990-PF

# CHANGE IN ACCOUNTING PERIOD Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2017

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information

Openito Public Inspection

For ca	llendar year 2017 or tax year beginning	3/01 , 2017	, and ending 12	/3:	, 2017	
COM	DANION ANTWAL DADAGEME GOING	T TWO		Α	Employer identification nur	nber
	PANION ANIMAL PARASITE COUNCI I WALINA COURT	L, INC		В	20-1799618 Telephone number (see inst	m.chono\
	EM, OR 97317			В	(503) 569-258	
DALL	IM, OK 3/31/				(303) 303 230	
				С	If exemption application is	pending, check here
G Cr	neck all that apply: Initial return	Initial return of a forn	ner public charity	_	1 Faragas arganizations above	li bara
	Final return	Amended return	' '	ט	1 Foreign organizations, chec	ik nere
	Address change	Name change			2 Foreign organizations meet	
H Cr	neck type of organization: X Section 501	(c)(3) exempt private for	oundation all		here and attach computation	n 🟲 📗
	Section 4947(a)(1) nonexempt charitable tru		private foundation	Ε	If private foundation status	was terminated
I Fai	r market value of all assets at end of year J Acc		ash X Accrual		under section 507(b)(1)(A)	
	0	Other (specify)	<u> </u>	F	If the foundation is in a 60	month termination
► ;	\$ 2,170,095. (Part I,	column (d) must be on	cash basis.)	•	under section 507(b)(1)(B)	
Part	Analysis of Revenue and	(a) Revenue and	(b) Net investmen	+ 1	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in	expenses per books	income	`	income	for charitable
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)		ļ	i		purposes
	(see instructions).)					(cash basis only)
	1 Contributions, gifts, grants, etc., received (attach schedule)	236,393.	3 3 % 1	W.	The No. Will William	(* <u>)</u>
	2 Check ► if the foundation is not required to or	W W / / /	To the second	~	7	V X M L
863	3 Interest on savings and temporary cash investri	7 600	7.60	$\Box$	7 600	No. 19 Sept.
2018	4 Dividends and interest from securities	7,690.	7,69	٠.	7,690.	
	5 a Gross rents	<u> </u>	<del>                                     </del>			
80	<b>b</b> Net rental income or (loss)			<u>.</u>	* "	
₹R	6 a Net gain or (loss) from sale of assets not on line 10	* * * * * * * * * * * * * * * * * * *		*		
HE	b Gross sales price for all assets on line 6a. 290,000.		4 4 8 8 2	4.		
O <sub>F</sub>	7 Capital gain net income (from Part IV, line 2)		<u> </u>	_		
Ñ	8 Net short-term capital gain	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>1</b> 1 1 1 1	<u>.</u> .	<u>**</u>	
Ëĥ	9 Income modifications	K ( ) YES	A* 3.7 % 3%	<b>**</b>		
SCANNED OCT	10 a Gross sales less			3		¥- ¥ ¥
Z	b Less's Cost of EIVED			***		1 23 AV
	goods sold		<b>X S W X</b>	-		<u> </u>
S	Gross profit or (loss) (attach schedule)		* V			
	Ottleruhtzonig (attack schiedule)			- [		
	12 Total Add lines I through 1	244,083.	7,69	<del>,  </del>	7,690.	
	113_Compensation of officers, directors, trustees, etc	239,132.	2,30		7,690.	230, 132.
	14 Other employee salaries and wages	203/102.	2,00	<del>- :</del>		230,132.
	15 Pension plans, employee benefits	<del></del>		$\dashv$		
Δ	16a Legal fees (attach schedule) SEE ST 1	64,466.		$-\dagger$	64,466.	
A D M	<b>b</b> Accounting fees (attach sch) SEE ST 2	29,005.	5,38	9.	29,005.	
, N	c Other professional fees (attach sch) SEE ST 3	33,600.		_		33,600.
O I	17 Interest					
O PERAT	18 Taxes (attach schedule)(see instrs) SEE STM 4	4,654.			-	4,654.
ÄÄ	19 Depreciation (attach					
t i	schedule) and depletion  20 Occupancy			_	<del> </del>	- 300 A - 544 ( 8 - 87)
N V G E	21 Travel, conferences, and meetings	10,603.	<del></del>	+	<del></del>	10 602
	22 Printing and publications	10,003.	<del></del>	$\dashv$		10,603.
A E N X D P	23 Other expenses (attach schedule)			$\rightarrow$		<del></del>
Ė	SEE STATEMENT 5	402,811.			65,278.	337,533.
Š	24 Total operating and administrative					
ร	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid PART XV	784,271.	7,69		158,749.	616,522.
	1	105,380.	13 8 73 5 8	×//	****	105,380.
	26 Total expenses and disbursements. Add lines 24 and 25	889,651.	7,69	۱ ۵	158,749.	721,902.
	27 Subtract line 26 from line 12:	689,631.			130, 149.	121,302.
	a Excess of revenue over expenses	territoria. Sometimo territoria del Sertematoria della constanti		<i>4</i>		
	and disbursements	-645,568.	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	٠		20 2 2 3 3
	b Net investment income (if negative, enter -0-)			0.		`, `, `
	C Adjusted net income (if negative, enter -0-)				0.	

BAA-For Paperwork Reduction Act Notice, see instructions.

