURING 2016, THE CLEVELAND APL PRESIDENT & CEO:				
<u>MET WITH A CLEVELAND CITY COUNCIL PERSON TO DISCUSS</u>	LOCAL	ORDIN	ANCES	
AND NEEDS;				

<u>MET WITH OHIO STATE REPRESENTATIVES AND/OR THEIR STAFF ON 16</u>

OCCASIONS AND SPOKE BY TELEPHONE ON TWO OCCASIONS. THESE MEETINGS

Schedule C (Form 990 or 990 EZ) 2016 THE CLEVELAND ANIMAL PROTECTIVE LEAGUE 34-0714644 Page 4 Part N Supplemental Information (continued) SERVED TO INFORM LEGISLATORS ABOUT OUR POSITIONS AND CONCERNS ABOUT A VARIETY OF ANIMAL-RELATED LEGISLATION, BUT MAINLY FOCUSED ON OPPOSING HB 278, WHICH WOULD HAVE CODIFIED HUMANE SOCIETIES AS POLITICAL SUBDIVISIONS AND REVOKED THE AUTHORITY OF HUMANE SOCIETIES TO APPOINT A PROSECUTOR FOR ANIMAL CRUELTY CASES, SUPPORTING SB 195, WHICH MADE SEXUAL CONTACT WITH AN ANIMAL A CRIME, SEEKING AMENDMENT FOR HB 60, WHICH MADE KNOWING AND EGREGIOUS ACTS OF ANIMAL CRUELTY A FELONY OF THE FIFTH DEGREE, BUT REVOKED THE AUTHORITY OF HUMANE SOCIETIES TO USE APPOINTED, SPECIALIZED PROSECUTORS FOR THESE CASES, AND OPPOSING SB 331, WHICH BLOCKED THE ABILITY OF LOCAL GOVERNMENTS TO BAN THE SALE OF PUPPIES FROM PUPPY MILLS IN THEIR MUNICIPALITIES; AND MET WITH A COMMITTEE OF THE CUYAHOGA COUNTY COUNCIL TO SUPPORT AN

IN-COUNTY ANIMAL ABUSE REGISTRY.

1D: DURING 2016, THE CLEVELAND APL PRESIDENT & CEO SENT THREE LETTERS OR EMAILS TO OHIO STATE SENATORS AND REPRESENTATIVES IN SUPPORT OF SB 195, WHICH WOULD MAKE SEXUAL CONTACT WITH AN ANIMAL A CRIME, AND TO REQUEST AMENDMENTS TO HB 60 AND SB 331. IN ADDITION, AN ELECTRONIC PRESS RELEASE WAS DISTRIBUTED TO INFORM OUR COMMUNITY ABOUT RELEVANT LEGISLATIVE MATTERS AND ENCOURAGE ACTION.

1G: DURING 2016, THE CLEVELAND APL PRESIDENT & CEO:

I MET WITH MEMBERS OF CUYAHOGA COUNTY COUNCIL ON ONE OCCASION TO LOBBY

IN FAVOR OF IMPLEMENTING AN ANIMAL ABUSE REGISTRY IN CUYAHOGA COUNTY;

<u>MET IN PERSON OR VIA TELEPHONE WITH OHIO STATE REPRESENTATIVES ON</u>

SEVEN OCCASIONS TO LOBBY AGAINST HB 278;

DEPRESENTED OPPOSITION TESTIMONY FOR HB 278 TO THE HOUSE GOVERNANCE

ACCOUNTABILITY & OVERSIGHT COMMITTEE;

Schedule C (Form 990 or 990-EZ) 2016 THE CLEVELAND ANIMAL PROTECTIVE LEAGUE 34-0714644 Page 4
Part IV Supplemental Information (continued)

MET WITH AN OHIO STATE LEGISLATOR ONCE BY TELEPHONE TO ENCOURAGE

SUPPORT OF SB 195;

GAVE TOURS OF THE CLEVELAND APL TO SIX STATE LEGISLATORS AND ONE

CLEVELAND COUNCILMAN TO INFORM OF THE WORK OF THE CLEVELAND APL, SHARE

OUR POSITION ON SPECIFIC MISSION-RELATED LEGISLATION, AND SEEK THEIR

SUPPORT.

