

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493315032621

=orm**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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public Inspection

A Fo	r the	2010 ca	alendar year, or tax year begin	ning 01-01-2010 and ending 12-31-20	10				
		pplicable	C Name of organization AMERICAN PET PRODUCTS ASSO	CIATION INC		D Emp	loyer	identificatio	n number
Add	dress ch	hange	Doing Business As			13-6	146	744	
Naı	me cha	inge	Doing Business 7.5			E Telep	hone	number	
Inıt	tıal retu	ırn		of mail is not delivered to street address)	Room/suite	(203	3) 53.	2-0000	
Ter	mınate	ed	255 GLENVILLE ROAD						
Am	ended	return	City or town, state or country, ar GREENWICH, CT 06831	nd ZIP + 4	-	- G Gross	recei	pts \$ 9,607,45	9
App	plication	n pending	GREENWICH, CT 00031						
			F Name and address of p	rincipal officer	H(a) Is this	a group return	for affil	liates? Yes	▼ No
			ROBERT L VETERE C/O APPA 255 GLENVIL	LE ROAD				Г	
			GREENWICH,CT 06831		H(b) Are a			t (see instr	Yes No
			<u> </u>	<u> </u>		up exemp			uctions)
I Ia	x-exem	npt status	501(c)(3) 501(c)(6)	◀ (insert no)					
J W	ebsite	e: 🕨 WW	/W AMERICANPETPRODUCT	S O RG					
K For	m of or	ganızatıon	Corporation Trust Associa	ation Cother 🕨	L Year of f	ormation 19	959	M State of leg	al domicile CT
Pa	rt I	Sum	mary						
œ.		PROMO	<u>-</u>	sion or most significant activities CE PET OWNERSHIP AND THE PET PR S PROSPER	ODUCTS IND	USTRY, P	ROV	IDE THE SE	ERVICES
Governance	-								
Ē									
7 0 5	2	Check th	nis box 🚩 if the organization	discontinued its operations or disposed	of more than	25% of its	net	assets	
	3	Number	of voting members of the gove	erning body (Part VI, line 1a)	•		3		18
<u>e</u>	4	Number	of independent voting member	rs of the governing body (Part VI, line 1b)	•	4		18
Activities &				ın calendar year 2010 (Part V, line 2a)			5		17
မှ	1		mber of volunteers (estimate i	.,			6		0
				Part VIII, column (C), line 12 e from Form 990-T, line 34			7a		0
	В	Net unie	iateu Dusilless taxable ilicolli	e nom 1 om 9 90-1, me 34	Dri	or Year	7b 		ut Year
	8	Contri	butions and grants (Part VIII)	line 1h)		Oi rear	0	Carrer	0
ĕ	9		am service revenue (Part VIII		6,666,			6,673,947	
Revenue	10	Invest	tment income (Part VIII, colu		127,266			382,507	
ά	11	Other	revenue (Part VIII, column (A	A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0		0
	12			11 (must equal Part VIII, column (A), lii	ne	6,794,	187		7,056,454
	13			art IX, column (A), lines 1–3)			0		0
	14			t IX, column (A), line 4)			0		0
	15			oyee benefits (Part IX, column (A), lines	5-				
Expenses		10)				2,162,			2,302,008
<u>₹</u>	16a			X, column (A), line 11e)			0		0
ठ	b		indraising expenses (Part IX, column						
	17 18), lines 11a-11d, 11f-24f) nust equal Part IX, column (A), line 25)	•	4,594, 6,757,	-		4,292,180
	19			ne 18 from line 12			510		462,266
> 07 > 04		1,0 4 611	ooo expenses outsidet iii		Beginnir	ng of Curre			<u> </u>
Net Assets or Fund Balances					_	Year		End o	f Year ————
15.55 15.55 16.25	20					12,011,	-		13,576,749
end end	21					5,280,			6,084,205
	22	_		ct line 21 from line 20		6,730,	902		7,492,544
	rt III		ature Block	nined this return, including accompanying	schodulos and	ctatomonte	and	to the best of	of mu
know		and belie		te. Declaration of preparer (other than offic					
		****	**			2011-11-10			
Sign	1	I Bb	ature of officer			Date			
Here			ERT L VETERE PRESIDENT						
		Туре	or print name and title						
	T	Print/Type		Preparer's signature DEBRA A MARELLO	Date	Check if se employed	_	PTIN	
Paid			me D'ARCANGELO & CO LLP			1		Fırm's EIN	<u> </u>
Prepa		Fırm's add	dress • 800 WESTCHESTER AVE SUI	TE N-400					(914) 694-
Use (Only		RYE BROOK, NY 105731301					4600	(214) 094-

