

## Forms 990 / 990-EZ Return Summary

For calendar year 2013, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Animal Shelter of the Wood River Valley 82-0351171

**Net Asset / Fund Balance at Beginning of Year** 3,463,845

**Revenue**

Contributions	1,079,687
Program service revenue	439,444
Investment income	43,961
Capital gain / loss	75,400
Fundraising / Gaming:	
Gross revenue	170,027
Direct expenses	74,261
Net income	95,766
Other income	28,948

**Total revenue** 1,763,206

**Expenses**

Program services	1,165,640
Management and general	132,603
Fundraising	123,470

**Total expenses** 1,421,713

**Excess / (deficit)** 341,493

Changes 165,492

**Net Asset / Fund Balance at End of Year** 3,970,830

**Reconciliation of Revenue**

Total revenue per financial statements	1,950,417
Less:	
Unrealized gains	165,492
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	-21,719
<b>Total revenue per return</b>	<u>1,763,206</u>

**Reconciliation of Expenses**

Total expenses per financial statements	1,444,251
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	-22,538
<b>Total expenses per return</b>	<u>1,421,713</u>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	3,538,979	4,063,025	
Liabilities	75,134	92,195	
Net assets	<u>3,463,845</u>	<u>3,970,830</u>	<u>506,985</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/14  
 Failure to file penalty \_\_\_\_\_

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**  
Open to Public Inspection

**A For the 2013 calendar year, or tax year beginning , and ending**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

<b>C</b> Name of organization Animal Shelter of the Wood River Valley		<b>D</b> Employer identification number 82-0351171
Doing Business As		<b>E</b> Telephone number 208-788-4351
Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 1496		
City or town, state or province, country, and ZIP or foreign postal code Hailey ID 83333		<b>G</b> Gross receipts\$ 2,803,749
<b>F</b> Name and address of principal officer: Jo-Anne Dixon PO Box 1496 Hailey ID 83333		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J** Website: **u** [www.animalshelterwrv.org](http://www.animalshelterwrv.org) **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: 1972 **M** State of legal domicile: ID

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: See Schedule O	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3   7
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4   7
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5   30
	<b>6</b> Total number of volunteers (estimate if necessary)	6   180
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a   0
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b   0
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 868,742   Current Year: 1,079,687
	<b>9</b> Program service revenue (Part VIII, line 2g)	446,076   439,444
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144,788   119,361
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	116,706   124,714
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,576,312   1,763,206
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	733,120   836,158
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> 123,470	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	489,150   585,555
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,222,270   1,421,713
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	354,042   341,493
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 3,538,979   End of Year: 4,063,025
	<b>21</b> Total liabilities (Part X, line 26)	75,134   92,195
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,463,845   3,970,830

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	Jo-Anne Dixon		Executive Director	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN
	Christy A. McPherson, CPA	Christy A. McPherson, CPA	11/14/14	P00190526
	Firm's name } Christy A McPherson, CPA	Firm's EIN } 20-2037634		
	Firm's address } 101 E Bullion St Ste 2G		Phone no. 208-726-2741	
	Hailey, ID 83333-6000			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,165,640 including grants of \$ ) (Revenue \$ )

In 2013, more than 1,500 animals received vital services from the Shelter. This includes more than 400 animal adoptions, 592 dogs and cats spayed or neutered, and over 9,000 pounds of food distributed through our Paws for Hunger partnership with The Hunger Coalition. The Animal Shelter of the Wood River Valley is funded almost entirely by private donations & grants. The Shelter has adopted out almost 12,000 animals.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,165,640

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
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		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		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		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
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		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		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 (see instructions)		X
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	X	
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	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		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 so, complete Schedule L, Part II		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		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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9a</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed None
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  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 financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Jo-Anne Dixon 100 Croy Creek Road  
Hailey ID 83333 208-788-4351

