

Form **990EZ**
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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 03-01-2018, and ending 02-28-2019

- 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) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

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 ▶ \$ 10,818

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						1	10,818
	2	Program service revenue including government fees and contracts						2	
	3	Membership dues and assessments						3	
	4	Investment income						4	
	5a	Gross amount from sale of assets other than inventory	5a					5c	
	b	Less cost or other basis and sales expenses	5b		0				
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
	6	Gaming and fundraising events						6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a						
	b	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)	6b		0				
c	Less direct expenses from gaming and fundraising events	6c		0					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						6d	
	7a	Gross sales of inventory, less returns and allowances	7a				7c		
	b	Less cost of goods sold	7b		0				
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
	8	Other revenue (describe in Schedule O)					8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶					9	10,818	
Expenses	10	Grants and similar amounts paid (list in Schedule O)					10	5,046	
	11	Benefits paid to or for members					11		
	12	Salaries, other compensation, and employee benefits					12	2,757	
	13	Professional fees and other payments to independent contractors					13	36,518	
	14	Occupancy, rent, utilities, and maintenance					14		
	15	Printing, publications, postage, and shipping					15		
	16	Other expenses (describe in Schedule O)					16	6,761	
	17	Total expenses. Add lines 10 through 16 ▶					17	51,082	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	-40,264	
	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)					19	39,670	
	20	Other changes in net assets or fund balances (explain in Schedule O)					20		
	21	Net assets or fund balances at end of year Combine lines 18 through 20					21	-594	

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	40,263	22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	40,263	25 0
26 Total liabilities (describe in Schedule O).	593	26 594
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	39,670	27 -594

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
PROTECTING THE RIGHTS AND HABITATS OF ALL ANIMALS THROUGH OUTREACH, EDUCATION, LOBBYING, AND LITIGATION OPERATE NONPROFIT THRIFT STORES TO FUND THESE PROGRAMS

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

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	10,000

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BRYAN PEASE Director	20 00	0		32,876
DAVE SIMON Director	1 00	0		
DINA KOURDA Director	1 00	0		

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, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of BRYAN PEASE Telephone no (619) 723-0369 Located at 302 WASHINGTON ST 404 SAN DIEGO , CA ZIP + 4 92103

Table with columns for question number, description, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	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.

Sign Here ***** Signature of officer	2020-02-18 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: 18007218
Software Version: 2018v3.1
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 Promoted humane treatment of animals through advocacy campaigns aimed at encouraging plant based eating, including helping put on SoCal VegFest, defending activist free speech rights, and encouraging policies eliminating animal cruelty (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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<p>29 Supported Proposition 12, Prevention of Cruelty to Farm Animals Act (Grants \$ 10,000)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

APRL FUND INC

Employer identification number

27-4634386

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Donee's Name PREVENT CRUELTY CA Donee's Address 5940 COLLEGE AVE STE F OAKLAND CA 94618 Cash Amount Given \$5046

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$280

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	REIMBURSEMENTS \$4895

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	STATE TAX \$3345

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	BOOKS AND SUBSCRIPTIONS \$685

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	BUSINESS REGISTRATION FEES \$542

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	PRINTING & COPYING \$276

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	BANK SERVICE CHARGES \$111

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	MEALS & ENTERTAINMENT \$49

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	MISCELLANEOUS \$-3422

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$593 Accounts Payable and Accrued Expenses - Ending \$594