May the IRS discuss this return with the preparer shown above? (see instructions)

г	orm	990	(20	10)

Page 2	
---------------	--

Par		of Program Service edule O contains a respon	Accomplishments se to any question in this Part III		
1	Briefly describe the	organization's mission			
			ND ADVANCE PET OWNERSHIP ITS MEMBERS PROSPER	AND THE PET PRODUCTS	5 INDUSTRY, AND TO
2	Did the organization the prior Form 990 o		program services during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe the	ese new services on Sche	dule O		
3	Did the organization services?	<u> </u>	e significant changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe the	ese changes on Schedule	0		
4	Section 501(c)(3) a	nd 501(c)(4) organization	or each of the organization's three s and section 4947(a)(1) trusts a revenue, if any, for each program	are required to report the ar	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	TRADE SHOWS-PROVID EDUCATIONAL DISPLAYS		EET AND DISCUSS INDUSTRY PROBLEMS	AND GOALS, DISPLAY NEW PRODU	JCTS, ATTEND SEMINARS AND VIEV
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	PUBLIC RELATIONS-PLA	CING ARTICLES IN VARIOUS PU	BLICATONS WHICH ARE EDUCATIONAL A	ND ENCOURAGE PET OWNERSHIP	
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	MEMBER SERVICES-PRO	OVIDE NEWSLETTER AND INFOR	MATION SERVICES DESIGNED TO KEEP N	MEMBERS INFORMED ABOUT CUR	RENT EVENTS IN THE INDUSTRY
4d	Other program serv	vices (Describe in Schedi	ule O) See also Additional Data f	or Description	
	(Expenses \$	•	ng grants of \$) (Revenue \$)
4e	Total program serv	ice expenses ⊧ \$			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	(2010)			Page -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	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 Yes			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

<u>u .</u>	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the agreement on a newty to a greek black to you halten to make any type of your attraction at any type of	5a		N o
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N e
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
	If tes to line 5a of 5b, did the organization line Form 6886-17	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N c
	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Form 1098-C?			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year Section F01(c)(30) qualified popprofit health incurance issuers			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νc
	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	144L		

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
TCI	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	110
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a	Yes	
L	governing body?	7a 7b	Yes	
ь		/B	res	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	_
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	(======================================			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	□ Own website □ Another's website □ Upon request			

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 THE ASSOCIATION 255 GLENVILLE RD

GREENWICH, CT 06831 (203) 532-0000

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

Check if Schedule O contains a response to any question 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) ANDREW MESSINGER DIRECTOR	3 00	Х						0	0	0
(2) KAY SCHWICHTENBERG IMMEDIATE PAST CHAIR	3 00	Х						0	0	0
(3) MICHAEL FARMER CHAIRMAN	5 00	Х						0	0	0
(4) BRENT WEINMANN DIRECTOR	3 00	Х						0	0	0
(5) CRAIG DE WALT DIRECTOR	3 00	Х						0	0	0
(6) ALLAN L LEVEY CHAIRMAN EMERITUS	3 00	Х						0	0	0
(7) JEFF SUTHERLAND DIRECTOR	3 00	Х						0	0	0
(8) MICHAEL O'BRYAN DIRECTOR	3 00	Х						0	0	0
(9) RAND KOLLMAN DIRECTOR	3 00	Х						0	0	0
(10) WILLIAM PEARSON DIRECTOR	3 00	Х						0	0	0
(11) ROBERT MERAR DIRECTOR	3 00	Х						0	0	0
(12) KENNETH OH DIRECTOR	3 00	Х						0	0	0
(13) PAUL D COOKE SECRETARY/TREASURER	5 00	Х						0	0	0
(14) ROGER MORGAN VICE CHAIR	5 00	Х						0	0	0
(15) SEAN ROWE DIRECTOR	3 00	Х						0	0	0
(16) BOB SHIPLEY DIRECTOR	3 00	Х						0	0	0