11: DURING 2016, THE CLEVELAND APL PRESIDENT & CEO WAS REIMBURSED FOR TRAVEL EXPENSES FOR THREE TRIPS BY CAR TO THE OHIO STATEHOUSE IN COLUMBUS. THE CLEVELAND APL BOARD ALSO ENGAGED MCDONALD HOPKINS TO PROVIDE PROFESSIONAL LOBBYING SERVICES TO OPPOSE HB 278, A BILL THAT, IF PASSED, WOULD SIGNIFICANTLY AND NEGATIVELY IMPACT A CORE ELEMENT OF THE CLEVELAND APL'S MISSION - HUMANE LAW ENFORCEMENT AND SUPPORT OF THE PROSECUTION OF ANIMAL-RELATED CRIMES. OUR LOBBYISTS ARE ALSO WORKING TO ADVANCE OUR POSITION AS A RESOURCE FOR LEGISLATORS ON ANIMAL-RELATED MATTERS SO THAT WE MAY SUPPORT AND ENCOURAGE THE STRENGTHENING OF ANIMAL PROTECTION LAWS IN OHIO.

~ ~		Quantamente	- Financial Statements		ОМВ	No. 1545-0047
	m 990)		al Financial Statements anization answered "Yes" on Form 990,		2	016
	,	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Opr	en to Public	
	tment of the Treasury al Revenue Service	Information about Schedule D (For	m 990) and its instructions is at <u>www.irs.ge</u>	ov/form9	90. Ins	pection
Nam	e of the organizati		AL PROTECTIVE LEAGUE	Er	nployer identific $34-071$	
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accou	Ints. Complete	e if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Fι	unds and other a	ccounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advised f exclusive legal control?		Ye	s 🗌 No
6			dvisors in writing that grant funds can be use		L Te	
Ŭ			r donor advisor, or for any other purpose con			
			·· , ·		🗌 Ye	es 🗌 No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	: IV, line	7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).			
	Preservation	n of land for public use (e.g., recreation or e	education) Preservation of a historic	ally imp	ortant land area	
		of natural habitat	Preservation of a certified	d historio	c structure	
		n of open space				
2	•	• •	fied conservation contribution in the form of a	conser		
	day of the tax year					l of the Tax Year
a L						
a o	•		ucture included in (a)			
J d			after 8/17/06, and not on a historic structure	20	-	
u				2d		
3			eased, extinguished, or terminated by the org		n during the tax	
	year 🕨				-	
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
		orcement of the conservation easements it				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv-	ation eas	sements during t	he year
_	►	<u> </u>				
7		ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easeme	ints during the ye	er
8	►\$	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)		
Ũ	and section 170(h)				Ye	s 🗌 No
9			on easements in its revenue and expense sta			
	include, if applicat	ble, the text of the footnote to the organizat	tion's financial statements that describes the	organiza	tion's accounting	g for
	conservation ease			-		
Pa		-	Art, Historical Treasures, or Othe	r Simil	ar Assets.	
		f the organization answered "Yes" on Form				
1a	•		SC 958), not to report in its revenue statement			
			hibition, education, or research in furtherance	of publi	c service, provide	ə, in Part XIII,
р.		the to its financial statements that describe			o obostius is a	out bists is -!
a	-		C 958), to report in its revenue statement and			
	relating to these it		ducation, or research in furtherance of public	sei vice,		wing amounts
	-			►	\$	
					\$	
2	• •		asures, or other similar assets for financial ga		de	
		unts required to be reported under SFAS 1				