TEEA0504L 08/25/17

Form 990-PF (2017)



Form	990	PF (2017) COMPANION ANIMAL PARASITE COUNCIL	L, INC	20-179	99618 Page 2
Par	411	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
1 4.	<u></u>	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		l	
	2	Savings and temporary cash investments	2,379,970.	1,961,720.	1,961,720.
	3	Accounts receivable			
	1.	Less: allowance for doubtful accounts	**************************************	900 S S S S S S S S S S S S S S S S S S	·
	4			TARTE	
	5	Less: allowance for doubtful accounts  Grants receivable			
			<u> </u>		
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	}		
	7	Other notes and loans receivable (attach sch)	La L		
Ą	1	Less: allowance for doubtful accounts	The see in Applica was the consider the section	var ender v se tille tentre enner til 40th	an den Service des Construelles Selles au marie des de traine au de seguide
ASSETS	8	Inventories for sale or use			
Ę	9	Prepaid expenses and deferred charges	25,476.	38,641.	38,641.
Ś	10	<ul> <li>Investments – U.S. and state government obligations (attach schedule)</li> </ul>			
		b Investments — corporate stock (attach schedule)			
	} ,	c Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis ►			
		Less: accumulated depreciation (attach schedule)			_
	12	Investments – mortgage loans			
	13	` ,			
	14	Land, buildings, and equipment basis19,119.			N N N Call
		Less accumulated depreciation (attach schedule) SEE STMT 6 ► 19,119.			
	15	Other assets (describe SEE STATEMENT 7)  Total assets (to be completed by all files)	235,012.	169,734.	169,734.
	1	see the instructions. Also, see page 1, item I)	2,640,458.	2,170,095.	2,170,095.
ī	17	Accounts payable and accrued expenses	8,172.	2,138.	
A B	18	Grants payable Deferred revenue	<del></del>		
Ĭ	20	Loans from officers, directors, trustees, & other disqualified persons	ļ		
Ţ	21	Mortgages and other notes payable (attach schedule)			
Ť	22	Other liabilities (describe SEE STATEMENT 8 )	28,075.	212,199.	
Ė	1				
<u> </u>	23	Total liabilities (add lines 17 through 22)	36,247.	214,337.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			
N F E U T N	24	Unrestricted	2,604,211.	1,955,758.	
E U	25	Temporarily restricted			
D	26	Permanently restricted			
A S B S A E L		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L.	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
O E I R S	29	Retained earnings, accumulated income, endowment, or other funds			
RS	30	Total net assets or fund balances (see instructions)	2,604,211.	1,955,758.	
	31	Total liabilities and net assets/fund balances (see instructions)	2,640,458.	2,170,095.	
Parl	i III	Analysis of Changes in Net Assets or Fund Balanc		2,2,0,000.	on √ 200 v. ( )
		net assets or fund balances at beginning of year - Part II, colur		ee with	
	end-	of-year figure reported on prior year's return)	(a), io oo (mast agi	1	2,604,211.
		r amount from Part I, line 27a		2	-645,568.
		increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	1,958,643.
		ases not included in line 2 (itemize).   SEE STATEMENT  A TOTAL TO		5	2,885.
6	ı otal	net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), lin	e 30 <b>6</b>	1,955,758.

Page 2

Form 990-PF (2017) COMPANION ANIMAL PARASITE COUNCIL, INC

c			C
C			C
е			
2	Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7  If (loss), enter -0- in Part I, line 7	2	0
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):		
	If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	0
ar	t V Qualification Under Section 4940(e) for Reduced Tay on Net Investment Inc	ome	

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

N/A

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If 'Yes,' the foundation doesn't qualify under section 4940(e). Do not complete this part.

Yes | No

Distribution ratio (col (b) divided by col. (c)
_

- Enter the net value of noncharitable-use assets for 2017 from Part X, line 5
- Multiply line 4 by line 3
- Enter 1% of net investment income (1% of Part I, line 27b)
- Add lines 5 and 6
- Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

8

4

5

6

7

	1 990-PF (2017) COMPANION ANIMAL PARASITE COUNCIL, INC	20-1				Page 4
	t VI 🦄 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	- see in	struc	tions)		
1 a	a Exempt operating foundations described in section 4940(d)(2), check here   ▶ □ and enter 'N/A' on line 1.			: A.	Ž.Ž.	'&'
	Date of ruling or determination letter (attach copy of letter if necessary — see instructions)	1	1			
١	Domestic foundations that meet the section 4940(e) requirements in Part V,		1			0.
	check here . ► and enter 1% of Part I, line 27b	1				* * *
•	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	1	. Lan	( )	<b>. . . . . . . . .</b>	است الاسلام
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	İ	ľ			
	foundations only; others, enter -0-)	<u> </u>	2			0.
3	Add lines 1 and 2	Ĺ	3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<u> </u>	4			<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u> </u>	5	\		0.
6	Credits/Payments:	.		A. J.		
	a 2017 estimated tax pmts and 2016 overpayment credited to 2017		<b>₩</b> .  <sub>×</sub>	i c		
	Exempt foreign organizations — tax withheld at source 6 b					
	Tax paid with application for extension of time to file (Form 8868)	\				1
_	Backup withholding erroneously withheld		`. \\.		L k	. A
7	Total credits and payments. Add lines 6a through 6d		7			<u>       0 .                            </u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	<u> </u>	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			<u>       0 .                            </u>
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			
1	Enter the amount of line 10 to be Credited to 2018 estimated tax Refunded		11			
aı	t VII-A Statements Regarding Activities					
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?				Yes	No X
k	DIDID IT SPEND TO DITION \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition				1 b	X
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials or distributed by the foundation in connection with the activities	publish	ed	N .		
	Did the foundation file Form 1120-POL for this year?			Ŀ	1 c	X
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation ►\$ 0. (2) On foundation managers ►\$  Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose	ed on		0.		
_	foundation managers > \$			ري مدير		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities.				2	X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	cles		Ç.,	3	X
l a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4	1 a	X
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?				4b ]	N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			٤	5	X
	If 'Yes,' attach the statement required by General Instruction T.			W.		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or			Š.		
				367		
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that with the state law remain in the governing instrument?</li> </ul>	conflict		عثد ا	5 X	
7	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that with the state law remain in the governing instrument?</li> </ul>	conflict			<del></del>	
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that with the state law remain in the governing instrument?</li> <li>Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV</li> </ul>	conflict ►				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that with the state law remain in the governing instrument?</li> <li>Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV Enter the states to which the foundation reports or with which it is registered. See instructions</li> </ul>	conflict	-		7 X	
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that with the state law remain in the governing instrument?</li> <li>Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV</li> </ul>	conflict			7 X	
8 a	By state legislation that effectively amends the governing instrument so that no mandatory directions that with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV is Enter the states to which the foundation reports or with which it is registered. See instructions  N/A  If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation.	• 			7 X 3b X	
B a	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that with the state law remain in the governing instrument?</li> <li>Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV Enter the states to which the foundation reports or with which it is registered. See instructions</li> <li>N/A</li> <li>If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General</li> </ul>	or 4942	Q(5)		7 X 3b X 9 X	