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

(A) Name and Title	(B) Average hours	rage Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F Estima amount o	ated of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compen from organizat relat organiza	the :ion and :ed
(17) DIANE PETERSON DIRECTOR	3 00	х						0	0		C
(18) ROBERT SCHARF DIRECTOR	3 00	х						0	0		C
(19) ROBERT L VETERE PRESIDENT	40 00			х				335,400	0		33,740
(20) ANDREW DARMOHRAJ SENIOR VICE PRESIDENT	40 00			х				178,619	0		18,300
(21) EINAR M ROD VP-GOVERNMENTAL AFFAIRS/GE	40 00			х				166,466	0		17,100
(22) ANNE M FERRANTE ASSOC VP - MEMBER RELATION	40 00					х		114,962	0		11,580
1b Sub-Total		<u> </u>	<u> </u>	<u> </u>	<u>. </u>		<u> </u>				
c Total from continuation sheets t						 -					
d Total (add lines 1b and 1c)							►	795,447	0		80,720
Total number of individuals (inclu \$100,000 in reportable compens	dıng but not lım	ıted to t	hose	lıst		bove)	who	received more than	1	Yes	No

			Yes	No_
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		No
4	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	_	W	
	77.77.73.23.	4	Yes	
5	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	5		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
MASS MEDIA LLC 2863 ST ROSE PARKWAY HENDERSON, NV 89052	PUBLIC RELATIONS	208,771
MCKENNA LONG & ALDRIDGE LLP P O BOX 116573 ATLANTA, GA 30368	LEGAL CONSULTATION - REGULATORY AFFAIRS	124,460

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

Form 990	·					P	age 9
Part VII	I Statement of Reven	ue			(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
ons, gifts, grant similar amount	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants similar amounts not included above	. 1c . 1d 1e					512, 513, or 514
Contril and of		nes 1a-1f \$	Business Code				
<u>&</u>	TRADE SHOW-BOOTH RENTA MEMBERSHIP DUES TRADE SHOW-OTHER INCOM	venue	541900 541900 541900	4,475,350 1,522,450 481,931 194,216 6,673,947	481,931 194,216		
b	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	empt bond proceeds	(II) Personal	286,019			286,019
7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi	(1) Securities 2,647,493 2,551,005 96,488	(II) Other	96,488			96,48
b c	Less direct expenses . Net income or (loss) from ga Gross sales of inventory, les returns and allowances . Less cost of goods sold . Net income or (loss) from sa Miscellaneous Revenue	a b ndraising events ctivities See Part IV, line 19 . a ming activities s a b les of inventory .	Business Code				
	Total revenue. See Instructi	•		7,056,454	6,673,947	0	382,50

Part IX Statement of Functional Expenses

Do no	Il other organizations must complete column (A) but are not required to coot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
/b, 8l	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	795,447			
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	917,414			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	158,438			
9	Other employee benefits	279,060			
10	Payroll taxes	151,649			
а	Fees for services (non-employees) Management				
b	Legal				
С	Accounting	15,250			
d	Lobbying	146,486			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	43,168			
g	Other	102,139			
L2	Advertising and promotion	559,225			
.3	Office expenses	147,209			
.4	Information technology				
L5	Royalties				
L 6		91,357			
L7	Travel	366,374			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9	Conferences, conventions, and meetings	33,628			
20	Interest				
21	Payments to affiliates	45.000			
22 23	Depreciation, depletion, and amortization	45,982			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of				
а	line 25, column (A) amount, list line 24f expenses on Schedule O) TRADE SHOW EXPENSES	1,354,139			
b	PUBLIC RELATIONS PROGRA	444,298			
c	PIJAC DUES	205,041			
d	PRINTING AND PUBLICATIO	127,982			
e	CREDIT CARD FEES	126,399			
f	All other expenses	483,503			
25	Total functional expenses. Add lines 1 through 24f	6,594,188			
26	Joint costs. Check here ► ☐ If following	, , ,			
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 574,665 207,648 1 2,404,474 2 3.261.606 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 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) Assets 6 7 8 8 Prepaid expenses and deferred charges 671,316 9 504,472 10a Land, buildings, and equipment cost or other basis Complete 1.571.780 10a Part VI of Schedule D 474.092 ь Less accumulated depreciation 10b 1,134,527 10c 1,097,688 7,200,182 8.466.066 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 25.886 15 39,269 15 16 12,011,050 16 13,576,749 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 205.233 17 331,326 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 5.074.915 25 5,752,879 Other liabilities Complete Part X of Schedule D 26 5,280,148 26 6,084,205 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 6.730.902 27 7,492,544 Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 6,730,902 33 7,492,544 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 12.011.050 13,576,749

