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As Filed Data -

DLN: 93492085000118OMB No 1545-1150

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasure Internal Revenue Service

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

Information about Form 990-EZ and its instructions is at www.irs.qov/form990ez.

Open to Public Inspection

A	For th	ne 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017		
		c Name of organization	D Emple	oyer identification number
	Addres Name of	s change Animal Folks	80-05	530102
	Initial r	■ Number and street (or P O box, if mail is not delivered to street address) iRoom/suite	E Teleph	one number
☐ Final return/terminated		eturn/terminated		(651) 222-2821
	Amend	ed return City or town, state or province, country, and ZIP or foreign postal code St Paul, MN 55105	F Group	Exemption
	Applica	ition pending	Numbe	
		require	d to attac	he organization is not h Schedule B EZ, or 990-PF)
		mpt status(check only one) - ☑ 501(c)(3) ☑ ☐ 501(c)() ◀(insert no) ☐ 4947(a)(1) or ☐ 527		
KF	orm of	forganization ☑ Corporation ☐ Trust ☐ Association ☐ Other		
L A	Add line \$500	es 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if tota ,000 or more, file Form 990 instead of Form 990-EZ	l assets (I	Part II, column (B) below) . ▶ \$ 167,445
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct Check if the organization used Schedule O to respond to any question in this Part I	ions for P	art I) ☑
	1	Contributions, gifts, grants, and similar amounts received	. 1	167,445
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory 5a	0	
	ь	Less cost or other basis and sales expenses	0	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	0
	6	Gaming and fundraising events		
2	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	٥	
Revenue	ь	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the		
		sum of such gross income and contributions exceeds \$15,000) 6b	0	
	С	Less direct expenses from gaming and fundraising events 6c	0	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	0	
	ь	Less cost of goods sold	0	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	0
	8	Other revenue (describe in Schedule O)	. 8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	167,445
	10	Grants and similar amounts paid (list in Schedule O)	. 10	0
	11	Benefits paid to or for members	. 11	0
ı.n	12	Salaries, other compensation, and employee benefits	. 12	0
Expenses	13	Professional fees and other payments to independent contractors	. 13	123,629
	14	Occupancy, rent, utilities, and maintenance	. 14	0
	15	Printing, publications, postage, and shipping	. 15	4,922
	16	Other expenses (describe in Schedule O)	. 16	39,346
	17	Total expenses. Add lines 10 through 16	▶ 17	167,897
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	-452
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		132
		end-of-year figure reported on prior year's return)	. 19	60,217
	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	00,217
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20		59,765
			_	

Form 990-EZ (2017)					Page 2
Part II Balance Sheets (see the instruct					_
Check if the organization used Sched	ule O to respond to any o				
22 Cash, savings, and investments		(A) B	eginning of year 61,116	22	(B) End of year 66,406
23 Land and buildings			0		00,100
24 Other assets (describe in Schedule O)			308	-	0
25 Total assets			61,424	25	66,406
26 Total liabilities (describe in Schedule O)			1,207	-	6,641
27 Net assets or fund balances (line 27 of colu	mn (B) must agree with	line 21)	60,217	27	59,765
Part III Statement of Program Service	e Accomplishments	(see the instructions for Pa	rt III)	T	Expenses
Check if the organization used Scheouth What is the organization's primary exempt purpose The mission of Animal Folks is to protect animals by	e [?]			– (3) .	quired for section 501(c) and 501(c)(4) anizations, optional for
through systemic change. This means conducting working with others to provide the resources nece Describe the organization's program service accommeasured by expenses. In a clear and concise main benefited, and other relevant information for each	research on animal cruelt ssary to help authorities applishments for each of it nner, describe the service	ty cases, filing cruelty co effectively enforce animals s three largest program	omplaints and al anti-cruelty laws services, as	1	ers)
28 See Additional Data Table					
(Grants \$) If this amo	ount includes foreign grai	nts check here	. • 🗆	28a	
29 See Additional Data Table	Jame melades foreign graf	ina, check liefe i	. , ⊔	28a 29a	
			. 🗖		
<u> </u>	ount includes foreign grai	nts, check here	. ▶ ⊔		
30 See Additional Data Table				30a	
(Grants \$) If this amount of the services (describe in Schedule 6	ount includes foreign gran	·			
	ount includes foreign gran			34-	
(Grants \$) If this amo		•		31a 32	128,493
Part IV List of Officers, Directors, Trustee		(list each one even if not o			· · · · · · · · · · · · · · · · · · ·
Check if the organization used Sched	ule O to respond to any o	question in this Part IV.			🗆
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid,	(d) Health bend contributions to en benefit plans, deferred compen	nployee and	(e) Estimated amount of other compensation
Reese Frederickson	3	enter -0-)		0	0
Chair					
Louise Dobbe	3	0		0	0
Vice Chair					
John Kingrey	3	0		0	0
- ,	آ			Ū	Ĭ
Treasurer					
Dr Lisa McCargar Secretary	3	0		0	0
Ann Olson	40	37,000		0	0
Executive Director		,			