4 a

Form 990-PF

4 a Did the foundation invest during the year any amount in a manner that would jeopardize its

**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of

charitable purposes?

BAA

the tax year beginning in 2017?

Form 990-PF (2017) COMPANION ANIMAL I	PARASITE COUNCI	L, INC		179961	.8 Page <b>6</b>
Part VII-B Statements Regarding Activit		n 4/20 May be Rec	uirea (continu	eu)	Tros Ty In-
<ul><li>5 a During the year, did the foundation pay or incur</li><li>(1) Carry on propaganda, or otherwise attempt</li></ul>	•	(section 4945(e))?	Yes	X No	Yes No
(2) Influence the outcome of any specific public	c election (see section 4			X No	
on, directly or indirectly, any voter registrat  (3) Provide a grant to an individual for travel, s		urposes?	Yes Yes	X No	
(4) Provide a grant to an organization other that in section 4945(d)(4)(A)? See instructions	an a charitable, etc., org	ganization described	Yes	X No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention	s, charitable, scientific, of cruelty to children or	literary, or animals?	Yes	X No	
b If any answer is 'Yes' to 5a(1) – (5), did any of described in Regulations section 53.4945 or in a See instructions	the transactions fail to c a current notice regardin	qualify under the exceptions of the control of the	ons		5b N/A
Organizations relying on a current notice regard	ding disaster assistance	, check here	•		
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsi	e foundation claim exen bility for the grant?	nption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Regul	ations section 53.4945	-5(d)			
6 a Did the foundation, during the year, receive any on a personal benefit contract?			Yes	XNo	
<b>b</b> Did the foundation, during the year, pay premiu	ims, directly or indirectly	, on a personal benefit	contract?		6 b X
if 'Yes' to 6b, file Form 8870. <b>7a</b> At any time during the tax year, was the foundation	ation a party to a prohibi	ited tax shelter transacti	on? Yes	X No	
<b>b</b> If 'Yes,' did the foundation receive any proceed				N/A	7b
Part VIII Information About Officers, Dire				nployee	S,
and Contractors					
1 List all officers, directors, trustees, and found				<del>-</del> -T	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee bene plans and deferi compensation	fit ( <b>e)</b> tred (	Expense account, other allowances
SEE STATEMENT 10					
		230,132.	<u> </u>	0.	9,000.
			<del></del>		
2 Compensation of five highest-paid employees	(other than those inclu	ıded on line 1 – see ins			NE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions employee bene plans and defer compensation	fit <b>(e)</b> ( red (	Expense account, other allowances
NONE			- <u> </u>		
				_	
	,				
		<u>.</u>			
			<u> </u>		
				1	
				L	
Total number of other employees paid over \$50,000				•	0
BAA	TEEA0306L 0	8/24/17		F	orm- <b>990-PF</b> -(2017)-