14 01	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)				594,18
3	 				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,7	730,90
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	299,37
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		7,4	192,54
Par	T XII Financial Statements and Reporting Check of Schedule O contains a response to any question in this Part XII			৮	ı
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to 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 its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Additional Data

Software ID: Software Version:

EIN: 13-6146744

Name: AMERICAN PET PRODUCTS ASSOCIATION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services	4d.	Other	program	services
----------------------------	-----	-------	---------	----------

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

THE APPA GOVERNMENT AFFAIRS GROUP'S ACTIVITIES ARE DIRECTED TOWARDS THE ADVANCEMENT OF APPA MEMBERS AND THE PET INDUSTRY THROUGH MEMBER COOPERATION AND ADVOCACY APPA ALSO IS ACTIVE WITH OTHER NONPROFIT ORGANIZATIONS IN ORGANIZATIONS THAT IDENTIFY KEY ISSUES FACING THE INDUSTRY AND DEVELOPING APPORPRIATE RESPONSES TO THOSE ISSUES DLN: 93493315032621

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	ection 501(c)(4), (5), or (6) organi ame of the organization	zations Complete Part III		Employer	entification number
	ERICAN PET PRODUCTS ASSOCIATION I	NC			
Par	t I-A Complete if the or	ganization is exempt und	er section 501 <i>(</i>	(c) or is a section 53	
	-				z organization.
1		ganızatıon's dırect and ındırect po	olitical campaign ac	tivities in Part IV	
2	Political expenditures			•	\$
3	V olunteer hours				
Par	rt I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization	under section 495!	5	\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
ь	If "Yes," describe in Part IV				
Par	rt I-C Complete if the or	ganization is exempt und	er section 501(c) except section 5	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	rganızatıon's funds contributed to	o other organization	s for section 527	\$
_					
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b	¢
3 4 5	Did the filing organization file I Enter the names, addresses ar	Form 1120-POL for this year? nd employer identification numbei	r (EIN) of all section	n 527 political organizatio	
4	Did the filing organization file I Enter the names, addresses ar organization made payments I amount of political contribution	Form 1120-POL for this year?	r (EIN) of all section r the amount paid fr id directly delivered	n 527 political organizatio om the filing organization to a separate political or	ons to which the filing is funds Also enter the ganization, such as a
4	Did the filing organization file I Enter the names, addresses ar organization made payments I amount of political contribution	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Instead that were promptly ar	r (EIN) of all section r the amount paid fr id directly delivered	n 527 political organizatio om the filing organization to a separate political or	ens to which the filing s funds Also enter the ganization, such as a nation in Part IV (e) A mount of political contributions received
4	Did the filing organization file I Enter the names, addresses are organization made payments if amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fr id directly delivered If additional space	n 527 political organization om the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
4	Did the filing organization file I Enter the names, addresses are organization made payments if amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fr id directly delivered If additional space	n 527 political organization om the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
4	Did the filing organization file I Enter the names, addresses are organization made payments if amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fr id directly delivered If additional space	n 527 political organization om the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
4	Did the filing organization file I Enter the names, addresses are organization made payments if amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fr id directly delivered If additional space	n 527 political organization om the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
4	Did the filing organization file I Enter the names, addresses are organization made payments if amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fr id directly delivered If additional space	n 527 political organization om the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
4	Did the filing organization file I Enter the names, addresses are organization made payments if amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fr id directly delivered If additional space	n 527 political organization om the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
4	Did the filing organization file I Enter the names, addresses are organization made payments if amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fr id directly delivered If additional space	n 527 political organization om the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
4	Did the filing organization file I Enter the names, addresses are organization made payments if amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fr id directly delivered If additional space	n 527 political organization om the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
4	Did the filing organization file I Enter the names, addresses are organization made payments if amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fr id directly delivered If additional space	n 527 political organization om the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
4	Did the filing organization file I Enter the names, addresses are organization made payments if amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fr id directly delivered If additional space	n 527 political organization om the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,
4	Did the filing organization file I Enter the names, addresses are organization made payments if amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, ente Ins received that were promptly ar Inspection political action committee (PAC)	r (EIN) of all section r the amount paid fr id directly delivered If additional space	n 527 political organization om the filing organization to a separate political or is needed, provide inform (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(h)).	(a	(a)		
		Yes	No	A mount	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
ь	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), or	sectio	n
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	L L	Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	2	Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	3	Νo

answered "Yes".

1	Dues, assessments and similar amounts from members	1	1,522,4	50
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
а	Current year	2a	146,4	86
b	Carryover from last year	2b		
c	Total	2c	146,4	86
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	228,3	67
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-81,8	81

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493315032621

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public

nterna	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspection	
Name of the organ AMERICAN PET PRODU			Employer identification number			
AM		C12 P220CIVITON TMC		13-6146744		
Pā			dvised Funds or Other Similar Fu	ınds or Account	s. Complete if th	
	organiz	zation answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(b) Funds and	other accounts	
	Total number a	it end of year	(a) Donor advised funds	(b) i unus anu	other accounts	
		tributions to (during year)				
	Aggregate grar	nts from (during year)				
	Aggregate valu	ue at end of year				
	_	zation inform all donors and donor advi organization's property, subject to the o	sors in writing that the assets held in dono organization's exclusive legal control?	or advised	┌ Yes ┌ No	
1	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for an	•	┌ Yes ┌ No	
a	rt III Conse	rvation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part I	V, line 7.	
	Protection Preservat Complete lines	ion of land for public use (e g , recreating for a faction of natural habitation of open space S 2a-2d if the organization held a qualing last day of the tax year		historically importar ertified historic stru of a conservation	•	
	easement on the	ne last day of the tax year	Γ	Held at the	e End of the Year	
a	Total number o	of conservation easements	ļ	2a		
)	Total acreage	restricted by conservation easements		2b		
:	Number of con	servation easements on a certified his	toric structure included in (a)	2c		
t	Number of con	servation easements included in (c) ac	cquired after 8/17/06	2d		
	Number of con	servation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization	ı durıng	
	the taxable ye	ar -				
	Number of stat	tes where property subject to conserva	ation easement is located ►			
	Does the organ		the periodic monitoring, inspection, hand	— Iling of violations, an	d Yes No	
	Staff and volur	nteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year	-	
	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year ► \$		
		nservation easement reported on line 2) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No	
	balance sheet,		onservation easements in its revenue and he footnote to the organization's financial nents			
a l	Compl	ete if the organization answered "	· · · · · · · · · · · · · · · · · · ·			
а	art, historical t	treasures, or other sımılar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	h in furtherance of p		
b	historical treas	, , ,	116, to report in its revenue statement a public exhibition, education, or research in		•	
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$		
	(ii) Assets inc	luded in Form 990, Part X				
	If the organiza	•	orical treasures, or other similar assets fo S 116 relating to these items			
а	Revenues incli	uded in Form 990, Part VIII, line 1		► \$		
ь		ed in Form 990, Part X		<u> </u>		
	include	,		- + <u></u>		

3	Using the organization's accession and other										continuea)
_	items (check all that apply)		.,		_		-				
а	Public exhibition		d	Г	Loan	orexcl	hange prog	rams			
b	Scholarly research		e	Γ	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain ho	w the	y furthe	er the o	organizatior	ı's e>	kempt purpose	ın	
5	During the year, did the organization solicit o	or receive donation	sofar	rt, hıs	torıcal	treasu	res or othe	rsın			_
	assets to be sold to raise funds rather than t									Yes	│ No
Pai	Part IV, line 9, or reported an an						n answere	:d "Y	es" to Form S	990, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions o	or other ass	ets		┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г		Ar	nount	
c	Beginning balance							1c			
d	Additions during the year						ŀ	1d			
e	Distributions during the year						ŀ	1e			
f	Ending balance						ŀ	1f			
2a	Did the organization include an amount on Fo	orm 990 Part X Jur	212 م	,			L			┌ Yes	
	If "Yes," explain the arrangement in Part XIV									,	, 110
	rt V Endowment Funds. Complete		n ans	wer	ed "Ye	s" to I	Form 990	Par	t IV line 10		
	Endownient Fanasi Complete	(a)Current Year)Prior			o Years Back		Three Years Back	(e)Four	Years Back
1a	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as			1					
а	Board designated or quasi-endowment										
Ь	Permanent endowment 🕒										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are hel	d and a	dmınıstere	d for	the		
	organization by								Γ <u>-</u>	Yes	No
	(i) unrelated organizations		•					•	3a(' ' 	+
ь	(ii) related organizations							•	3a(<u> </u>
4	Describe in Part XIV the intended uses of the							•	3		
	t VI Investments—Land, Buildings					190 Pa	art X line	10			
	<u> </u>	<i>y</i> una Equipme) Cost o		(b)Cost or o		(c) Accumulated		
	Description of investment				sis (inves		basis (othe	er)	depreciation	(d) B	ook value
	Land		•				289	,035			289,035
	Buildings		•			397,161	723	,709	363,24	-2	757,628
c	Leasehold improvements										
d	Equipment						103	,569	63,62	1	39,948
_	Other			1				[47.00	- 1	44.077
	Other		•					,306	47,22	!9	11,077

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value	(c) Method	of valuation ear market value
(1)Financial derivatives		Cost of end-of-y	ear market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. See		(c) Method	of valuation
(a) Description of investment type	(b) Book value		ear market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25. (b) A mount		(b) Book value

	XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,056,454
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,594,188
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	462,266
4	Net unrealized gains (losses) on investments	4	299,376
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	299,376
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	761,642
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u>'</u>
1	Total revenue, gains, and other support per audited financial statements	1	7,312,662
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	299,376
3	Subtract line 2e from line 1	3	7,013,286
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 43,168		
ь	Other (Describe in Part XIV) 4b		
с	Add lines 4a and 4b	4c	43,168
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,056,454
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	6,551,020
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
_	Donated services and use of facilities		
а		1	
a b	Prior year adjustments		
b	Prior year adjustments		
b c	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d	2e	
b c d	Prior year adjustments	2e 3	
b c d	Prior year adjustments		
b c d e 3	Prior year adjustments		
b c d e 3	Prior year adjustments		
b c d e 3 4	Prior year adjustments		43,168 6,594,188

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Identifier Return Reference Explanation

additional information

DLN: 93493315032621

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

AME	ERICAN PET PRODUCTS ASSOCIATION INC		• ,			
			13-6146744			
Pa	art I Questions Regarding Compensation					
				,	Yes	Νo
1a	Check the approprate box(es) if the organization provided any of	f the following to or for a person li	sted in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide a	any relevant information regardin	g these items			
	First-class or charter travel Hou	using allowance or residence for	personal use			
	Travel for companions Pay	yments for business use of perso	nal residence			
	Tax idemnification and gross-up payments Hea	alth or social club dues or initiati	on fees			
	Discretionary spending account Per	rsonal services (e g , maid, chauf	feur, chef)			
b	If any of the boxes in line 1a are checked, did the organization for reimbursement orprovision of all the expenses described above?		1			
_			·	•		
2	Did the organization require substantiation prior to reimbursing officers, directors, trustees, and the CEO/Executive Director, re	- .			Yes	
3	Indicate which, if any, of the following the organization uses to e organization's CEO/Executive Director Check all that apply	stablish the compensation of the				
		itten employment contract				
	·	mpensation survey or study				
		proval by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990, Part VII, Se or a related organization	ection A , line 1a with respect to th	ne filing organization			
а	Receive a severance payment or change-of-control payment fro	om the organization or a related o	rganization? 4a	a		Νo
b	Participate in, or receive payment from, a supplemental nonqual	lified retirement plan?	41	ь		Νo
c	Participate in, or receive payment from, an equity-based compe	nsation arrangement?	4	С		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the ap	oplicable amounts for each item ii	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete	e lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1a, did compensation contingent on the revenues of	the organization pay or accrue as	ıy			
а	The organization?		58	a		
b	Any related organization?		5	b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1a, did compensation contingent on the net earnings of	the organization pay or accrue as	ту			
а	The organization?		66	a		
b	Any related organization?		61	b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did payments not described in lines 5 and 6? If "Yes," describe in P		n-fixed 7			
8	Were any amounts reported in Form 990, Part VII, paid or accui					
	subject to the initial contract exception described in Regs secti					
	ın Part III		8			
9	If "Yes" to line 8, did the organization also follow the rebuttable section 53 $4958-6(c)^{9}$	presumption procedure describe	d in Regulations			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(P) Brookdown of	W-2 and/or 1099-MIS	C componentiar	(C) Deturement and	(D) Nontaxable	(E) Total of columns	/E) Companyation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	(B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) ROBERT L VETERE	(I) (II)	335,400 0	0	0	33,740 0		369,140 0	0
(2) ANDREW DARMOHRAJ	(I) (II)	178,619 0	0	0	18,300 0		196,919 0	0
(3) EINAR M ROD	(I) (II)	166,466 0	0	0	17,100 0		183,566 0	0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493315032621

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 to provide any additional information.

Attach to Form 990 or 990-EZ.

2010

OMB No 1545-0047

Open to Public Inspection

Name of the organization
AMERICAN PET PRODUCTS ASSOCIATION INC

Employer identification number

13-6146744

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		DOMESTIC MANUFACTURER MEMBERSHIP IS OPEN TO PET PRODUCT MANUFACTURERS OR IMPORTERS WHO HAVE EITHER A MANUFACTURING FACILITY OR WAREHOUSE IN THE US INTERNATIONAL MANUFACTURER MEMBERSHIP IS OPEN TO PET PRODUCT MANUFACTURERS WHO DO NOT HAVE A MANUFACTURING FACILITY OR WAREHOUSE IN THE US MANUFACTURERS' REPRESENTATIVE MEMBERSHIP IS OPEN TO ALL PET PRODUCTS MANUFACTURERS' REPRESENTATIVES WHO ARE CURRENTLY REPRESENTING AT LEAST TWO MANUFACTURERS DOMESTIC LIVESTOCK MEMBERSHIP IS OPEN TO LIVESTOCK SUPPLIERS WHO BREED/SELL DOMESTICATED COMPANION ANIMALS IN THE FOLLOWING CATEGORIES DOG, CAT, FISH, BIRD, SMALL ANIMAL, REPTILE AND EQUINE LIVESTOCK MUST BE INTENDED FOR SALE AS COMPANION ANIMALS AT THE RETAIL LEVEL APPLICANTS MUST HAVE A BREEDING/KENNEL/CATTERY FACILITY OR DISTRIBUTION CENTER IN THE UNITED STATES INTERNATIONAL LIVESTOCK MEMBERSHIP IS OPEN TO LIVESTOCK SUPPLIERS WHO BREED/SELL DOMESTICATED COMPANION ANIMALS IN THE FOLLOWING CATEGORIES DOG, CAT, FISH, BIRD, SMALL ANIMAL, REPTILE AND EQUINE LIVESTOCK MUST BE INTENDED FOR SALE AS COMPANION ANIMALS AT THE RETAIL LEVEL APPLICANTS NEED NOT HAVE A BREEDING/KENNEL/CATTERY FACILITY OR DISTRIBUTION CENTER IN THE UNITED STATES ALL APPLICANTS MUST ALSO MEET THE ADDITIONAL MEMBERSHIP REQUIREMENTS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		BOARD MEMBERS ARE NOMINATED BY THE CURRENT BOARD OF DIRECTORS FOR SPECIFIC TERMS THE NOMINEES ARE THEN ELECTED BY A VOTE OF THE MEMBERSHIP AT THE ANNUAL MEETING HELD IN CONJUNCTION WITH THE ANNUAL TRADE SHOW

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		DECISIONS SUBJECT TO MEMBER APPROVAL INCLUDE THE ELECTION OF THE BOARD OF DIRECTORS AND ANY CHANGES TO THE EXISTING BY-LAWS OR OTHER ORGANIZATIONAL DOCUMENTS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE RESPONSIBILITY FOR THE PREPARATION OF THE 990 HAS BEEN ASSIGNED TO MANAGEMENT THE AUDIT COMMITTEE HAS THE RESPONSIBILITY FOR THE DETAILED REVIEW OF THE DRAFT DOCUMENT NOTIFICATION OF THE AVAILABILITY OF THE FORM 990 FOR REVIEW IS THEN GIVEN TO THE BOARD IN CONJUNCTION WITH THE FALL BOARD MEETING ANY COMMENTS OR CLARIFICATIONS ARE ADDRESSED BEFORE THE FILING OF THE RETURN

Identifier	Return Reference	Explanation
	SECTION B, LINE 12C	ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES SIGN AND SUBMIT TO THE BOARD OF DIRECTORS AN ANNUAL DISCLOSURE STATEMENT CONFIRMING THAT THEY HAVE READ THE CONFLICTS OF INTEREST POLICY, AND DESCRIBING ANY FACTS WHICH COULD GIVE RISE TO A CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD EMPLOYS A COMPENSATION CONSULTANT PERIODICALLY FOR THE PRESIDENT'S POSITION, AND HAS SOUGHT GUIDANCE ON OTHER SENIOR POSITIONS WHEN DEEMED NECESSARY

Identifier	Return Reference	Explanation								
	FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS ARE AVAILABLE TO MEMBERS UPON REQUEST, AND THE BY LAWS AND CONFLICTS OF INTEREST POLICY ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE								

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 299,376

Identifier	Return Reference	Explanation							
		THE ORGANIZATION HAS NOT CHANGED ITS APPROVAL PROCEDURES FROM THE PRIOR YEAR							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493315032621

OMB No 1545-0172

Department of the Treasury

Form 4562

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** AMERICAN PET PRODUCTS ASSOCIATION INC FORM 990 PAGE 10 13-6146744 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) 45.982 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more . ▶ general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period property deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ММ S/L h Residential rental property 27 5 yrs мм S/L 39 yrs мм S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 45,982 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

		24a, 24b, CC														
Section A—Depre	ciation a	<u>nd Other Ir</u>	<u>ıforma</u>	tion (C	<u>aution</u>	: See	<u>the i</u>	<u>instrบ</u>	ctic	ons for I	imits	for pa	sseng	er au	<u>ıtomol</u>	biles.)
24a Do you have evider	nce to support t	the business/inv	estment u	use claimed	d? ┌ Yes	⊢ No			24b	If "Yes,"	s the e	/ idence	written?	, 厂 _Y ,	ᇙ┌╻	o
(a) Type of property (list vehicles first)	Date placed in investment Cost o		(e) Basis for depreciation (business/investment use only)			(f) Recov perio	'	(g) Method/ Convention		(h) Depreciation/ deduction			(i) Elected section 179 cost			
25 Special depreciation allo 50% in a qualified busi	•		rty placed	ın service (during the	tax year	and u	ısed m	ore t	:han 25						
26 Property used more	e than 50%	ın a qualified l	business	use												
· · · · · · · · · · · · · · · · · · ·		%														
		%							\perp							
27 Property used 50%	 	%	IDAGG IIG	•												
27 Floperty used 50%	O OI IESS III a	quanned bus	illess us	е				l	Is	/L -	Т			\neg		
		%							_	/L -						
		%							S	/L -				ᆚ		
28 Add amounts in co	olumn (h), lır	ies 25 throug	h 27 En	ter here a	and on lir	ne 21,	page	1		28						
29 Add amounts in co	olumn (ı), lın	e 26 Enterhe	ere and c	n line 7,	page 1							29				
		Sed	ction B	—Infor	mation	on U	se c	of Ve	hic	eles						
Complete this section If you provided vehicles to														ca vahi	clos	
i you provided verticles to	your employee	es, mist answer ti	ne questio		a)	T	b)	III EXCE		(c)		d)		e)		(f)
30 Total business/investment miles driven during the year (do not include commuting miles)				Vehi		Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6		
31 Total commuting i	miles driven	during the ye	ar .													
32 Total other persor	nal(noncomm	nuting) miles (drıven													
33 Total miles driven during the year Add lines 30 through 32																
34 Was the vehicle a		ersonal use		Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs?									1				†		+
35 Was the vehicle upowner or related p	sed primarily	by a more th	ian 5%													
36 Is another vehicle			e? .													1
Section Answer these question one of the section	ns to determ	•	et an exc												not mo	re thai
37 Do you maıntaın a	written polic	y statement	that prob	nibits all	personal	use of	vehi	cles,	ncl	udıng cor	nmutır	ng, by y	our	\ \ \ \	es	No
employees? .							•	•				•	•			
38 Do you maintain a employees? See t																
39 Do you treat all us	se of vehicles	by employee	es as pei	rsonal us	e? .											
40 Do you provide movehicles, and reta	ore than five	vehicles to y	our empl			rmatio	n fror	m you	rer	nployees	about	the us	e of th	e 🗀		
41 Do you meet the r				automobi	le demor	• nstratio	n us	e? (S	• ee 11	nstructio	ns)					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ion E	3 for t	he c	overed v	ehicle	S				
Part VI Amo	rtization														•	
(a) (b) Date Description of costs amortization						C	(d) Code ection (e) A mortization period or			zation d or	A mortization to					
		begins								perce	ntage					
42 A mortization of co	sts that beg	ıns durıng yo	ur 2010	tax year	(see ins	truction	1s)					1				
											1					
43 A mortization of co	sts that beg	an before you	ır 2010 t	tax year		•	•				43					

44 Total. Add amounts in column (f) See the instructions for where to report

44