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

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2016

▶ \$

▶ \$

b Assets included in Form 990, Part X

		VELAND ANIM					34 - 07			age 2	
	erganizatione maintaining e								,		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	following that	t are a si	ignificant	use of its of	collection	items	5	
	(check all that apply):										
а											
b											
С											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5											
D -	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered	"Yes" or	n Form 99	0, Part IV,	line 9, or	•		
10	Is the organization an agent, trustee, custodi		any for contribution	s or othor as	sote not	included					
Id	on Form 990, Part X?							Yes		No	
h	If "Yes," explain the arrangement in Part XIII						L				
D			owing table.					Amoun	+		
~	Beginning balance					1c		Amoun			
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fe					··		Yes		No	
	If "Yes," explain the arrangement in Part XIII.]	
Par											
	·	(a) Current year	(b) Prior year	(c) Two yea			vears back	(e) Fou	r vears	back	
1a	Beginning of year balance	5,935,066.	6,007,931.	1 · · · · · · · · · · · · · · · · · · ·	3,691.		054,664.		,910,		
	Contributions	298,282.	320,966.				•	-1	,557,	885.	
										866.	
	d Grants or scholarships										
	Other expenditures for facilities										
	and programs	301,500.	298,282.	29	0,835.						
f	Administrative expenses	19,331.	19,416.	2	3,791.		21,196.	. 29,466.		466.	
	End of year balance	6,499,635.	5,935,066.	6,00	7,931.	5,	993,691.			664.	
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1a. column (a)) held as:	-			•			
	Board designated or quasi-endowment	94.69	%								
	Permanent endowment ► 4.96	%	_/ -								
	Temporarily restricted endowment	•35 %									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	•	tion that are held ar	nd administe	red for th	ne organi	zation				
	by:	Ū.				U U			Yes	No	
	(i) unrelated organizations							3a(i)		Х	
	(ii) related organizations							3a(ii)		х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?								
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	See Form 990), Part X,	, line 10.					
	Description of property	(a) Cost or ot	her (b) Cost	t or other	(c) A	Accumula	ted	(d) Boo	k valu	е	
		basis (investm	,	(other)	de	epreciatio	n				
1a	Land			3,138.					3,1		
	Buildings			9,033.		230,7		1,02			
	Leasehold improvements			0,341.		193,2		2,65			
	Equipment			2,635.		840,3			2,3		
е	Other			4,636.		113,6			0,9		
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part ≻</u>	<u> (, column (B), line 1</u>	0c.)				4,14			
							Cabadul	D /F		0040	

Schedule D (Form 990) 2016

	(Form 990) 2016			ND ANIMAL	PRO	TECTIVE	LEAGUE	34	-0714644	Page 3
Part VII	Investments -	Other Se	ecurities.							
	Complete if the ore	ganization a	nswered "Yes"	on Form 990, Par	t IV, line	11b. See Form	n 990, Part X,	line 12.		
(a) Descrip	otion of security or cate	gory (including	name of security)	(b) Book va	ue	(c) Metho	od of valuatio	n: Cost or end	l-of-year market v	alue
(1) Financia	al derivatives									
(2) Closely-	held equity interests	s								
(3) Other										
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
Total. (Col. (b) must equal Form 99	0, Part X, col	. (B) line 12.) 🕨							
Part VIII	Investments -	Program	Related.							
	Complete if the org	ganization a	nswered "Yes"	on Form 990, Par	t IV, line	11c. See Form	n 990, Part X,	line 13.		
	(a) Description of	f investmen [.]	t	(b) Book va					l-of-year market v	alue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	b) must equal Form 99	0. Part X. col	. (B) line 13.) ►							
Part IX	Other Assets.					•				
	Complete if the org	ganization a	nswered "Yes"	on Form 990, Par	t IV, line	11d. See Form	n 990, Part X,	line 15.		
			(a)	Description					(b) Book va	alue
(1) FU	NDS HELD I	N TRUS	T BY OT	HERS					2,574	,612.
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	ımn (b) must equal F	orm 990 Pa	nt X col (B) line	e 15)				►	2,574	,612.
Part X	Other Liabilitie	es.	<u>, , , , , , , , , , , , , , , , , , , </u>							
	Complete if the org	ganization a	nswered "Yes"	on Form 990, Par	t IV, line	11e or 11f. Se	e Form 990, I	Part X, line 25.		
1.		escription o				(b) Book value				
	leral income taxes									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	ımn (b) must equal Fo	orm 000 D	at Y col (B) lin	o 25)						
•	for uncertain tax po			,	e otnote to	the organizati	on's financial	statements th	nat reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2016 THE CLEVELAND ANIMAL PROTE	CTIVE	LEAGUE	34-	0714644 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	5,675,249.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	360,656.		
b	Donated services and use of facilities	2b	7,505.		
с	Recoveries of prior year grants				
d			93,209.		
е	Add lines 2a through 2d			2e	461,370.
3	Subtract line 2e from line 1			3	5,213,879.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	19,331.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	19,331.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,233,210.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per F	Retur	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wit	h Expenses per F	Retur	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per F	Retur	
_	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	h Expenses per F		n.
1	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	h Expenses per F		n.
1 2	Image: Second light for the second light	ents Wit	h Expenses per F		n.
1 2 a	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wit	h Expenses per F		n.
1 2 a	Image: Second light for the second light	2a 2b 2c	h Expenses per F		n.
1 2 a	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per F 7 , 505 . 93 , 209 .		n. <u>4,745,353.</u> 100,714.
1 2 a b c d	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per F 7,505. 93,209.	1	n. 4,745,353.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per F 7,505. 93,209.	1 2e	n. <u>4,745,353.</u> 100,714.
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	h Expenses per F 7,505. 93,209.	1 2e	n. <u>4,745,353.</u> 100,714.
1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	h Expenses per F 7,505. 93,209.	1 2e	n. <u>4,745,353.</u> 100,714.
1 2 b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	h Expenses per F 7,505. 93,209. 19,331.	1 2e	n. <u>4,745,353.</u> <u>100,714.</u> <u>4,644,639.</u> 19,331.
1 2 d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per F 7,505. 93,209. 19,331.	1 2e 3	n. 4,745,353. 100,714. 4,644,639.