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Rosemary Aquilante ..... President	11.00 ..... 0.00	X		X				0	0	0
(2) Penny Coe ..... Director	0.30 ..... 0.00	X						0	0	0
(3) Priscilla Pittiglio ..... Secretary/Vice Pres	3.10 ..... 0.00	X		X				0	0	0
(4) Christine Ferguson ..... Secretary	26.50 ..... 0.00	X		X				0	0	0
(5) Sam Christian ..... Treasurer	2.70 ..... 0.00	X		X				0	0	0
(6) Chris Koch ..... Director	1.20 ..... 0.00	X						0	0	0
(7) Renee Faltings ..... Director	1.00 ..... 0.00	X						0	0	0
(8) Kathy Guinn ..... Director	1.00 ..... 0.00	X						0	0	0
(9) Bobbi Hunt ..... Director	1.00 ..... 0.00	X						0	0	0
(10) Jinny Olsen ..... Director	0.40 ..... 0.00	X						0	0	0
(11) Tim Semones ..... Director	0.50 ..... 0.00	X						0	0	0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Jo-Anne Dixon ..... Exec Director/DVM	40.00 ..... 0.00					X		118,690	0	0
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Sub-total</b> .....								118,690		
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								118,690		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	236,604				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	843,083				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		166,515				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	1,079,687				
<b>Program Service Revenue</b>	<b>2a</b> Thrift Store & Retail	<b>Busn. Code</b>	324,190			324,190	
	<b>b</b> Program Revenue		66,754	66,754			
	<b>c</b> Government Program Revenue		48,500	48,500			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	439,444				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	43,961			43,961
<b>4</b> Income from investment of tax-exempt bond proceeds		<b>u</b>					
<b>5</b> Royalties		<b>u</b>					
<b>6a</b> Gross rents		(i) Real	14,400				
		(ii) Personal					
<b>b</b> Less: rental exps.			9,074				
<b>c</b> Rental inc. or (loss)			5,326				
<b>d</b> Net rental income or (loss)		<b>u</b>	5,326			5,326	
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	1,032,608				
		(ii) Other					
<b>b</b> Less: cost or other basis & sales exps.			957,208				
<b>c</b> Gain or (loss)			75,400				
<b>d</b> Net gain or (loss)		<b>u</b>	75,400	75,400			
<b>8a</b> Gross income from fundraising events (not including \$ 236,604 of contributions reported on line 1c). See Part IV, line 18		<b>a</b>	140,336				
		<b>b</b> Less: direct expenses		66,461			
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>	73,875				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	29,691					
	<b>b</b> Less: direct expenses		7,800				
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>	21,891	21,891			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		<b>Busn. Code</b>					
<b>11a</b> Insurance Claim			23,622	23,622			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		23,622				
<b>12 Total revenue.</b> See instructions.	<b>u</b>		1,763,206	236,167	0	373,477	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	694,641	579,648	51,861	63,132
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	77,421	70,174	4,518	2,729
10 Payroll taxes	64,096	56,348	2,705	5,043
11 Fees for services (non-employees):				
a Management				
b Legal	1,369	744	500	125
c Accounting	33,917	20,956	10,716	2,245
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	38,892		38,892	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,868	11,035	2,691	2,142
12 Advertising and promotion	68,557	62,243	664	5,650
13 Office expenses	103,439	70,067	3,200	30,172
14 Information technology	14,751	7,159	395	7,197
15 Royalties				
16 Occupancy	82,323	75,383	6,666	274
17 Travel	11,961	7,857	1,238	2,866
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,468	4,695	395	1,378
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,839	30,903	3,936	
23 Insurance	16,509	14,267	2,242	
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 O.)				
a COGS	98,478	98,478		
b Animal and vet expenses	51,696	51,696		
c Property Taxes	3,051	3,051		
d Other	1,676	96	1,580	
e All other expenses	1,761	840	404	517
25 Total functional expenses. Add lines 1 through 24e	1,421,713	1,165,640	132,603	123,470
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**  
 Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	225,456	<b>1</b>	290,680
	<b>2</b> Savings and temporary cash investments	463,556	<b>2</b>	509,151
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	501	<b>4</b>	2,021
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	40,500	<b>8</b>	40,500
	<b>9</b> Prepaid expenses and deferred charges	4,025	<b>9</b>	3,627
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,303,895		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 510,488	754,072	<b>10c</b> 793,407
	<b>11</b> Investments—publicly traded securities	2,050,869	<b>11</b>	2,423,641
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	-2
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,538,979	<b>16</b>	4,063,025	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	22,925	<b>17</b>	46,291
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	1,250
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	52,209	<b>25</b>	44,654
	<b>26 Total liabilities.</b> Add lines 17 through 25	75,134	<b>26</b>	92,195
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	2,944,255	<b>27</b>	3,268,402
	<b>28</b> Temporarily restricted net assets	519,590	<b>28</b>	702,428
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	3,463,845	<b>33</b>	3,970,830	
<b>34</b> Total liabilities and net assets/fund balances	3,538,979	<b>34</b>	4,063,025	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,763,206
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,421,713
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	341,493
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,463,845
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	165,492
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,970,830

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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.	X	
<b>3a</b>	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?		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(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.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**  
**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization: **Animal Shelter of the Wood River Valley** Employer identification number: **82-0351171**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 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**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
<b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
<b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;"><input type="checkbox"/></span>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;"><input type="checkbox"/></span>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	675,479	649,264	675,008	868,742	1,088,106	3,956,599
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	42,477	49,796	114,794	120,266	115,254	442,587
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	327,104	326,283	407,724	325,810	324,190	1,711,111
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,045,060	1,025,343	1,197,526	1,314,818	1,527,550	6,110,297
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						6,110,297

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	1,045,060	1,025,343	1,197,526	1,314,818	1,527,550	6,110,297
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	60,147	104,671	48,582	63,276	58,361	335,037
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	60,147	104,671	48,582	63,276	58,361	335,037
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	97,888	98,637	137,102	112,319	87,346	533,292
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,203,095	1,228,651	1,383,210	1,490,413	1,673,257	6,978,626
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	87.56 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	93.13 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	5 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	5 %

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part III, Line 12 - Other Income Detail

\$ 533,292

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Animal Shelter of the Wood River Valley

Employer identification number

82-0351171

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- |   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions .....                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses .....     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance .....                            |                  |                |                    |                      |                     |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** .....
  - b** Permanent endowment **u** .....
  - c** Temporarily restricted endowment **u** .....
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....	225,000	119,300		344,300
<b>b</b> Buildings .....		366,304	176,125	190,179
<b>c</b> Leasehold improvements .....		422,592	209,452	213,140
<b>d</b> Equipment .....		151,181	117,634	33,547
<b>e</b> Other .....		19,518	7,277	12,241
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) <b>u</b>				793,407

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
1. (1) Federal income taxes		
(2) Accrued payroll liabilities	44,654	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	44,654	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,950,417
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	165,492	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	165,492
3	Subtract line 2e from line 1		3	1,784,925
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-21,719	
c	Add lines 4a and 4b		4c	-21,719
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,763,206

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,444,251
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,444,251
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-22,538	
c	Add lines 4a and 4b		4c	-22,538
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,421,713

**Part XIII Supplemental Information**

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.

<b>Part XI, Line 4b - Revenue Amounts Included on Return - Other</b>	
Reclassified FR Exp for 990	\$ -74,261
Rental Depreciation adjustment	\$ 0
Mgmt fees on investment account	\$ 18,336
Cost to sale stocks	\$ 20,556
Credit card fees	\$ 22,724
Rental expenses	\$ -9,074
<b>Part XII, Line 4b - Expense Amounts Included on Return - Other</b>	
Reclassified FR Exp for 990	\$ -74,261
Managment fees on investment account	\$ 18,336
Cost to sale stock	\$ 20,556
credit card fees	\$ 22,724
Rental expense	\$ -9,074
Rental Depreciation adjustment	\$ -819



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization **Animal Shelter of the Wood River Valley**

Employer identification number  
**82-0351171**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(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 paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Summer Fundrais</u>		<u>None</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	(col. (c))
Revenue	1 Gross receipts	376,940			376,940
	2 Less: Contributions	236,604			236,604
	3 Gross income (line 1 minus line 2)	140,336			140,336
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	19,822			19,822
	6 Rent/facility costs	44,232			44,232
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,407			2,407
	10 Direct expense summary. Add lines 4 through 9 in column (d)				66,461
11 Net income summary. Subtract line 10 from line 3, column (d)				73,875	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			29,691	29,691
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			7,800	7,800
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>100.00</u> % <input type="checkbox"/> No		
	7 Direct expense summary. Add lines 2 through 5 in column (d)				7,800
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				21,891

9 Enter the state(s) in which the organization operates gaming activities: ID  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain:  
 .....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain:  
 .....





**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Name of the organization **Animal Shelter of the Wood River  
Valley**

Employer identification number  
**82-0351171**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		98,454	Thrift Shop Value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	2	6,029	Fair Market Value
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( Advert / Svcs )	X	6	62,032	Fair Market Value
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part I, Line 32b - Third Party Used to Process Noncash Contributions

Morgan Stanley Smith Barney

411 108th Ave NE

Bellevue, WA 98004

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
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.

u 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

Animal Shelter of the Wood River  
Valley

Employer identification number

82-0351171

## Form 990 - Organization's Mission

We are on a mission to enrich the quality of life in our community by connecting animals and people through innovative programs that inspire and have impact beyond our borders. We envision a compassionate community where all animals are recognized for their inherent value and the human-animal bond is celebrated.

## Form 990, Part I, Line 6

The Organization had 180 part-time volunteers in 2013. The volunteers provide socialization for our animals, including training, walks, hikes, grooming and foster care. Volunteers also assist with Shelter programs such as Hiking Buddies, Adopt-a-thons and Walks around town. Volunteers also assist at events such as donor parties and the annual summer benefit.

## Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Finance Committee of the Board of Directors reviews the Form 990 in a meeting open to all members of the Board of Directors. In addition, a copy is made available to all members of the Board of Directors.

## Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The ASWRV's Conflict of Interest Policy covers directors and employees. The Executive Director reviews all potential and actual conflicts of interest involving employees and consults with the Board members as necessary. Board members and the Executive Director are required to report potential and actual conflicts of interest to the Board in writing. The

Name of the organization

Employer identification number

Animal Shelter of the Wood River

82-0351171

Board reviews all potential and actual conflicts of interest involving the Executive Director, and Board members are required to report annually in writing regarding potential and actual conflicts of interest. Persons with potential and actual conflicts of interest do not participate in deliberations and decisions on those matters.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Director's compensation was determined during the budgeting process. The Finance Committee reviewed compensation information for executive directors of like size nonprofits in the local market and reviewed a market compensation survey for DVMS. Using that information, and information regarding the Executive Director's job performance, the Finance Committee recommended the Executive Director's compensation to the Board of Directors as part of the budgeting process. The Board of Directors voted on and approved the budget, including the Executive Director's compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are made available to the public upon request.

REQUEST FOR 45R CREDIT ONLY

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

Form 990-T

For calendar year 2013 or other tax year beginning and ending See separate instructions.

2013

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed
B Exempt under section
[X] 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization Animal Shelter of the Wood River Valley
Number, street, and room or suite no. PO Box 1496
City or town, state or province, country, and ZIP or foreign postal code Hailey ID 83333

D Employer identification number 82-0351171

E Unrelated business activity codes

C Book value of all assets at end of year 4,063,025

F Group exemption number

G Check organization type [X] 501(c) corporation

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of Jo-Anne Dixon Telephone number 208-788-4351

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, Capital gain net income, etc.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions</b> and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): <b>(1)</b> \$ _____ <b>(2)</b> \$ _____ <b>(3)</b> \$ _____ <b>b</b> Enter organization's share of: <b>(1)</b> Additional 5% tax (not more than \$11,750) ..... \$ _____ <b>(2)</b> Additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 ..... ▶ <b>35c</b>	
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... ▶ <b>36</b>	
<b>37 Proxy tax.</b> See instructions ..... ▶ <b>37</b>	
<b>38 Alternative minimum tax</b> ..... <b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies ..... <b>39</b>	

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... <b>40a</b>	
<b>b</b> Other credits (see instructions) ..... <b>40b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions) ..... <b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) ..... <b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d ..... <b>40e</b>	
<b>41</b> Subtract line 40e from line 39 ..... <b>41</b>	
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.) ..... <b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42 ..... <b>43</b>	0
<b>44a</b> Payments: A 2012 overpayment credited to 2013 ..... <b>44a</b>	
<b>b</b> 2013 estimated tax payments ..... <b>44b</b>	
<b>c</b> Tax deposited with Form 8868 ..... <b>44c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) ..... <b>44d</b>	
<b>e</b> Backup withholding (see instructions) ..... <b>44e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) ..... <b>44f</b>	643
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other ..... Total <b>u</b> <b>44g</b>	
<b>45 Total payments.</b> Add lines 44a through 44g ..... <b>45</b>	643
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached ..... <b>u</b> <input type="checkbox"/> <b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed ..... <b>u</b> <b>47</b>	
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ..... <b>u</b> <b>48</b>	643
<b>49</b> Enter the amount of line 48 you want: Credited to 2014 estimated tax <b>u</b> <b>Refunded u</b> <b>49</b>	643

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <b>u</b> .....	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. ....		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$ .....		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **u**

<b>1</b> Inventory at beginning of year ..... <b>1</b>		<b>6</b> Inventory at end of year ..... <b>6</b>	
<b>2</b> Purchases ..... <b>2</b>		<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 ..... <b>7</b>	
<b>3</b> Cost of labor ..... <b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....	Yes No
<b>4a</b> Additional sec. 263A costs (attach schedule) ..... <b>4a</b>			
<b>b</b> Other costs (attach schedule) ..... <b>4b</b>			
<b>5 Total.</b> Add lines 1 through 4b ..... <b>5</b>			

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

**Sign Here u** \_\_\_\_\_ **u** Executive Director

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: Christy A. McPherson, CPA  
 Preparer's signature: Christy A. McPherson, CPA  
 Date: 11/14/14  
 Check  if self-employed PTIN: P00190526  
 Firm's name: Christy A McPherson, CPA  
 Firm's EIN: 20-2037634  
 Firm's address: 101 E Bullion St Ste 2G  
 Phone no.: 208-726-2741  
 Firm's address: Hailey, ID 83333-6000

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

(1) <u>N/A</u>
(2)
(3)
(4)

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) <b>u</b>

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) <u>N/A</u>				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%	
(2)			%	
(3)			%	
(4)			%	
<b>Totals</b> <b>u</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

**Total dividends-received deductions** included in column 8 **u**

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) <u>N/A</u>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> <b>u</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).



**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
<b>Totals</b> .....	u			

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals</b> .....	u					

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)).	u					

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>						
<b>Totals, Part II</b> (lines 1-5) .....	u					

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A			
(2)			
(3)			
(4)			
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....		u	

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2013**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment Sequence No. **179**

Name(s) shown on return **Animal Shelter of the Wood River Valley**      Identifying number **82-0351171**

Business or activity to which this form relates  
**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	500,000
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	2,000,000
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	<b>13</b>	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	16,017

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2013	<b>17</b>	11,556
<b>18</b>	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	<b>18</b>	

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property		7,477	3.0	HY	S/L	1,246
<b>b</b> 5-year property		47,817	5.0	HY	S/L	4,781
<b>c</b> 7-year property						
<b>d</b> 10-year property		24,770	10.0	HY	S/L	1,239
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	34,839
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2013)

Form **4562**

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No. 1545-0172

**2013**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **179**

Name(s) shown on return **Animal Shelter of the Wood River Valley**      Identifying number **82-0351171**

Business or activity to which this form relates  
**Jackson Property-Hailey, ID**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	500,000
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	2,000,000
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	<b>13</b>	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	5,890

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2013	<b>17</b>	0
<b>18</b>	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	5,890
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2013)

Form **8941**

**Credit for Small Employer Health Insurance Premiums**

OMB No. 1545-2198

**2013**

Department of the Treasury  
Internal Revenue Service

u Attach to your tax return.

u Information about Form 8941 and its separate instructions is at [www.irs.gov/form8941](http://www.irs.gov/form8941).

Attachment  
Sequence No. **63**

Name(s) shown on return

Identifying number

Animal Shelter of the Wood River  
Valley

82-0351171

**Caution.** See the instructions and complete Worksheets 1 through 7 as needed.

<b>1a</b>	Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (total from Worksheet 1, column (a))	18
<b>1b</b>	Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a if different from the identifying number listed above	
<b>2</b>	Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	16
<b>3</b>	Average annual wages you paid for the tax year (from Worksheet 3, line 3). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	39,000
<b>4</b>	Premiums you paid during the tax year for employees included on line 1a for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (b))	64,233
<b>5</b>	Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (total from Worksheet 4, column (c))	69,550
<b>6</b>	Enter the <b>smaller</b> of line 4 or line 5	64,233
<b>7</b>	Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	16,058
<b>8</b>	If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6	9,635
<b>9</b>	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from Worksheet 6, line 7	643
<b>10</b>	Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	
<b>11</b>	Subtract line 10 from line 4. If zero or less, enter -0-	64,233
<b>12</b>	Enter the <b>smaller</b> of line 9 or line 11	643
<b>13</b>	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a))	13
<b>14</b>	Enter the number of FTEs you would have entered on line 2 if you only included employees included on line 13 (from Worksheet 7, line 3)	12
<b>15</b>	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	
<b>16</b>	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	643
<b>17</b>	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	
<b>18</b>	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	
<b>19</b>	Enter the amount you paid in 2013 for taxes considered payroll taxes for purposes of this credit (see instructions)	84,878
<b>20</b>	Tax-exempt small employers, enter the <b>smaller</b> of line 16 or line 19 here and on Form 990-T, line 44f	643

For Paperwork Reduction Act Notice, see separate instructions.

Form **8941** (2013)

Year Ended: December 31, 2013

82-0351171

Animal Shelter of the Wood River  
Valley  
PO Box 1496  
Hailey, ID 83333

**Electing out of Bonus Depreciation Allowance for  
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

82-0351171

**Federal Asset Report**

FYE: 12/31/2013

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>3-year GDS Property:</b>											
85	Software	6/30/13	3,900				3,900	3	HY S/L	0	650
93	Website	11/26/13	3,577				3,577	3	HY S/L	0	596
			<u>7,477</u>				<u>7,477</u>			<u>0</u>	<u>1,246</u>
<b>5-year GDS Property:</b>											
82	Banner	1/29/13	1,641				1,641	5	HY S/L	0	164
83	Computers	4/16/13	15,025				15,025	5	HY S/L	0	1,502
84	Improvements	6/30/13	23,239				23,239	5	HY S/L	0	2,324
87	Digital Sign and installation	5/31/13	3,156				3,156	5	HY S/L	0	316
88	Monitor	5/28/13	1,191				1,191	5	HY S/L	0	119
89	iPad	5/28/13	719				719	5	HY S/L	0	72
90	Phones	5/31/13	364				364	5	HY S/L	0	36
91	Laptop	12/30/13	1,668				1,668	5	HY S/L	0	167
92	Vocalocity Network	12/30/13	814				814	5	HY S/L	0	81
			<u>47,817</u>				<u>47,817</u>			<u>0</u>	<u>4,781</u>
<b>10-year GDS Property:</b>											
86	Land (reclass to Improvements)	6/30/13	24,770				24,770	10	HY S/L	0	1,239
			<u>24,770</u>				<u>24,770</u>			<u>0</u>	<u>1,239</u>
<b>Prior MACRS:</b>											
49	Computer, Screen, Protector	3/23/09	2,986			X	1,493	5	HY 200DB	2,728	172
50	Heater	4/22/09	2,071			X	1,035	7	HY 200DB	1,748	92
53	Mascot Suits	3/05/10	2,465				2,465	5	HY S/L	1,232	493
54	Time Clock, Re-terminate Cable	4/09/10	359				359	5	HY S/L	180	71
55	Crematorium Improvements	6/08/10	180				180	15	HY S/L	30	12
56	Heater Improvements, Exhaust Fan	6/08/10	1,855				1,855	5	HY S/L	927	371
57	Surgery Center Equipment	7/31/10	12,173				12,173	5	HY S/L	6,086	2,435
58	Steps	11/04/10	700				700	39	MMS/L	37	18
59	Bathroom Fixtures	11/15/10	317				317	7	HY S/L	113	46
60	2 Windows	11/19/10	750				750	39	MMS/L	40	19
61	Frost Freezer, Fridge	12/08/10	900				900	5	HY S/L	450	180
62	BB Furnace Improvement	12/18/10	507				507	15	HY S/L	85	33
63	Computer, Hard Drive, Camera	12/29/10	1,243				1,243	5	HY S/L	621	249
64	Barkin' signs, banners, installation	12/09/11	1,527				1,527	5	MQ S/L	344	305
65	Remodel- Carpet	12/15/11	5,325				5,325	5	MQ S/L	1,198	1,065
66	Crematorium Upgrades/Improvements	6/30/11	9,146				9,146	39	MMS/L	353	228
67	Kennels/office windows	10/28/11	1,160				1,160	39	MMS/L	36	30
68	Website upgrades	5/31/11	1,264				1,264	3	MQ S/L	685	421
69	Dell laptop/accessories	10/19/11	1,340				1,340	5	MQ S/L	302	268
71	HP Printer	1/08/11	100				100	5	MQ S/L	38	20
72	Computer speakers	3/01/11	27				27	5	MQ S/L	10	5
73	Phone system	5/05/11	3,638				3,638	5	MQ S/L	1,182	728
74	Dell printer/install	5/31/11	1,607				1,607	5	MQ S/L	522	321
75	Barkin Storage Shed	4/30/12	634				634	15	HY S/L	21	42
76	Barkin Building Improv	1/31/12	10,313			X	10,313	15	HY S/L	344	687
77	Crematory Improv Pulverizer	8/22/12	2,968				2,968	5	HY S/L	297	593
78	Apple Mac	8/16/12	2,000				2,000	5	HY S/L	200	400
80	Driveway	9/06/12	8,208				8,208	5	HY S/L	821	1,641
81	Engraving Machine	4/03/12	3,055				3,055	5	HY S/L	306	611
			<u>78,818</u>				<u>76,289</u>			<u>20,936</u>	<u>11,556</u>
<b>Other Depreciation:</b>											
1	Land-Animal Shelter	7/01/85	52,290				52,290	0	-- Land	0	0
2	Main Building	7/01/85	110,750				110,750	30	MO S/L	99,559	3,692
3	Office Equipment	1/01/86	3,342				3,342	5	MO S/L	3,342	0
4	Building Additions	7/01/86	24,106				24,106	30	MO S/L	20,917	803
5	Crematorium	7/01/89	20,595				20,595	15	MO S/L	20,595	0
6	Computer Partition	1/01/92	3,580				3,580	30	MO S/L	2,491	119
7	1991 Chevy Van	2/01/95	9,411				9,411	5	MO200DB	9,411	0
8	Snapper Blower	12/27/95	1,060				1,060	7	MO200DB	1,060	0

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
9	Fencing	6/01/96	11,273				11,273	7 MO S/L	11,273	0
10	T Kennels	8/01/96	32,056				32,056	39 MO S/L	14,089	822
11	Fencing Additions	9/01/97	17,724				17,724	7 MO S/L	17,724	0
12	TKennel Additions	11/10/97	14,566				14,566	39 MO S/L	6,022	374
13	Kennel/Office Improvements	6/01/98	16,289				16,289	39 MO S/L	6,441	418
14	Kennels	12/21/99	22,370				22,370	39 MO S/L	7,994	574
15	Isolation Center	12/31/99	28,004				28,004	39 MO S/L	10,008	718
16	Isolation Center	3/01/00	27,357				27,357	39 MO S/L	9,667	701
17	Building Improvements	3/09/00	7,798				7,798	39 MO S/L	2,756	200
18	Pump & Motor	5/09/00	1,142				1,142	7 MO S/L	1,142	0
19	Kennel/Office Improvements	7/01/00	50,268				50,268	39 MO S/L	17,360	1,289
20	Fencing	7/01/00	24,046				24,046	7 MO S/L	24,046	0
21	HP Laserjet 4050	12/22/00	1,711				1,711	5 MO S/L	1,711	0
22	2 Dell Computers	1/01/01	3,102				3,102	5 MO S/L	3,102	0
23	Fencing, Kennels	5/17/01	1,415				1,415	7 MO S/L	1,415	0
24	Pet Acquaintance Area	10/15/01	8,752				8,752	39 MO S/L	2,760	224
25	Cat Room/Kennels	7/01/02	31,201				31,201	39 MO S/L	9,275	800
26	Kennel Improvements	2/19/03	2,190				2,190	7 MO S/L	2,190	0
27	Sound System	3/25/03	1,223				1,223	7 MO S/L	1,223	0
28	Telephone System	9/04/03	1,997				1,997	5 MO S/L	1,997	0
29	Irrigation-Whitehead Landscaping	9/25/03	5,481				5,481	15 MO S/L	1,661	366
30	Irrigation System	9/25/03	4,750				4,750	7 MO S/L	4,750	0
31	Drainfield	1/13/04	4,080				4,080	15 MO S/L	2,363	272
32	Misc Office Equipment	4/06/04	3,765				3,765	7 MO S/L	3,765	0
33	Washing Machine	5/10/04	1,169				1,169	7 MO S/L	1,169	0
34	BB Remodel	9/15/04	29,729				29,729	39 MO S/L	29,729	0
35	Kennel Panels & Installation	12/05/04	1,650				1,650	7 MO S/L	1,650	0
36	Materials	12/27/05	1,235				1,235	39 MO S/L	263	32
37	Surgery Table	12/28/05	2,570				2,570	7 MO S/L	2,570	0
38	2006 Surgery Equipment	7/01/06	12,250				12,250	7 MO S/L	11,375	875
39	2006 Chevy Express	8/02/06	28,853				28,853	5 MO S/L	28,853	0
40	Exam Lift Table	2/12/07	3,730				3,730	7 MO S/L	3,153	533
41	Dental Machine	5/29/07	4,188				4,188	7 MO S/L	3,340	599
42	Fencing	10/24/07	2,140				2,140	7 MO S/L	1,404	306
43	Septic	11/14/07	18,277				18,277	39 MO S/L	3,090	469
44	Doors	3/11/08	1,382				1,382	15 MO S/L	440	92
45	Doors	4/07/08	1,382				1,382	15 MO S/L	433	92
46	Dell Computers	4/15/08	6,077				6,077	5 MO S/L	5,672	405
47	Uhrig Fencing	6/30/08	3,200				3,200	15 MO S/L	953	214
48	Jackson Trust Truck	6/30/08	7,200				7,200	7 MO S/L	4,629	1,028
51	Improvements-Driveway	6/30/09	6,600				6,600	0 -- Land	0	0
52	Software/Website Design	11/23/09	3,571				3,571	3 MO S/L	3,571	0
70	BLM Land Acquisition	6/30/11	56,439				56,439	0 -- Land	0	0
79	Rezoning costs	5/31/12	3,971				3,971	39 -- Land	0	0
<b>Total Other Depreciation</b>			<u>743,307</u>				<u>743,307</u>		<u>424,403</u>	<u>16,017</u>
<b>Total ACRS and Other Depreciation</b>			<u>743,307</u>				<u>743,307</u>		<u>424,403</u>	<u>16,017</u>
<b>Grand Totals</b>			902,189				899,660		445,339	34,839
<b>Less: Dispositions and Transfers</b>			0				0		0	0
<b>Less: Start-up/Org Expense</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>902,189</u>				<u>899,660</u>		<u>445,339</u>	<u>34,839</u>

82-0351171

## Federal Asset Report

### Jackson Property-Hailey, ID

FYE: 12/31/2013

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Land - Jackson Property	11/14/08	225,000			225,000	0 -- Land	0	0
2	Jackson Building	11/14/08	175,000			175,000	30 MO S/L	24,306	5,833
3	Sewer Line House to Tank	12/22/10	1,706			1,706	30 MO S/L	114	57
	<b>Total Other Depreciation</b>		<u>401,706</u>			<u>401,706</u>		<u>24,420</u>	<u>5,890</u>
	<b>Total ACRS and Other Depreciation</b>		<u>401,706</u>			<u>401,706</u>		<u>24,420</u>	<u>5,890</u>
	<b>Grand Totals</b>		401,706			401,706		24,420	5,890
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>401,706</u>			<u>401,706</u>		<u>24,420</u>	<u>5,890</u>



Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2012 &amp; 2013</b>
For calendar year 2013, or tax year beginning _____, ending _____		

Name: **Animal Shelter of the Wood River Valley** Taxpayer Identification Number: **82-0351171**

		2012	2013	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	868,742	1,079,687	210,945
	2. Membership dues and assessments .....			
	3. Government contributions and grants .....			
	4. Program service revenue .....	446,076	439,444	-6,632
	5. Investment income .....	48,876	43,961	-4,915
	6. Proceeds from tax exempt bonds .....			
	7. Net gain or (loss) from sale of assets other than inventory .....	95,912	75,400	-20,512
	8. Net income or (loss) from fundraising events .....	85,686	73,875	-11,811
	9. Net income or (loss) from gaming .....	26,633	21,891	-4,742
	10. Net gain or (loss) on sales of inventory .....			
	11. Other revenue .....	4,387	28,948	24,561
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,576,312</b>	<b>1,763,206</b>	<b>186,894</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....			
	14. Benefits paid to or for members .....			
	15. Compensation of officers, directors, trustees, etc. ....			
	16. Salaries, other compensation, and employee benefits .....	733,120	836,158	103,038
	17. Professional fundraising fees .....			
	18. Other professional fees .....	42,730	90,046	47,316
	19. Occupancy, rent, utilities, and maintenance .....	80,578	82,323	1,745
	20. Depreciation and Depletion .....	28,921	34,839	5,918
	21. Other expenses .....	336,921	378,347	41,426
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,222,270</b>	<b>1,421,713</b>	<b>199,443</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>354,042</b>	<b>341,493</b>	<b>-12,549</b>
<b>Other Information</b>	24. Total exempt revenue .....	1,576,312	1,763,206	186,894
	25. Total unrelated revenue .....			
	26. Total excludable revenue .....		1,763,206	1,763,206
	27. Total assets .....	3,538,983	4,063,025	524,042
	28. Total liabilities .....	75,138	92,195	17,057
	29. Retained earnings .....	3,463,845	3,970,830	506,985
	30. Number of voting members of governing body .....	5	7	
	31. Number of independent voting members of governing body .....	5	7	
	32. Number of employees .....	31	30	
	33. Number of volunteers .....	95	180	

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2012 &amp; 2013</b>
For calendar year 2013, or tax year beginning _____, ending _____		

Name Animal Shelter of the Wood River Valley	Taxpayer Identification Number 82-0351171
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		2012	2013	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>			
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>			
	<b>24. Taxable income before NOL.</b> Subtract line 23 from 11	<b>24.</b>			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000	1,000	
	<b>27. Unrelated business taxable income.</b>	<b>27.</b>	-1,000	-1,000	
	<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
<b>31. Total taxes</b>		<b>31.</b>			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
<b>35. Total credits</b>		<b>35.</b>			
<b>36. Net tax after credits</b>		<b>36.</b>			
37. Recapture taxes		37.			
<b>38. Total Taxes</b>	<b>38.</b>				
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.	1,101	643	-458
	<b>43. Total payments</b>	<b>43.</b>	1,101	643	-458
	<b>44. Balance due/(Overpayment)</b>	<b>44.</b>	-1,101	-643	458
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	<b>47. Total due/(Refund)</b>	<b>47.</b>	-1,101	-643	458

Form <b>990</b>	<b>Tax Return History</b>	<b>2013</b>
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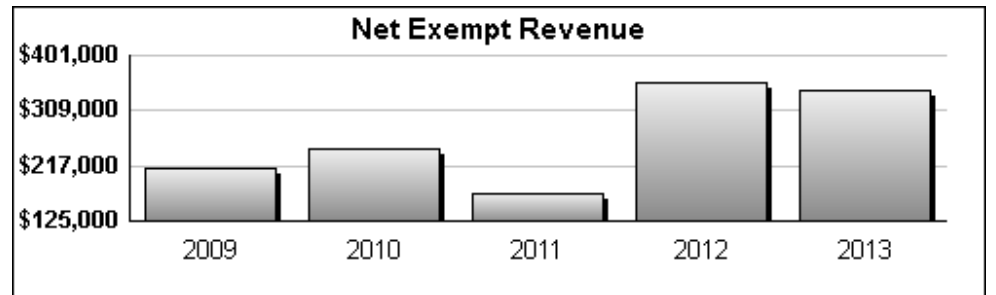
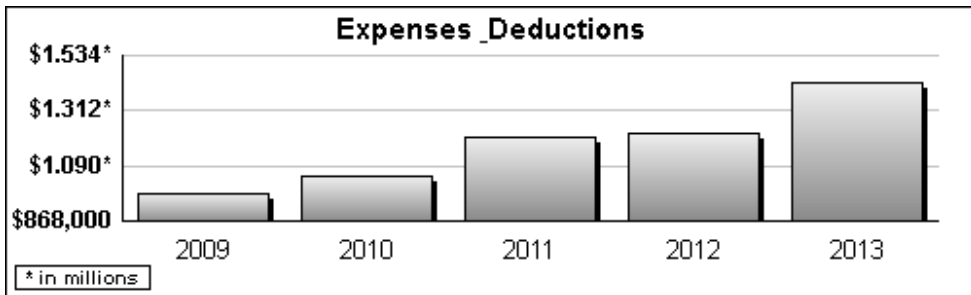
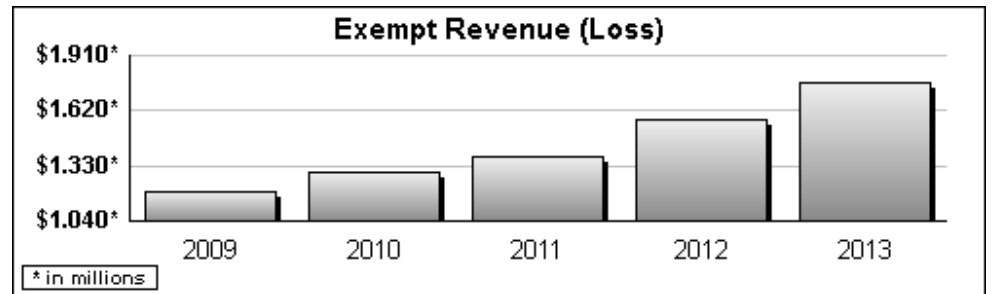
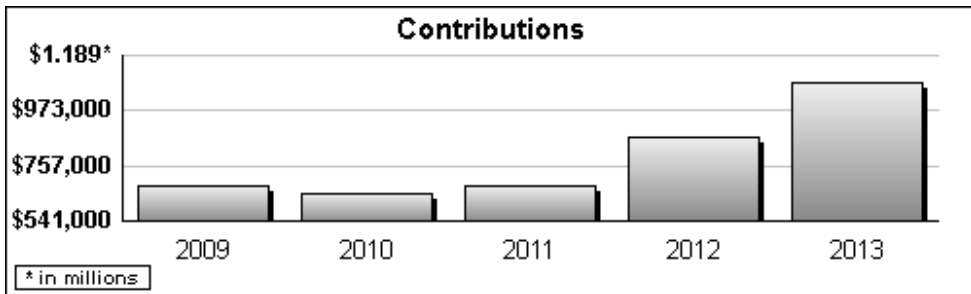
Name	Animal Shelter of the Wood River Valley	Employer Identification Number 82-0351171
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	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants .....	675,479	649,264	675,008	868,742	1,079,687	
Membership dues .....						
Program service revenue .....	369,581	376,079	522,518	446,076	439,444	
Capital gain or loss .....				95,912	75,400	
Investment income .....	42,109	162,343	33,109	48,876	43,961	
Fundraising revenue (income/loss) .....				85,686	73,875	
Gaming revenue (income/loss) .....				26,633	21,891	
Other revenue .....	105,347	105,044	143,178	4,387	28,948	
<b>Total revenue</b> .....	<b>1,192,516</b>	<b>1,292,730</b>	<b>1,373,813</b>	<b>1,576,312</b>	<b>1,763,206</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	694,510	690,762	691,516	733,120	836,158	
Professional fees .....					90,046	
Occupancy costs .....	64,081	62,459	79,136	80,578	82,323	
Depreciation and depletion .....	14,686	29,687	29,223	28,921	34,839	
Other expenses .....	205,509	263,217	402,714	379,651	378,347	
<b>Total expenses</b> .....	<b>978,786</b>	<b>1,046,125</b>	<b>1,202,589</b>	<b>1,222,270</b>	<b>1,421,713</b>	
<b>Excess or (Deficit)</b> .....	<b>213,730</b>	<b>246,605</b>	<b>171,224</b>	<b>354,042</b>	<b>341,493</b>	
Total exempt revenue .....	1,192,516	1,292,730	1,373,813	1,576,312	1,763,206	
Total unrelated revenue .....						
Total excludable revenue .....					1,763,206	
Total Assets .....	2,789,993	3,023,037	3,187,201	3,538,983	4,063,025	
Total Liabilities .....	94,855	81,293	77,398	75,138	92,195	
Net Fund Balances .....	2,695,138	2,941,744	3,109,803	3,463,845	3,970,830	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2013</b>
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Name <b>Animal Shelter of the Wood River Valley</b>	Employer Identification Number <b>82-0351171</b>
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	2009	2010	2011	2012	2013	2014
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form <b>990T</b>	<b>Tax Return History</b>	<b>2013</b>
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Name <b>Animal Shelter of the Wood River Valley</b>	Employer Identification Number <b>82-0351171</b>
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	2009	2010	2011	2012	2013	2014
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....				1,000	1,000	
Income after expense and deductions .....				-1,000	-1,000	
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....				1,101	643	
<b>Balance due/Overpayment</b> .....				-1,101	-643	

\* Income shown net of expenses