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		🗆				
			Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)						
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No			
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b					
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a						
Ь	Did the organization file Form 1120-POL for this year?	37b		No			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were						
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No			
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b						
39	Section 501(c)(7) organizations Enter						
а	Initiation fees and capital contributions included on line 9						
b	Gross receipts, included on line 9, for public use of club facilities 39b						
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under						
	section 4911 ▶						
b	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶ 0						
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization \bullet 0						
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No			
41	List the states with which a copy of this return is filed ► MN The organization's books are in care of ► Ann Olson Telephone no ► (651) 7	22-202	1			
42a	<u> </u>	5510		<u> </u>			
	2013 Grand Wellderfull Del 1135cf dail, Fill		,,,				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No			
	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
С	c At any time during the calendar year, did the organization maintain an office outside the U S ?						
	If "Yes," enter the name of the foreign country						
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □				
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43						
			Yes	No			
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No			
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No			
	Did the organization receive any payments for indoor tanning services during the year?	44c		No			
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d					
45a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	45a		No			
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No			
			1				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

All s Check 47 Did the organ If "Yes," con 48 Is the organ 49a Did the organ b If "Yes," wa 50 Complete the who each re (a) Name NONE f Total num 51 Complete the compensation (NONE d Total num 52 Did the organ knowledge and bee has any knowledge Sign Here Ann Ann	rganization engage, directly or indires s for public office? If "Yes," comple						
d Total num Ann Total num	ection 501(c)(3) organization	ons only			46		No
If "Yes," con 18 Is the organ 19a Did the organ 19 Complete the who each re (a) Name ONE f Total num 11 Complete the compensation (ONE d Total num 12 Did the organ 13 Complete the compensation (ONE	ll section 501(c)(3) organization neck if the organization used Sched	ns must answer questi ule 0 to respond to any q	ons 47-49b and 5 uestion in this Part \	2, and complete the /I	tables for	<u>,</u>	Ø
If "Yes," con 18 Is the organ 19a Did the organ 19 Did the organ 20 Did the organ 20 Did the organ 21 Complete the organ 22 Did the organ 23 Did the organ 24 Did the organ 25 Did the organ 26 Did the organ 26 Did the organ 27 Did the organ 28 Did the organ 28 Did the organ 29 Did the organ 20 Did the						Yes	No
B Is the organ B Did the organ B If "Yes," wa Complete the who each re (a) Name ONE f Total num Complete the compensation (ONE d Total num Complete the compensation (ONE	rganization engage in lobbying activ complete Schedule C, Part II	vities or have a section 50		ct during the tax year?	47		No
d Total num CONE	ganization a school as described in s	rection 170(h)(1)(A)(u)2.1	f "Ves " complete So	thedule E	48		No
b If "Yes," wa 10 Complete the who each residual (a) Name (a) Name ONE f Total num 11 Complete the compensation (a)	rganization make any transfers to a	, , , , , , ,			49a	Yes	
f Total num i1 Complete the compensation (a) ONE d Total num i2 Did the ocomplete onder penalties of nowledge and be as any knowledge ign ere	was the related organization a secti	·	related organization		 49t	,	No
who each re (a) Name f Total num i1 Complete th compensation (ONE d Total num i2 Did the o complete ender penalties of nowledge and be as any knowledge ign ere	this table for the organization's fiv	-			• •		
f Total num 1 Complete the compensation (ONE d Total num 2 Did the of complete ender penalties of nowledge and be as any knowledge ign ere Ann	received more than \$100,000 of co	ompensation from the org	anization If there is	none, enter "None "			
f Total num 51 Complete the compensation (IONE d Total num 52 Did the of complete showledge and be as any knowledge and be as a knowledge and be a knowledge and be a knowledge and be a knowledge and be a knowle	me and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Health benef contributions to em benefit plans, a deferred compens	ployee of ot	Estimated her comp	
d Total num Total num Diagram of the complete of the complet							
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d Total num Total num Did the o complete on the penalties of the penalti							
d Total num 2 Did the o complete 2 complete 3 complete 4 complete 4 complete 5 complete 6 complete 7 complete 6 complete 7 complete 8 compl	this table for the organization's fiv ation from the organization If there (a) Name and business address o	e is none, enter "None "		(b) Type of service	·	pensation	
ign ere Did the o complete power penalties of nowledge and be as any knowledge							
Did the o complete of nowledge and be as any knowledge ign							
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Did the o complete of nowledge and be as any knowledge ign							
ign	umber of other independent contrac	tors each receiving over s	100,000		-		
ign	e organization complete Schedule A eted Schedule A			nust attach a	▶☑√	res □ı	No
lere	of perjury, I declare that I have ex belief, it is true, correct, and compl dge						
lere							
AIIII	Signature of officer 2018-03-15 Date						-
Г туре	nn Olson Executive Director						
	ype or print name and title Print/Type preparer's name	Preparer's signature	Da	te	PTIN		
Paid	, . , p . opa. a. a manne			Check L if self-employed			
reparer				Firm's name ► Firm's EIN ►			
Jse Only	Firm's name ▶			Firm's EIN ▶			