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

PART V, LINE 4:

ENDOWMENTS ARE TO BE USED FOR THE CONTINUED BENEFIT OF SHELTER ACTIVITIES.

PART X, LINE 2:

THE APL HAS ADOPTED GUIDANCE, AS REQUIRED BY THE INCOME TAXES TOPIC OF THE

FASB ACCOUNTING STANDARDS CODIFICATION REGARDING ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES. THIS GUIDANCE CLARIFIES THE ACCOUNTING AND

RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE

APL'S INCOME TAX RETURNS. AS OF DECEMBER 31, 2016, THE APL HAS NO

UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE

IN THE FINANCIAL STATEMENTS. THE APL'S OPEN AUDIT PERIODS ARE FOR THE TAX

YEARS ENDED DECEMBER 31, 2013 THROUGH DECEMBER 31, 2016.

Schedule D (Form 990) 2016 THE CLEVELAND ANIMAL PROTECTIVE LEAGUE Part XIII Supplemental Information (continued)	34-0714644 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	93,209.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES	93,209.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047		
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.								
		bout Schedule G (Form 990 or 990-EZ)	and its	instru	ctions is at <u>www.irs.c</u>				
Name of the organization				F 1 7 57	TEACTIE		er identification number 714644		
Eundraisi		VELAND ANIMAL PROT							
Part I required to c	complete this part	Complete if the organization answe	ered "Y	es" or	Form 990, Part IV, I	ine 17. Form 9	90-EZ filers are not		
 Indicate whether the X Mail solicitati X Internet and a C Phone solicit. A In-person soli 2 a Did the organization key employees lister 	e organization rais ons email solicitations ations icitations n have a written o ed in Form 990, Pa	ed funds through any of the followin $e \boxed{X}$ Solicita	ation of ation of I fundra I (incluc professi	non-g gover aising e ling of onal fu	overnment grants nment grants events ficers, directors, trus indraising services?		Yes X No		
compensated at lea	•	· /·		agreer					
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount p to (or retained fundraise listed in col	d by) to (or retained by)		
			Yes	No					
Total									
	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt fr	om registration		

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

Schedule G (Form 990 or 990-EZ) 2016

34-0714644 Page 2 Schedule G (Form 990 or 990-EZ) 2016 THE CLEVELAND ANIMAL PROTECTIVE LEAGUE Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro		,	<u> </u>	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				TELETHONS		(add col. (a) through
			FUR BALL	(QTY. 2)	2	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	267,634.	208,133.	132,005.	607,772.
	2	Less: Contributions	195,054.	208,133.	132,005.	535,192.
	3	Gross income (line 1 minus line 2)	72,580.			72,580.
	4	Cash prizes				
s	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	52,739.			52,739.
	8	Entertainment				
	9	Other direct expenses	23,884.	7,960.	8,627.	40,471.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	93,210.
	11		ne 3, column (d)		►	-20,630.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		
Ве́	4					
	•	Gross revenue				
	2	Cash prizes				
ses	_	•				
per	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
ā						
	5	Other direct expenses				
			Yes %	└── Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	~		former the state of the			
	8	Net gaming income summary. Subtract line 7	trom line 1, column (d)			
•	Ent	tor the state(s) in which the organization condu	ioto goming optivitioo:			
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac				Yes No
		No," explain:				
5						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	vear?	Yes No
b	lf "	Yes," explain:		-		

