


efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317031057	
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			OMB No 1545-0047
					2016 Open to Public Inspection
A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016					
B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final <input type="checkbox"/> Return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization AMERICAN PET PRODUCTS ASSOCIATION INC			D Employer identification number 13-6146744
		Doing business as			
		Number and street (or P.O. box if mail is not delivered to street address) 225 HIGH RIDGE ROAD NO W200		Room/suite	E Telephone number (203) 532-0000
		City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06905			G Gross receipts \$ 14,856,835
<div><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)</div> <div>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</div> <div>20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶MIRANDA JAFFE 225 HIGH RIDGE ROAD NO W200 STAMFORD, CT 06905 (203) 532-0000</div>					
Form 990 (2016)					

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:

APPA'S MISSION IS TO PROMOTE, DEVELOP AND ADVANCE PET OWNERSHIP AND THE PET PRODUCTS INDUSTRY, AND TO PROVIDE THE SERVICES NECESSARY TO HELP ITS MEMBERS PROSPER

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4047(c)(1) (other than a private foundation)? If "Yes," complete		No

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . .		289,035		289,035
b Buildings		2,407,957	653,758	1,754,199
c Leasehold improvements				
d Equipment . . .		177,683	153,492	24,191
e Other . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ►				2,067,425

Schedule D (Form 990) 2016

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Yes

No

(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

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 ☒

Schedule D (Form 990) 2016

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 ☐

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	42	1c	Yes	No
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and					

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.

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

Section A. Governing Body and Management

		Yes	No
1a	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		
1b	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?		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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		

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

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.

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			
(18) TRACEY M WILSON SENIOR SHOW MANAGER	40 00					X		100,108	0	31,228
(19) MARIAN T THIELSEN ASSO VP SALES & MARKETING	40 00					X		104,473	0	31,662
(20) MIRANDA JAFFE CHIEF ACCOUNTANT	40 00					X		102,514	0	57,231
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,529,054	0	449,909

Total compensation for all individuals listed on this schedule (Part VII, Section A) does not exceed \$400,000.

7

[illegible]

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958: \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II **Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

[illegible]

Total		\$
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Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	1,874,064	1	1,150,225
2	Savings and temporary cash investments	4,366,066	2	5,766,041

(1) JOSHUA VETERE	JOSHUA VETERE IS THE SON OF THE PRESIDENT OF APPA, ROBERT L VETERE	103,198	JOSHUA VETERE IS EMPLOYED AS THE SALES AND MARKETING MANAGER OF APPA. THE AMOUNT OF THE TRANSACTION CONSISTS OF BASE SALARY, NON-TAXABLE HEALTH BENEFITS AND COMPANY FUNDED RETIREMENT PLAN		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,515,327
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,148,926
3	Revenue less expenses Subtract line 2 from line 1	3	366,401
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,842,248
5	Net unrealized gains (losses) on investments	5	272,081
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,480,730

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

	Yes	No
2a		No

Additional Data

Software ID:
Software Version:
EIN: 13-6146744
Name: AMERICAN PET PRODUCTS ASSOCIATION INC

Form 990 (2016)

Form 990, Part III, Line 4a:

GLOBAL PET EXPO GLOBAL PET EXPO, THE PET INDUSTRY'S LARGEST ANNUAL TRADE SHOW, IS PRESENTED BY THE AMERICAN PET PRODUCTS ASSOCIATION (APPA) AND PET INDUSTRY DISTRIBUTORS ASSOCIATION (PIDA) THE 2016 GLOBAL PET EXPO FEATURED APPROXIMATELY 1,100 EXHIBITORS, 3,200 BOOTHS AND MORE THAN 3,000 NEW PRODUCT LAUNCHES MORE THAN 6,200 PET PRODUCT BUYERS FROM AROUND THE WORLD ATTENDED IN 2017, GLOBAL PET EXPO ONCE NAMED "THE GREATEST SHOW ON EARTH" BY TRADE SHOW EXECUTIVE MAGAZINE, WILL TAKE PLACE MARCH 22-24 IN ORLANDO, FLORIDA TO BETTER ACCOMMODATE BUYERS AND

[REDACTED]

[REDACTED]

Form 990, Part III, Line 4b:

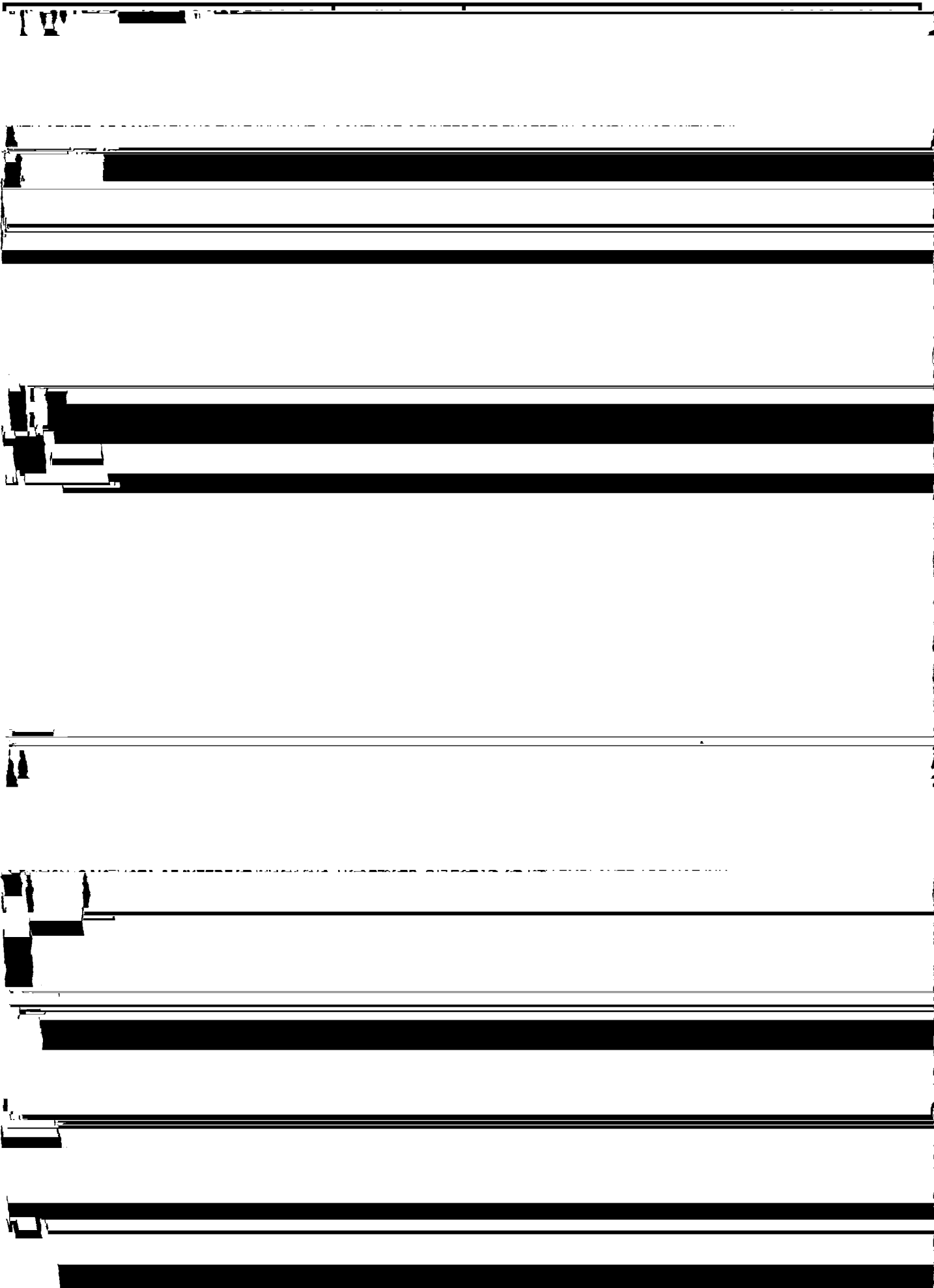
INDUSTRY GROUP SUPPORT APPA PROVIDES ANNUAL SUPPORT TO VARIOUS INDUSTRY GROUPS IN 2016, APPA GAVE AWARDS AND PROVIDED SUPPORT TO THE FOLLOWING ORGANIZATIONS THE PET CARE TRUST, THE PET INDUSTRY JOINT ADVISORY COUNCIL, AND THE HUMAN ANIMAL BOND RESEARCH INITIATIVE FOUNDATION, PET LEADERSHIP COUNCIL OVER THE YEARS APPA SUPPORTED THE PET INDUSTRY IN THE TENS OF MILLIONS OF DOLLARS

Form 990, Part III, Line 4c:

PROMOTING PET OWNERSHIP & THE PET INDUSTRY IN 2005, APPA IMPLEMENTED THE PAL (PETS ADD LIFE) PSA CAMPAIGN THE PALCAMPAIGN IS DESIGNED TO ENCOURAGE PEOPLE TO APPRECIATE THE VALUE OF PET OWNERSHIP, TEACH PEOPLE TO BE RESPONSIBLE PET OWNERS, AND PROMOTE THE IMPORTANCE OF PET OWNERSHIP TO GOOD MENTAL HEALTH, COMPANIONSHIP AND LOVE THE PAL CAMPAIGN DELIVERS A WIDE VARIETY OF IMPORTANT PET RELATED MESSAGES TO A VAST AUDIENCE USING PUBLIC SERVICE ANNOUNCEMENTS, DISPLAY ADS, POSTERS, BROCHURES, AND NEWS STORIES FOR MORE INFORMATION VISIT WWW.PETSADDLIFE.ORG TO FURTHER PROMOTE THE PET INDUSTRY AND TO MORE CLEARLY DEFINE ITS GOALS AND OBJECTIVES, APPA HAS PLAYED AN INTEGRAL ROLE IN ESTABLISHING PET LEADERSHIP COUNCIL, A GROUP COMPRISED OF A COLLABORATION OF DIVERSE LEADERS WITHIN THE PET INDUSTRY THIS GROUP HAS IDENTIFIED KEY ISSUES FACING THE INDUSTRY AND IS CURRENTLY TAKING STEPS TO ADDRESS THOSE ISSUES

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	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?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			



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" on 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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2017-11-12

Date

ROBERT L VETERE PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
GARRETT M HIGGINS

Preparer's signature
GARRETT M HIGGINS

Date
2017-11-12

Check ☐ if self-employed

PTIN
P00543209

Firm's name ▶ PKF O'CONNOR DAVIES LLP

Firm's EIN ▶ 27-1728945

Firm's address ▶ 3001 SUMMER STREET 5TH FL EAST
STAMFORD, CT 06905

Phone no (203) 323-2400

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2016)

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on 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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.
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(a) Description of investment	(b) Book value	(c) Method of valuation
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	11,728,894
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	272,081
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	272,081
3	Subtract line 2e from line 1	3	11,456,813
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-6146744
Name: AMERICAN PET PRODUCTS ASSOCIATION INC

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317031057	
Schedule I (Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .				OMB No 1545-0047
					2016
	Department of the Treasury Internal Revenue Service	Name of the organization AMERICAN PET PRODUCTS ASSOCIATION, INC.			

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information requested in Part I, line 2, Part III, column (b), and any other additional information.

Additional Data

Software ID:
Software Version:
EIN: 13-6146744
Name: AMERICAN PET PRODUCTS ASSOCIATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PET LEADERSHIP COUNCIL 255 GLENVILLE ROAD GREENWICH, CT 06831	47-2941934	501(C)(4)	771,291				ADVOCATE PET OWNERSHIP
HUMAN ANIMAL BOND RESEARCH INITIATIVE (HABRI) FOUNDATION 1615 M STREET NW WASHINGTON, DC 20036	27-4159453	501(C)(3)	200,824				SUPPORT RESEARCH

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization AMERICAN PET PRODUCTS ASSOCIATION INC	Employer identification number 13-6146744
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Part I

Questions Regarding Compensation

1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		Yes	No

▶MIRANDA JAFFE 225 HIGH RIDGE ROAD NO W200 STAMFORD, CT 06905 (203) 532-0000

For each individual whose compensation must be reported on 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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OMB No 1545-0047

► Complete if the organization answered

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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 domestic organizations and domestic governments See Part IV, line 21	1,173,115			
2 Grants and other assistance to domestic individuals See Part IV, line 22				

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public
Inspection**

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSIFICATION MEMBERSHIP IN THIS ASSOCIATION SHALL BE DIVIDED INTO THE ACTIVE MEMBERSHIP CLASS AND SUCH OTHER MEMBERSHIP CLASSES AS SHALL BE ESTABLISHED BY THE BOARD THE BOARD OF DIRECTORS SHALL ESTABLISH OTHER MEMBERSHIP CLASSES, HAVING NO VOTE, WHICH THE BOARD DEEM S NECESSARY OR APPROPRIATE FOR THE GOOD AND WELFARE OF THE INDUSTRY DESIGNATIONS, QUALIFI CATIONS AND OTHER MEMBERSHIP RIGHTS FOR SUCH CLASSES SHALL BE ESTABLISHED BY THE BOARD QU ALIFICATION FOR ACTIVE MEMBERSHIP (A) ANY FIRM, PARTNERSHIP, JOINT-VENTURE, CORPORATION O R OTHER BUSINESS ENTITY SEVENTY-FIVE PERCENT (75%) OF WHOSE WORLDWIDE PET PRODUCT REVENUE IS DERIVED FROM THE MANUFACTURING OR IMPORTING OF PET PRODUCTS (WHICH INCLUDES BUT IS NOT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AT THE ANNUAL MEETING, ACTIVE MEMBERS SHALL NOMINATE AND ELECT A SUFFICIENT NUMBER OF DIRECTORS TO REPLACE ALL DIRECTORS WHOSE TERMS ARE EXPIRING, AND SHALL TRANSACT SUCH OTHER BUSINESS AS MAY PROPERLY COME BEFORE THE MEETING EACH ACTIVE MEMBER SHALL HAVE ONE (1) VOTE WHICH MAY BE CAST BY PROXY OR IN PERSON BY THE MEMBER OR A DESIGNATED REPRESENTATIVE THERE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AMENDMENTS TO THE BY-LAWS MAY BE PROPOSED BY THE BOARD OF DIRECTORS OR UPON THE WRITTEN AND SIGNED PETITION OF TWENTY (20) MEMBERS OF THE ASSOCIATION. AMENDMENTS TO THE BY-LAWS MAY BE ADOPTED BY A MAJORITY VOTE OF THE ACTIVE MEMBERS VOTING AT ANY MEMBERSHIP MEETING PROVIDED THAT EACH SUCH AMENDMENT SHALL HAVE FIRST BEEN SUBMITTED IN WRITING TO THE ENTIRE MEMBERSHIP NOT LESS THAN FOURTEEN (14) DAYS PRIOR TO THE MEETING AT WHICH SUCH AMENDMENTS ARE TO BE VOTED UPON. AMENDMENTS MAY ALSO BE ADOPTED BY A MAIL BALLOT OF THE MEMBERSHIP PROVIDED THAT EACH SUCH AMENDMENT SHALL BE SUBMITTED TO THE ENTIRE MEMBERSHIP IN WRITING AND SHALL BE MAILED TO THE MEMBERSHIP NOT LESS THAN FOURTEEN (14) DAYS BEFORE SUCH MAIL BALLOTS.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, 2014	AMERICAN PET PRODUCTS ASSOCIATION, INC HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IN CARRYING OUT THEIR FUNCTIONS FOR APPA, MEMBERS OF THE BOARD OF DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO ADHERE TO A DUTY OF LOYALTY, WHICH REQUIRES THEM TO ACT IN THE INTEREST OF APPA, NOT IN THEIR OWN INTEREST, OR IN THE INTEREST OF ANOTHER ENTITY OR PERSON. NO OFFICER, DIRECTOR OR KEY EMPLOYEE MAY ENGAGE IN ANY TRANSACTION OR UNDERTAKE ANY POSITIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	APPA USES AN INDEPENDENT PROFESSIONAL COMPENSATION CONSULTANT, JER HR GROUP LLC, THAT PREPARES A COMPENSATION STUDY FOR THE GEOGRAPHICAL AREA AND INDUSTRY TYPE THE CONSULTANT'S RECOMMENDATIONS ARE INCORPORATED INTO THE DECISION REGARDING COMPENSATION TO THE PRESIDENT/CEO AND COO'S COMPENSATION AND BONUS THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE PRESIDENT/CEO'S SALARY IN ADDITION, THEY APPROVE THE ANNUAL PERCENTAGE INCREASE FOR THE REMAINING STAFF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, FORM 990 AND FORM 1024 ARE MADE AVAILABLE FOR PUBLIC VIEWING UPON WRITTEN REQUEST AT APPA HEADQUARTERS LOCATED AT 225 HIGH RIDGE ROAD, SUITE W200, STAMFORD, CT 06905 THE FORM 990 IS POSTED ON WWW GUIDESTAR ORG AND OTHER SIMILAR WEBSITES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	THE ORGANIZATION'S AUDIT COMMITTEE REVIEWS THE FINANCIAL STATEMENTS AND COMMUNICATIONS FROM