

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 03-01-2017, and ending 02-28-2018

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
APRL FUND INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite
302 WASHINGTON ST
City or town, state or province, country, and ZIP or foreign postal code
SAN DIEGO, CA 92103

D Employer identification number
27-4634386
E Telephone number
(619) 723-0369
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____
I Website: N/A
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 101,013

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)
6c	Less direct expenses from gaming and fundraising events
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe in Schedule O)
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8
10	Grants and similar amounts paid (list in Schedule O)
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors
14	Occupancy, rent, utilities, and maintenance
15	Printing, publications, postage, and shipping
16	Other expenses (describe in Schedule O)
17	Total expenses. Add lines 10 through 16
18	Excess or (deficit) for the year (Subtract line 17 from line 9)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
20	Other changes in net assets or fund balances (explain in Schedule O)
21	Net assets or fund balances at end of year Combine lines 18 through 20

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

***** Signature of officer	2019-01-15 Date
BRYAN PEASE Director Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Mark Dionne	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00639758
	Firm's name ▶ SOCAL ACCOUNTING INC			Firm's EIN ▶ 20-8438577	
	Firm's address ▶ 10875 RANCHO BERNARDO ROAD Suite 10 SAN DIEGO, CA 92127			Phone no (858) 487-4230	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 27-4634386

Name: APRL FUND INC

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 Ran a nonprofit thrift store to fund education and outreach on the benefits of plant based diets, animal rights political advocacy, and litigation to protect activist free speech rights and to hold businesses that abuse animals accountable (Grants \$ 23,909)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
APRL FUND INC**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

2017**Open to Public
Inspection**

Employer identification number

27-4634386

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$260

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$1233

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$18

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	MERCHANT FEES \$1877

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	MISCELLANEOUS \$835

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	BOOKS AND SUBSCRIPTIONS \$665

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	TELEPHONE & COMMUNICATIONS \$384

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	MEALS & ENTERTAINMENT \$224

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	BUSINESS REGISTRATION FEES \$150

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	PAYROLL PROCESSING FEES \$116

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	BANK SERVICE CHARGES \$101

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	REIMBURSEMENTS \$90

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	PARKING & TOLLS \$76

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	WEBSITE FEES \$15

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	STATE TAX \$10

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$592 Accounts Payable and Accrued Expenses - Ending \$593