Sch	edule G (Form 990 or 990-EZ) 2016 THE CLEVELAND ANIMAL PROTECTIVE LEAGUE 34-0	714644	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	🗌 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
	a An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
b	D Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
De	organization's own exempt activities during the tax year \$		
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lir 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	ies 9, 9b, 10	b, 15b,

Schedule G	(Form 990 or 990-EZ) Supplemental Inf	THE	CLEVELAND	ANIMAL	PROTECTIVE	LEAGUE	34-0714644	Page 4
Part IV	Supplemental Inf	ormation	(continued)					
_								

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public

Inspection

ſ

34 - 0714644

Department of the Treasury
Internal Revenue Service

SCHEDULE M

(Form 990)

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization	

Employer identification number

THE CLEVELAND ANIMAL PROTECTIVE LEAGUE

Par	t I Types of Property				•			
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of der noncash contribu		0	3
1	Art - Works of art			Torrito So, Fart VIII, Inte Tg				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	1	67,348.	FMV			
20	Drugs and medical supplies	X	1	54,185.				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SUPPLIES)	X	480	41,801.	FMV			
26	Other (SOFTWARE)	X	3					
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c					
	for which the organization completed Form 82							
		oo, . a , .					Yes	No
30a	During the year, did the organization receive by	v contributio	n anv propertv rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least three years from the date	•						
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	auires the review o	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties					•.		
<u>u</u>	contributions?		•			32a		х
b	If "Yes," describe in Part II.					5_4		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is cher	ked.			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule M (Form	990) (2016)

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

Schedule M (Form 990) (2016)

Schedule M	(Form 990) (2016)	THE	CLEVELAND	ANIMAL	PROTECTIVE	LEAGUE	34-0714644	Page 2
Part II	Supplemental	Infor	mation. Provide t	he information	required by Part L line	as 30b 32b an	d 33, and whether the organiza combination of both. Also comp	tion
	is reporting in Part		mn (b) the number (of contribution	the number of items	received or a (combination of both Also com	nlete
	this part for any ac	ditiona	l information.	of contributions				piete
·								
·								

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

THE CLEVELAND ANIMAL PROTECTIVE LEAGUE

Employer identification number 34 - 0714644

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

CARE, AND MEDICAL TREATMENT TO ANIMALS THAT HAVE LOST THEIR HOMES

AND/OR SUFFERED CRUELTY OR NEGLECT.

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

....THE APL'S "PROJECT CARE" (COMMUNITY ANIMAL RETENTION EFFORT)

OUTREACH EFFORTS ALLOW US TO PROVIDE RESOURCES AND CARE TO ANIMALS THAT

ARE AT A HIGH RISK OF LOSING THEIR HOMES. IN 2016, PROJECT CARE

PROVIDED RESOURCES TO APPROXIMATELY 945 ANIMALS OWNED BY LOW-INCOME

RESIDENTS LIVING IN A TARGETED, UNDERSERVED AREA OF CLEVELAND, SO THAT

THEY COULD STAY IN THEIR HOMES AND WITH THEIR OWN FAMILIES. THE APL

RELIES ON THE SUPPORT OF PRIVATE DONORS AND VOLUNTEERS TO MAKE ALL OF

THIS WORK POSSIBLE. THE APL IS NOT GOVERNED BY AND DOES NOT RECEIVE

OPERATING SUPPORT FROM ANY NATIONAL ANIMAL WELFARE ORGANIZATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ANIMAL WELFARE CLINIC (AWC): THE CLEVELAND APL'S AWC PROVIDES

SPAY/NEUTER SERVICES FOR COMMUNITY CATS THROUGH TRAP-NEUTER-RETURN

(TNR) AND SPAY/NEUTER SERVICES FOR ADOPTABLE ANIMALS FROM OTHER

SHELTERS AND RESCUE GROUPS. IN 2016, 4,673 COMMUNITY CATS WERE

STERILIZED THROUGH THE TNR PROGRAM AND 1,155 ADOPTABLE ANIMALS FROM

OTHER PARTNER SHELTERS AND RESCUE GROUPS WERE STERILIZED.