I

Form 990-PF (2017) COMPANION ANIMAL PARASITE COUNCIL, I Part VIII Information About Officers, Directors, Trustees, Found	NC 20-179 ation Managers, Highly Paid Emplo	
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See i		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
VENVEO	-{	
2000 KRAFT DRIVE, SUITE 1204 BLACKSBURG, VA 24060	MARKETING/WEBSITE	137,333.
DLACASBURG, VA 24000	MARKETING/WEBSITE	137,333.
	-	
	1	
	-{	
	-	
	-	
	-	
Total number of others receiving over \$50,000 for professional services	<b>.</b>	0
Part IX-A Summary of Direct Charitable Activities		
	·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ical information such as the number of	Expenses
SEE_STATEMENT_11		
		237,133.
2 SEE STATEMENT 12		
		393,839.
3 SEE STATEMENT 13		
		45,278.
4 SEE STATEMENT 14		45,210.
, 200 21V1EWDW1 14		
		6,873.
Part IX-B Summary of Program-Related Investments (see ins	ructions)	
Describe the two largest program-related investments made by the foundation du	ring the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>		
	·	
2		
2		
	·	
All other program-related investments See instructions.		
3		
	·	
Total. Add lines 1 through 3	<b>P</b>	0.
BAA		Form <b>990-PF</b> (2017)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1 a 1h 1,927,509. **b** Average of monthly cash balances c Fair market value of all other assets (see instructions) 1 c 1 d d Total (add lines 1a, b, and c) 1,927,509. e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1 e 3 Acquisition indebtedness applicable to line 1 assets 2 3 1,927,509. Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1-1/2% of line 3 1 28,913. (for greater amount, see instructions) 5 1,898,596. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 SHORT YEAR MODIFIED PERCENTAGE 4.1918 % 6 79,585. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here X and do not complete this part.) Minimum investment return from Part X, line 6 1 1 2 a Tax on investment income for 2017 from Part VI, line 5 2a b Income tax for 2017. (This does not include the tax from Part VI) 2 b ž c Add lines 2a and 2b 2 c 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 7 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 721,902. 1 a **b** Program-related investments - total from Part IX-B 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) За **b** Cash distribution test (attach the required schedule) 3 b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 721,902. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b. See instructions 5 6 Adjusted qualifying distributions. Subtract line 5 from line 4 721,902.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

BAA

Form 990-PF (2017)

Part XIII Undistributed Income (see ins	tructions)	N/A		
	(a) Corpus	(b) Years prior to 2016	<b>(c)</b> 2016	<b>(d)</b> 2017
<ol> <li>Distributable amount for 2017 from Part XI, line 7</li> </ol>				
2 Undistributed income, if any, as of the end of 2017		A 42 A 4	1.20.2 2.	
a Enter amount for 2016 only				
<b>b</b> Total for prior years: 20, 20, 20				
3 Excess distributions carryover, if any, to 2017.				
a From 2012				
<b>b</b> From 2013				
<b>c</b> From 2014				
<b>d</b> From 2015				
<b>e</b> From 2016	L A LALLA			
f Total of lines 3a through e			. **	
4 Qualifying distributions for 2017 from Part				
XII, line 4: ► \$			na Az est A	
a Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions).				
<ul> <li>Treated as distributions out of corpus (Election required — see instructions)</li> </ul>				
d Applied to 2017 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017	<del></del>		***************************************	<u> </u>
(If an amount appears in column (d), the				
same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	and a substitution of the			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		<u> </u>		
		<del>-</del>		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount — see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount — see instructions				
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018.				
7 Amounts treated as distributions out of	- C 548 7/0 // /			
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2012 not				
applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9.				\$ 14
a Excess from 2013				
<b>b</b> Excess from 2014				
c Excess from 2015				
d Excess from 2016				\$ \$5 X
e Excess from 2017		> ½ ·		
BAA		- <del></del>		Form <b>990-PF</b> (2017)

Part XIV Private Operating Founda			t VII.A guestio	20-179961	8 Page 10
1 a If the foundation has received a ruling or de	etermination letter the			<u> </u>	·/
is effective for 2017, enter the date of the r				V man	1010015
<ul><li>b Check box to indicate whether the foundation</li><li>2 a Enter the lesser of the adjusted net</li></ul>		ling foundation desc		X 4942(j)(3) or	4942(j)(5)
income from Part I or the minimum	Tax year (a) 2017	<b>(b)</b> 2016	Prior 3 years (c) 2015	/( <b>d)</b> 2014	(e) Total
investment return from Part X for each year listed	0.	(b) 2010	(6) 2013	(u) 2014	0.
<b>b</b> 85% of line 2a					0.
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>	721,,902.	836,270.	/813,419.	790,277.	3,161,868.
d Amounts included in line 2c not used directly for active conduct of exempt activities					0.
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c</li> </ul>	721,902.	836,270.	813,419.	790,277.	3,161,868.
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test - enter:				1	
(1) Value of all assets	2,170,095.	2,640,458.	2,276,740.	1,916,366.	9,003,659.
(2) Value of assets qualifying under section 4942(j)(3)(B)(l)	2,170,095.	2,640,458.	2,276,740.	1,916,366.	9,003,659.
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part'X, line 6 for each year listed					
c 'Support' alternative test - enter:					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalities)</li> </ol>					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization			· · · · · · · · · · · · · · · · · · ·		
(4) Gross investment income					
Part XV Supplementary Information assets at any time during the 1 Information Regarding Foundation Manage a List any managers of the foundation who had close of any tax year (but only if they have NONE	ne year — see insers:  ave contributed more	than 2% of the tota	ol contributions recei	<del> </del>	
<b>b</b> List any managers of the foundation who over a partnership or other entity) of which the for NONE	vn 10% or more of thoundation has a 10%	e stock of a corpora or greater interest	ation (or an equally	large portion of the	ownership of
2 Information Regarding Contribution, Grant Check here ► X if the foundation only m requests for funds If the foundation makes 2a, b, c, and d. See instructions.	akes contributions to gifts, grants, etc. to	preselected charita individuals or organ	able organizations a nizations under other	r conditions, comple	
a The name, address, and telephone number	or email address of	ule person to whom	applications snould	d be addressed:	
<b>b</b> The form in which applications should be su	bmitted and informa	tion and materials t	hey should include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards, su	uch as by geographic	al areas, charitable	fields, kinds of inst	itutions, or other fac	tors:
BAA		A0310L—09/14/17———			orm <b>990-PF</b> (2017)

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution status of Amount recipient Name and address (home or business) a Paid during the year THE CLEMSON UNIVERSITY NONE EXEMPT CHARITABLE PURPOSES 67,310. FOUNDATION 155 OLD GREENVILLE HWY, SUITE 105 CLEMSON SC 29631 UNIVERSITY OF GEORGIA NONE EXEMPT CHARITABLE PURPOSES 38,070. 310 EAST CAMPUS RD ATLANTA GA 30602 Total 3 a 105,380. b Approved for future payment -Total-3 b BAA TEEA0501L 08/24/17 Form 990-PF (2017)

	s amounts unless otherwise indicated.		d business income	Evaludad	l by section 512, 513, or 514	<del></del>
	gram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
a	gram service revenue.	<del> </del>	<del></del>	code	<del> </del>	<u> </u>
"——		<del></del>	<del></del>	<del>                                     </del>		
~	<del></del>	<del></del>		<del>                                     </del>		
d		<del> </del>		<del>                                     </del>		
е	<del></del>	<del></del>	<del></del>	<u> </u>		<del></del>
f	<del> </del>			<del> </del>		
g Fees	s and contracts from government agencies		· · · · ·	<u> </u>		
_	nbership dues and assessments		<del></del>	1		
3 Intere	est on savings and temporary cash investments			14	7,690.	
4 Divid	dends and interest from securities			T = -		
5 Net	rental income or (loss) from real estate:	<b>3</b> 5		× %		
<b>a</b> Debt	t-financed property					
<b>b</b> Not o	debt-financed property					
6 Net re	ental income or (loss) from personal property					<del> </del>
7 Othe	er investment income					
8 Gain d	or (loss) from sales of assets other than inventory					
9 Net i	income or (loss) from special events		<del></del>			<del></del>
10 Gros	ss profit or (loss) from sales of inventory		<del>-</del>			
11 Othe	er revenue:	N N	X Y A W X X	* - N		
а			<u> </u>	<u> </u>	-2*	
b					<del></del>	
c	<del></del>				·	<del></del>
ď				1		
е						<del></del>
12 Subt	total. Add columns (b), (d), and (e)	1, 3		*	7,690.	
					1.070.1	
		<u> </u>	<del></del>	W. 7.	13	7, 690
13 Tota	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations			1		7,690.
13 Tota (See works	II. Add line 12, columns (b), (d), and (e)	ons.)	shment of Exemp		13	7,690.
13 Tota (See works	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.   -Bigo   Relationship of Activities to the	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.   -B  Relationship of Activities to the Explain below how each activity for which in	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.   -B  Relationship of Activities to the Explain below how each activity for which in	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.   -B  Relationship of Activities to the Explain below how each activity for which in	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.   -B  Relationship of Activities to the Explain below how each activity for which in	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.   -B  Relationship of Activities to the Explain below how each activity for which in	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.   -B  Relationship of Activities to the Explain below how each activity for which in	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.   -B  Relationship of Activities to the Explain below how each activity for which in	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.   -B  Relationship of Activities to the Explain below how each activity for which in	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.   -B  Relationship of Activities to the Explain below how each activity for which in	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.   -B  Relationship of Activities to the Explain below how each activity for which in	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.   -B  Relationship of Activities to the Explain below how each activity for which in	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part•XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part•XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	7,690.
13 Tota (See works Part•XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part•XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part•XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part•XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the
13 Tota (See works Part XV Line No.	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	ons.)  e Accompli	ed in column (e) of Par	t Purpo	DSes	o the

# Form 990-PF (2017) COMPANION ANIMAL PARASITE COUNCIL, INC 20-1799618 Part XVII. Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

	Exempt Organiza	ations				
describing relating a Transfe (1) Cas (2) Oth b Other tr (1) Sal (2) Pur (3) Rer (4) Ren (5) Loa (6) Per c Sharing d If the arthe goor	ed in section 501(c) of to political organizations from the reporting for share assets to a noncharchases of assets from that of facilities, equipments or loan guarantees formance of services of of facilities, equipments or loan guarantees formance of services of of facilities, equipments or loan guarantees formance of services of of facilities, equipments or loan guarantees formance of services of of facilities, equipments of services of off facilities, equipments of the about o	the Code (otherns? oundation to a inharitable exemple a noncharitable nent, or other an ents or membership of membership of membership of membership over is 'Yes,' corvices given by	e exempt organization assets or fundraising solicitations, other assets, or paid employmplete the following schedule the reporting foundation.	anizations) or nization of: oyees lie Column (the foundation	(b) should always show the fa	1 a (1) X 1 a (2) X 1 b (1) X 1 b (2) X 1 b (3) X 1 b (4) X 1 b (5) X 1 b (6) X 1 c X
					other assets, or services recei	<del></del>
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exempt organization	(d)	Description of transfers, transactions	, and sharing arrangements
N/A						
						<del></del>
<del></del>		<del></del>				
	· · · · · ·	<del></del>	<del></del>	<del></del>		
	-					
					<del></del>	
					<del></del>	
						<del></del>
describe <b>b</b> If 'Yes,'	oundation directly or inceed in section 501(c) of complete the following Name of organization	the Code (other schedule	d with, or related to, one or r than section 501(c)(3)) or (b) Type of organiza	ın section 527	mpt organizations ? (c) Description o	Yes XNo
	·					
					<u>-                                      </u>	
Sign lere	penalties of perjury, I declare the and complete Declaration of the period of the peri	at I have examined the foreparer (other that	his return, including accompanying schan taxpayer) is based on all information of the school of the	tion of which prepa	ECRETARY	May the IRS discuss this return with the preparer shown below? See instructions
Sign			//2	-	Posts T	X Yes No
	Print/Type preparer's name	3	Preparer's signature	( !	Date	_if PTIN
aid	RICHARD C. CAPAS	SSO, CPA	RICHARO C. CAPAS	SO, CPA	7/2/18 self-employer	P00070368
reparer			CIELLO & CO, P.C.		· · · · · · · · · · · · · · · · · · ·	3-2324509
•		O TANGLEWOO			2,	, 202,400)
ise Only			IA, PA 19406-2365			10.055.4500
	I KII	MG OI FRO33	IN, IN 19400-2303		Phone no 6	10-265-4122
BAA						Form <b>990-PF</b> (2017)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2017

internal Revenue Service	do to www.iis.gov/i oringgo for the latest information.	
Name of the organization		Employer identification number
COMPANION ANIMAL PARASITE CO	UNCIL, INC	20-1799618
Organization type (check one)		<del></del>
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	a private foundation
	527 political organization	
	SEA POINTOUR OF GARRIEGUOTE	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private treated as a	vate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the G	eneral Rule or a Special Rule.	
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
	Z, or 990-PF that received, during the year, contributions tota	iling \$5,000 or more (in money or
property) from any one contributor. Comple	Z, or 990-PF that received, during the year, contributions tota ete Parts I and II. See instructions for determining a contribut	tor's total contributions.
Special Rules		
For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp	ort test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)() received from any one contributor, during the	vi), that checked Schedule A (Form 990 or 990-EZ), Part II, II he year, total contributions of the greater of ( 1) \$5,000 or (2 0-EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that 2) 2% of the amount on (1)
Form 990, Part VIII, line 1h; or (ii) Form 99	0-ÉZ, line 1. Complete Parts I and II.	
Eor an exampleation described in section 50	i1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fi	rom any one contributor
during the year, total contributions of more	than \$1,000 exclusively for religious, charitable, scientific, I	iterary, or educational
purposes, or for the prevention of cruelty to	o children or animals. Complete Parts I, II, and III	
	i1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fi or religious, charitable, etc., purposes, but no such contribut	
	ne total contributions that were received during the year for al	
charitable, etc., purpose. Don't complete ai	ny of the parts unless the General Rule applies to this organ	nization because
it received nonexclusively religious, charital	ble, etc., contributions totaling \$5,000 or more during the year	ar
Caution An organization that isn't covered by	the General Rule and/or the Special Rules doesn't file Schedi	ule B (Form 990, 990-F7, or
990-PF) but it <b>must</b> answer 'No' on Part IV Tir	ne 2 of its Form 990: or check the box on line H of its Form 9	990-F <i>7</i> or on its Form 990-PF.
Part I, line 2, to certify that it doesn't meet the	filing requirements of Schedule B (Form 990, 990-EZ, or 990	I-PF).
BAA For Paperwork Reduction Act Notice, see the instr	ructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2017)
		_
		-

Schedule B	iForm	990	990-F7	or 990-PF)	(2017)
	(1 (1)	220,	990°LZ,	01 330-1 1	(2017)

Page

1 of Part I

Name of organization COMPANION ANIMAL PARASITE COUNCIL, INC Page 1 of
Employer identification number

20-1799618

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional spirit	ace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	P.O. BOX 390  SHAWNEE MISSION, KS 66201	\$85,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VIRBAC ANIMAL HEALTH  3200 MEACHAM BLVD  FT. WORTH, TX 76137	\$85,000.	Person X  Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b></b>		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

BAA

Page

1 to

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

1 of Part II

COMPANION ANIMAL PARASITE COUNCIL, INC

Employer identification number

20-1799618

rait II 💥	INONCASH Property (see instructions) Use duplicate copies of Part II if additional spa	ice is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		s S	
	<del></del>	<b>~_</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
			-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
4 > 4 >			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
ł		\$	

Schedule B	(Form 990, 990-EZ, or 990-PF) (2017)		Page 1 to 1 of Part III
Name of organ	nization ION ANIMAL PARASITE COUNCIL,	TNC	Employer identification number 20–1799618
	Exclusively religious, charitable, etc.,		
	or (10) that total more than \$1,000 for the following line entry. For organizations componentiations of \$1,000 or less for the year. (Ele duplicate copies of Part III if additional space of the property of	he year from any one contribut pleting Part III, enter the total of e nter this information once. See instr	tor. Complete columns (a) through (e) and xclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
		(e) Transfer of gift	
	Transferee's name, address,		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		<del>-</del>	· <b></b>
		(e) Transfer of gift	
	Transferee's name, address,		Relationship of transferor to transferee
			·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift	Deletionakin of transferor to transferor
	Transieree's name, address,	. anu 217 T 4	Relationship of transferor to transferee
_	<u> </u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e)	

(e)
Transfer of gift
Transferee's name, address, and ZIP + 4
Relationship of transferor to transferee

BAA

2017	PAGE 1	
COMI	PANION ANIMAL PARASITE COUNCIL, INC	20-179961
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES		
LEGAL	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 64,466.  TOTAL \$ 64,466. \$ 64,466. \$ 64,466.	(D) CHARITABLE PURPOSES  \$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 29,005. \$ 5,389. \$ 29,005.  TOTAL \$ 29,005. \$ 5,389. \$ 29,005.	(D) CHARITABLE PURPOSES  0.
STATEMENT 3 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
CONSULTANTS	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 33,600.  TOTAL \$ 33,600. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 33,600. \$ 33,600.

TAXES				
	(A)	(B) NET	(C)	(D)
	EXPENSES	INVESTMENT	ADJUSTED	CHARITABLE
	PER BOOKS	INCOME	NET INCOME	PURPOSES

PAYROLL TAXES

\$ 4,654. \$ 0. \$ 4,654. \$ 4,654.

# **FEDERAL STATEMENTS**

PAGE 2

**COMPANION ANIMAL PARASITE COUNCIL, INC** 

20-1799618

## STATEMENT 5 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AMORTIZATION	\$ 65,278.		\$ 65,278.	N/A
COMMUNICATIONS COUNCIL MEETINGS	3,416. 100,924.			\$ 3,416. 100,924.
DUES & SUBSCRIPTIONS	1,012.			1,012.
INSURANCE	2,799.			2,799.
MISCELLANEOUS POSTAGE	1,023.			1,023.
PROFESSIONAL EDUCATION	205. 18,231.			205. 18,231.
PUBLIC EDUCATION	65,440.			65,440.
PUBLIC RELATIONS AND ADVERTISING	76,500.			76,500.
ROAD SHOW AND MAJOR MEETINGS	8,928.			8,928.
SPONSOR COMMUNICATIONS SUPPLIES	11,696. 2,227.			11,696.
SURVEYS	1,750.			2,227. 1,750.
WEBSITE MAINTENANCE	43,382.			43,382.
TOT	AL \$ 402,811.	\$ 0.	\$ 65,278.	\$ 337,533.

## STATEMENT 6 FORM 990-PF, PART II, LINE 14 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS	 ACCUM. DEPREC.	 BOOK VALUE	FAI	R MARKET VALUE
MACHINERY AND EQUIPMENT TOTAL	\$ \$	19,119. 19,119.	\$ 19,119. 19,119.	\$ <u>0.</u> 0.	\$	0.

### STATEMENT 7 FORM 990-PF, PART II, LINE 15 OTHER ASSETS

		BOOK V	ALUE	FA1	R MARKET VALUE
DUE FROM MEMBER NET INTANGIBLE ASSETS		\$ 169	12. ,722.	\$	12. 169,722.
	TOTAL	\$ 169	,734.	\$	169,734.

### STATEMENT 8 FORM 990-PF, PART II, LINE 22 OTHER LIABILITIES

ACCRUED EXPENSES CREDIT CARDS PAYABLE DEFERRED REVENUE \$ 41,479. 720.

170,000.

# **FEDERAL STATEMENTS**

PAGE 3

**COMPANION ANIMAL PARASITE COUNCIL, INC** 

20-1799618

STATEMENT 8 (CONTINUED) FORM 990-PF, PART II, LINE 22 OTHER LIABILITIES

TOTAL \$ 212,199.

STATEMENT 9 FORM 990-PF, PART III, LINE 5 OTHER DECREASES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ 2,885. 2,885.

## STATEMENT 10 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DR. CHRISTOPHER CARPENTER 628 TREEHOUSE CIRCLE ST AUGUSTINE, FL 32095	EXECUTIVE DIR. 35.00	\$ 174,007.	\$ 0.	\$ 0.
DR. EMILIO DEBESS 305 SW MONTGOMERY STREET #204 PORTLAND, OR 97201	VICE PRESIDENT 0	0.	0.	0.
HOLLY MORSS, CVT 1531 7TH STREET, APT 4 CLARKSTON, WA 99403	BOARD MEMBER 0	0.	0.	0.
CATHY MICHAELSON 6331 WALINA CT SALEM, OR 97317	ASSOCIATION DIR 35.00	56,125.	0.	0.
DR. DWIGHT BOWMAN 396 CODDINGTON ROAD ITHACA, NY 14850	BOARD MEMBER 0	0.	0.	0.
CASSAN PULASKI, MPH 2129 E. LAKESHORE DRIVE BATON ROUGE, LA 70808	BOARD MEMBER 0	0.	0.	0.
DR. BYRON BLAGBURN 122 GREENE HALL AUBURN UNIVERSITY, AL 36849	BOARD MEMBER 0	0.	0.	1,500.
DR. KAREN FLING 8351 SAN FERNANDO WAY DALLAS, TX 75218	BOARD MEMBER 0	0.	0.	3,000.

# **FEDERAL STATEMENTS**

PAGE 4

**COMPANION ANIMAL PARASITE COUNCIL, INC** 

20-1799618

## STATEMENT 10 (CONTINUED) FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DR. SCOTT STEVENSON, DVM, MSC 22 BERRY ROAD, RR1 GANANOQUE, K7G 2V3 CANADA	BOARD MEMBER 0			\$ 0.
HEATHER WALDEN, MS, PHD 2484 ROYAL POINTE DRIVE GREEN COVE SPRINGS, FL 32043	BOARD MEMBER 0	0.	0.	0.
DR. RICK MARRINSON 1080 WEST STATE RD #434 LONGWOOD, FL 32750	SECRETARY 0	0.	0.	4,500.
DR. I. CRAIG PRIOR 1014 DOVELAND COURT BRENTWOOD, TN 37027	PRESIDENT 0	0.	0.	0.
DR. JAY STEWART 295 MAIN STREET AUMSVILLE, OR 97325	BOARD MEMBER 0	0.	0.	0.
DR. R.W. STICH 201 CONNAWAY HALL COLUMBIA, MO 65211	BOARD MEMBER 0	0.	0.	0.
DR. MARY ANN VANDE LINDE 609 NORWICH ST BRUNSWICK, GA 31520	BOARD MEMBER 0	0.	0.	0.
DR. MICHAEL YABSLEY 589 D.W. BROOKS DR ATHENS, GA 30602	BOARD MEMBER 0	0.	0.	0.
DR. ROBERT LUND 203 HILLVIEW DRIVE SENECA, SC 29672	BOARD MEMBER 0	0.	0.	0.
	TOTAL	\$ 230,132.	<u>\$ 0.</u>	\$ 9,000.

### STATEMENT 11 FORM 990-PF, PART IX-A, LINE 1 SUMMARY OF DIRECT CHARITABLE ACTIVITIES

DIRECT CHARITABLE ACTIVITIES	E	XPENSES
THE COUNCIL PROVIDES PROFESSIONAL VETERINARY EDUCATION THROUGH THE DEVELOPMENT AND DISSEMINATION OF EDUCATION INFORMATION VIA PROFESSIONAL MEETINGS, PROFESSIONAL PUBLICATIONS, AND EDUCATION MATERIALS. A PROFESSIONAL WEBSITE IS MAINTAINED FOR THE PURPOSE OF PROFESSIONAL EDUCATION. HUNDREDS OF VETERINARIANS AND VETERINARY TECHNICIANS HAVE BEEN EDUCATED AT APPROXIMATELY 7 SYMPOSIA. COLUMNS AND ARTICLES AND EDUCATIONAL SUPPLEMENTS HAVE BEEN PUBLISHED IN	\$	237,133.

## FEDERAL STATEMENTS

PAGE 5

COMPANION ANIMAL PARASITE COUNCIL. INC

20-1799618

**STATEMENT 11 (CONTINUED)** FORM 990-PF, PART IX-A, LINE 1 **SUMMARY OF DIRECT CHARITABLE ACTIVITIES** 

#### DIRECT CHARITABLE ACTIVITIES

**EXPENSES** 

JOURNALS AND PUBLICATIONS THAT REACH THE ENTIRE COMPANION ANIMAL THE COUNCIL HAS ROAD SHOW TOURS OVER VARIOUS REGIONS OF PROFESSION. THE UNITED STATES WHERE IT REACHES OVER 700 VETERINARIANS AND TECHNICIANS DURING THE ACTUAL TOURS AND TOUCHES THOUSANDS OF CONSUMERS THROUGH PUBLIC EVENTS AND MEDIA COVERAGE.

# **STATEMENT 12** FORM 990-PF, PART IX-A, LINE 2 SUMMARY OF DIRECT CHARITABLE ACTIVITIES

#### DIRECT CHARITABLE ACTIVITIES

EXPENSES

393,839.

THE COUNCIL PROVIDES PUBLIC CONSUMER EDUCATION THROUGH THE DEVELOPMENT AND DISSEMINATION OF INFORMATION AND EDUCATION MATERIALS FOR THE PURPOSE OF EDUCATING PET OWNING CONSUMERS. VIDEO NEWS RELEASE CREATED TO EDUCATE THE PUBLIC AND HAVE BEEN VIEWED BY AN ESTIMATED 2 MILLION VIEWERS IN OVER 50 MARKETS. THE COUNCIL HAS ROAD SHOW TOURS OVER VARIOUS REGIONS OF THE UNITED STATES WHERE IT REACHES OVER 700 VETERINARIANS AND TECHNICIANS DURING THE ACTUAL TOURS AND TOUCHES THOUSANDS OF CONSUMERS THROUGH PUBLIC EVENTS AND MEDIA COVERAGE.

#### **STATEMENT 13** FORM 990-PF, PART IX-A, LINE 3 **SUMMARY OF DIRECT CHARITABLE ACTIVITIES**

#### DIRECT CHARITABLE ACTIVITIES

EXPENSES

THE COUNCIL SUPPORTS EDUCATIONAL MEETINGS AND EFFORTS OF OTHER PROFESSIONAL ORGANIZATIONS INCLUDING BUT NOT LIMITED TO THE AMERICAN ASSOCIATION OF VETERINARY PARASITOLOGISTS, AMERICAN HEARTWORM SOCIETY, AMERICAN ANIMAL HOSPITAL ASSOCIATION, AND COMMUNITY PRACTICE EDUCATORS. SUPPORT OF EDUCATIONAL TRAINING IS PROVIDED TO SOME OR ALL OF THESE ORGANIZATIONS. THROUGH THESE PROGRAMS, THE COUNCIL HAS DIRECTLY IMPACTED APPROXIMATELY 150 EDUCATORS AND SECONDARILY IMPACTED THEIR STUDENTS

45,278.

#### **STATEMENT 14** FORM 990-PF, PART IX-A, LINE 4 SUMMARY OF DIRECT CHARITABLE ACTIVITIES

#### DIRECT CHARITABLE ACTIVITIES

**EXPENSES** 

THE COUNCIL CONDUCTS SURVEYS OF AWARENESS AND ATTITUDES OF THE VETERINARY PROFESSION AND CONSUMERS WITH THE INTENT OF USING THE RESULTS TO DEVELOP PROGRAMS AND PUBLICATIONS THAT WILL ALLOW A BETTER FOCUS ON FUTURE EDUCATIONAL EFFORTS.

6,873.