Additional Data

Software ID: 17005980
Software Version: v1.00
EIN: 80-0530102
Name: Animal Folks

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
PROGRAM 1 Animal Cruelty Research GOAL To research animal cruelty cases and issues pertaining to crimes against animals, and provide credible Minnesota-specific data to the public, agencies, and organizations upon request 2017 Strategies and Actions * Data Requests Federal - In 2017, Animal Folks continued to submit multiple data requests to the U.S. Department of Agriculture (USDA) for information related to licensing violations of the Animal Welfare Act. Due to the USDA removing animal welfare documents from its website, we have increased our individual FolfA requests in an attempt to obtain data that was previously online. Unfortunately, the USDA is now redacting all data from requests, requiring additional actions. See lawsuit filed * Data Requests State and Local - Animal Folks filed data requests with local law enforcement agencies. Data collected is used to support cruelty complaints and to supplement training of authorities, providing examples of cruelty cases and violations of law. As the MN Board of Animal Health is now denying data requests for Certificates of Veterinary Inspections. (CVIS), Animal Folks obtained CVIS from other states to track and monitor sales of animals across state lines. * Animal Folks obtained CVIS from other states to track and monitor sales of animals across state lines. * Animal Cruelty Databank - During 2017, Animal Folks continued its study of animal cruelty cases (statewide) in all 87 Minnesota counties from 2008-2013. By the end of 2017, all cases (over 1,000) for this time period had been collected and coded with pro bono assistance from attorneys and volunteers at 3M The next phase of quality assurance has been started. * General animal cruelty - Animal Folks continued to all species and types of crimes. This research is used to generate awareness about general animal cruelty and lay a foundation for programs to support our mission. [Grants \$ 0]	28a 66,833

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
PROGRAM 2 Criminal and Civil Justice GOAL. To investigate and report suspected or known animal cruelty (or related crimes against animals) and provide input to criminal and civil cases throughout the legal process 2017 Strategies and Actions * Lawsuit against USDA - Animal Folks is a plaintiff in a lawsuit filed by the Animal Legal DeFense Fund (ALDF) against the United States Department of Agriculture (USDA). This lawsuit was filed to get the USDA to restore the USDA animal welfare documents online for public viewing, which had been removed Animal Folks used these documents to monitor the actions of licensees and file civil and cruelty complaints, where needed "Lawsuit against Board of Animal Health - Animal Folks, in conjunction with the Animal Humane Society and two taxpayers, sued the MN Board of Animal Health (BAH) for violation of the Commercial Breeders Licensing and Enforcement law by granting a state license to a commercial dog breeder convicted of cruelty against animals. In 2012 and 2013, Animal Folks had filed multiple complaints against this dog breeder which resulted in a cruelty conviction and seizure of all animals Granting a license allowed this breeder to continue its operations. * Enffill Citizen Requests - Animal Folks provided guidance to citizens who request help in filing complaints pertaining to suspected animal cruelty or understanding MN consumer protection laws after purchasing sickly dogs from pet stores or commercial breeders. * Investigative Support - Animal Folks acts as a resource on MN animal law by submitting letters and speaking with law enforcement in regard to selected cruelty cases (Grants \$0) If this amount includes foreign grants, check here	1,052

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Accomplishments	
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Program	
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Statement of	
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Part III	
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Form	

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
PROGRAM 3 Animal Law Resources GOAL. To foster professionalism and competency by providing training, resources, and support to Minnesota authorities responsible for the enforcement of animal law 2017 Strategies and Actions * Animal Cruelty Training for Law Enforcement - In December 2017 and in cooperation with peace officers and other authorities, Animal Folks held training on animal cruelty and investigation techniques for the Oakdale police department and statewide Animal Control Officers and Community Service Officers. This training was a pilot program and will be used to execute other training sessions in the state * Animal Cruelty Training for Veterinarians - In February 2017, Animal Folks partnered with the Minnesota Veterinary Medical Association (MVMA) to host a training session at the MVMA annual meeting Over 100 veterinarians and vet technicians attended the full day session, which included topics on Minnesota animal law and protocols for identifying, documenting, and reporting animal cruelty A mock trial was also held Animal Folks organized the training, bringing in local and national speakers to present * Veterinary Manual for Reporting Animal Cruelty Role of Veterinarian Establishing Protocols to Identify and Report Suspected Animal Cruelty in Minnesota "The purpose of the manual is to assist veterinarian in how to identify, document, and report suspected or known animal cruelty Multiple states have asked Animal Folks to adapt the manual to reflect the laws in their states (Grants \$ 0) If this amount includes foreign grants, check here	30a 39,156

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
PROGRAM 4 Legislative Action GOAL To lead and support state and local legislative efforts, including crafting of humane laws, lobbying, and advocacy, that protects animals and lays a foundation for systemic reform Lobbying efforts conducted through Animal Folks MN, 501c4 2017 Strategies and Actions * Veterinary Immunity Bill - Animal Folks compiled information to support the introduction of a bill (HF 787/SF 1167) in 2017 at the MN Legislature to grant civil immunity to MN-licensed veterinarians for good faith reporting of animal cruelty (MN veterinarians are mandated reporters of animal cruelty). The bill passed through the civil justice committees in the House and Senate and will continue in the 2018 legislative session * Humane Pet Store Ordinance - Animal Folks compiled a report documenting the link between dogs and cats sold through pet stores and obtained from commercial breeders/brokers (the "pipeline"). This report, with testimony, was submitted to the Roseville City Council to support actions to pass a humane pet store ordinance. The ordinance was passed, making it the first "humane pet store ordinance I'm Minnesota (Grants \$ 0) If this amount includes foreign grants, check here	12,284

Form 990EZ, Part III - Statement of Program Service Accomplishments

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE A

(Form 990 or 990EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

DLN: 93492085000118 OMB No 1545-0047

Open to Public

		f the Treasury	information abou	it Schedule A (Form www.irs.a:	990 or 990-EZ ov/form990.) and its instru	ictions is at	Inspection
Nam	e of tl	he organization			,		Employer identific	ation number
Anima	al Folks						80-0530102	
	rt I			us (All organization			See instructions.	
The	organız	zation is not a private f	oundation because	eitis (For lines 1 thro	ough 12, check o	nly one box)		
1		A church, convention	of churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2		A school described in	section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital or a coope	rative hospital ser	vice organization desci	rıbed ın section	170(b)(1)(A)(iii).	
4		A medical research or name, city, and state		ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization opera (b)(1)(A)(iv). (Com		t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descril	ped in section 170
6		A federal, state, or lo	cal government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).	
7	\checkmark	An organization that section 170(b)(1)(a substantial part of it Part II)	s support from a	governmental u	ınıt or from the genera	al public described in
8		A community trust de	escribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9				escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activities related	d to its exempt fur nd unrelated busir	(1) more than 331/3% actions—subject to certiess taxable income (learn) amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organization orgai	nized and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more publicly support	ted organizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>	
а			ower to regularly a	ated, supervised, or co appoint or elect a majo				
b			upporting organiz	ervised or controlled in ation vested in the sar and C.				
С		Type III functional supported organization	ly integrated. A son(s) (see instruct	supporting organizatio ions) You must com	n operated in coi plete Part IV, S	nnection with, ar lections A, D, a	nd functionally integra i nd E.	ted with, its
d		functionally integrate	d The organizatio	d. A supporting organing organing organizationd. Sections A and	fy a distribution	requirement and		
е				ved a written determir integrated supporting		RS that it is a Ty	pe I, Type II, Type III	I functionally
f	Enter	r the number of suppor	ted organizations					
_g		ide the following inform						
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org- in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_	Section A. Public Support			, <u>, , , , , , , , , , , , , , , , , , </u>	<u> </u>			
_	Calendar year		I					
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2	:017	(f) Total
1	Gifts, grants, contributions, and							
-	membership fees received (Do not	35,169	119,649	131,080	102,393		167,445	555,736
	include any "unusual grant ")	· ·			·			·
2	Tax revenues levied for the							
	organization's benefit and either paid	0	0	0				(
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to	0	0	0				(
	the organization without charge							
4	Total. Add lines 1 through 3	35,169	119,649	131,080	102,393		167,445	555,736
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							225.076
	supported organization) included on							225,079
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from							220 65
	line 4							330,657
S	Section B. Total Support							
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2	017	(f)Total
	(or fiscal year beginning in) ▶	(a)2013	(0)2014	(0)2013	(4)2010	(6)2	017	(T)TOtal
7	Amounts from line 4	35,169	119,649	131,080	102,393		167,445	555,736
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources							
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		3,153					3,153
	(Explain in Part VI)							
11	Total support. Add lines 7 through							558,889
	10							
12	Gross receipts from related activities, e	tc (see instructio	ns)			12		
13	First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax year as a sect	tion 501(c)(3) orga	nization,
	check this box and stop here	=			•		· · · · <u>-</u>	•
_	Section C. Computation of Public						, .	
	<u>-</u>			1 (6)				
14				column (f))		14		
15	Public support percentage for 2016 Sch					15		
16 a	33 1/3% support test—2017. If the	organization did r	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, ch	neck this b	ох
	and stop here. The organization qualif	ies as a publicly s	upported organiza	ition				▶ □
Ŀ		• •			nd line 15 is 33 i	/3% or m	ore. check	this
-	•	_					,	▶ □
	box and stop here. The organization				- 13 1C 1Ch		4.4	
17a	10%-facts-and-circumstances test	-2017. If the org	anization did not	cneck a box on line	e 13, 16a, or 16b,	and line	14	
	is 10% or more, and if the organization							
	in Part VI how the organization meets t	ne racts-and-circ	cumstances test	The organization q	ualifies as a publi	ciy suppo	rtea	_
	organization							▶□
ь	10%-facts-and-circumstances tes	t —2016. If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, c	r 17a, ar	ıd line	
_	15 is 10% or more, and if the organiza							
	Explain in Part VI how the organization	n meets the "facts	-and-circumstanc	es" test. The orgar	nization qualifies a	is a public	sly	
	supported organization							▶□
10	Private foundation. If the organization	n did not check a	hay on line 13 14	5a 16h 17a or 13	7h check this hav	and see		<i>-</i> —
TR		ii ala not thetk a	DOX OIL HITE 13, 10	Ja, 10D, 1/a, UI 1/	ים, כוופכת נוווס מטא	and See		
	instructions							▶□

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

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

Se	ection A. Public Support	,		, ,	•		
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
.	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(-,	(-,	(-,	(-,	(-,	(-,
9	Amounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
13	11, and 12)						
14	First five years. If the Form 990 is fo	r the organizatior	n's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						<u> </u>
Se	ection C. Computation of Public						
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S		•			16	
	ection D. Computation of Invest				· · ·		
17	Investment income percentage for 20:			iine 13, column (f))	17	
18	Investment income percentage from 2					18	
	331/3% support tests—2017. If the						
	more than 33 1/3%, check this box and	•	-				▶□
b	33 1/3% support tests—2016. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation If the organization	on did not check a	hoy on line 14 1	9a or 19h check	this hoy and see	instructions	▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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)

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	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			
		3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	30		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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)	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .			
_		6		
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)	7		
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)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
	provide detail in Part VI	9a		
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 .	9b		
С		טע		
	which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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)? If "Yes," answer line 10b below			
		10a		
Ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	. Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
b	A family member of a person described in (a) above?	11b		
	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		
	Section 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 of elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa 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.	ert		
		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, supervised or controlled the supporting organization	2		
- 5	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of		
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_				
	Section D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of 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?		103	110
		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)	n		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the toyear? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
_	Seation F. Time III Franciscolly Internated Companies Openingtions			
1	Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	ustions)		
-	a The organization satisfied the Activities Test Complete line 2 below	actions)		
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	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 activities but for the organization' involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard</i>	3b		

Schedule A (Form 990 or 990-EZ) 2017 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Year (B) Current Year	(A) Prior		(
ns A through	rting organizations must complete Sectio	instructions. All other Type III non-functionally integrated suppo	J
(explain in Part VI) See	t on Nov 20, 1970	ied the Integral Part Test as a qualifying trus	_

	Section A - Adjusted Net Income		101 (U)	(optional)
н	Net short-term capital gain	1		
7	Recoveries of prior-year distributions	7		
т	Other gross income (see instructions)	٣		
4	Add lines 1 through 3	4		
2	Depreciation and depletion	2		
9	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)	9		
7	Other expenses (see instructions)	2		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Η .	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
В	n Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
C	c Fair market value of other non-exempt-use assets	1c		
0	d Total (add lines 1a, 1b, and 1c)	1 d		
Ð	e Discount claimed for blockage or other factors (explain in detail in Part VI)			
7	Acquisition indebtedness applicable to non-exempt use assets	7		
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		
2	Net value of non-exempt-use assets (subtract line 4 from line 3)	2		
9	Multiply line 5 by 035	9		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
7	Enter 85% of line 1	7		
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		
2	Income tax imposed in prior year	2		
9	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	9		
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	ntegrat	ed Type III supporting org	anization (see

Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (continu	ed)
Section D - Distributions			Current Year
Amounts paid to supported organizations to accomplish	n exempt purposes		
Amounts paid to perform activity that directly furthers excess of income from activity		l organizations, in	
Administrative expenses paid to accomplish exempt put	rposes of supported organizat	ions	
4 Amounts paid to acquire exempt-use assets	, ,,		
	ad)		
	·		
6 Other distributions (describe in Part VI) See instruction	ons		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to will details in Part VI) See instructions	hich the organization is respon	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
_ a			
b From 2013			
c From 2014			
d From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016 e Excess from 2017			
	1	1	1

Schedule A (Form 990 or 990-EZ) 2017

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

Explanation

Fee revenue for training conducted

Return Reference Schedule A, Part II, Line 10

efile GRAPHIC prir	int - DO NOT PROCESS As Filed Data -	DLN: 93492085000118
COUEDINE	Supplemental Information to Form 990 or 990 E7	OMB No 1545-0047
SCHEDOLE O		
(Form 990 or 990-	Complete to provide information for responses to specific questions on	717
FZ)	Form 990 or 990-EZ or to provide any additional information.	/ 107
	► Attach to Form 990 or 990-EZ.	
	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at	at Open to Public
Department of the Treasur	www.irs.gov/form990.	Inspection
Internal Revenue Cornec		
Name of the organization		Employer identification number
Anımal Folks		
	80-0530102	102

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Explanation	Description,EOY Amount^Accounts Payable,5643 Credit Card,998^Total,6641^
Return Reference	Form 990- EZ, Part II, Line 26

990 Schedule O, Supplemental Information

n nce	Transferred \$3,400 to Animal Folks MN
Return Reference	Form 990- Tra EZ, Part VI, Line 49