EXPENSES \$ 230,254. INCLUDING GRANTS OF \$ 0. REVENUE \$ 240,064.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11A EXPLANATION - AN ELECTRONIC DRAFT COPY OF THE FORM 990 AND

 Schedule O (Form 990 or 990-E2) (2016)
 Page 2

 Name of the organization
 Employer identification number 34-0714644

 REQUIRED SCHEDULES ARE PROVIDED TO EACH MEMBER OF THE FINANCE AND AUDIT

 COMMITTEES FOR REVIEW.
 UPON COMPLETION OF THEIR REVIEW AND ANY NECESSARY

 REVISIONS, AN ELECTRONIC DRAFT COPY IS PROVIDED TO EACH MEMBER OF THE BOARD

 OF DIRECTORS FOR THEIR REVIEW PRIOR TO THE MAY 24TH BOARD MEETING, DURING

 WHICH THE AUDIT COMMITTEE PRESENTS THE DRAFT 990 FOR DISCUSSION AND FINAL

 APPROVAL.
 UPON APPROVAL BY THE FULL BOARD, THE RETURN IS SUBMITTED TO THE

 PREPARER FOR FILING WITH THE IRS.

 FORM 990, PART VI, SECTION B, LINE 12C:

 THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY WITH THE BOARD OF

DIRECTORS. OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANNUALLY THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT & CEO'S (CEO) COMPENSATION FOR 2016 WAS SET IN ACCORDANCE WITH A FIVE-YEAR EMPLOYMENT AGREEMENT BETWEEN HER AND THE BOARD OF DIRECTORS OF THE CLEVELAND APL EFFECTIVE JANUARY 1, 2015 THROUGH DECEMBER 31, 2019. THE BOARD CHAIRPERSON AND EXECUTIVE COMMITTEE WERE APPOINTED BY THE BOARD OF DIRECTORS TO NEGOTIATE AND FINALIZE THE NEW AGREEMENT WITH THE CEO WITHIN SPECIFIED PARAMETERS SET BY THE BOARD. THE COMMITTEE REVIEWED ORGANIZATIONAL AND MARKET TRENDS IN REACHING THE COMPENSATION SET FORTH IN THE AGREEMENT. THAT AGREEMENT PROVIDED FOR THE CEO'S PERFORMANCE AND SALARY TO BE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE. THE REVIEW FOR 2015 WAS CONDUCTED DURING THE 1ST HALF OF 2016.

THE DIRECTOR OF FINANCE'S BASE SALARY WAS DETERMINED USING ANIMAL WELFARE INDUSTRY STANDARDS, SALARY COMPENSATION LEVELS WITHIN THE ORGANIZATION, AND KNOWLEDGE, SKILLS, ABILITY AND EXPERIENCE AS DEFINED BY THE JOB DESCRIPTION 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016) Page 2									
Name of the organization THE CLEVELAND ANIMAL PROTECTIVE LEAGUE	Employer identification number $34-0714644$								
AND REQUIREMENTS. COMPENSATION FOR 2016 WAS ADJUSTED TO	INCLUDE A								
PERFORMANCE INCREASE.									
FORM 990, PART VI, SECTION C, LINE 19:									
DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST, E	Y INSPECTION AT								
THE ORGANIZATION.									

FORM 990, PART VII:

THE COMPENSATION REPORTED FOR SHARON HARVEY, PRESIDENT AND CEO,

INCLUDES A PERFORMANCE BONUS FOR 2015 OF \$10,000 THAT WAS DETERMINED BY

THE EXECUTIVE COMMITTEE OF THE BOARD IN ITS SOLE DISCRETION. THIS

BONUS IS NOT A PART OF HER REPORTABLE BASE SALARY, WHICH WAS \$133,317.

FORM 990, PART XII, LINE 2C:

THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR.