

HEIN & ASSOCIATES LLP
14755 PRESTON ROAD, STE 320
DALLAS, TX 75254

INSTRUCTIONS FOR FILING
INTERNATIONAL EXOTIC ANIMAL SANCTUARY
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2013

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE
SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

HEIN & ASSOCIATES LLP
14755 PRESTON ROAD, SUITE 320
DALLAS TX 75254

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE
AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN.
PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE
SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY
TRANSMIT YOUR RETURN WHICH IS DUE ON NOVEMBER 17, 2014. WE
WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE
AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL
REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED.
YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE
SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE
DATE OF YOUR RETURN.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____, 20

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

2013

Name of exempt organization

Employer identification number

INTERNATIONAL EXOTIC ANIMAL SANCTUARY

75-2283460

Name and title of officer

RICHARD GILBRETH, DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,279,710.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5),	4b	_____
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize HEIN & ASSOCIATES LLP to enter my PIN

7	6	0	2	3
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 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

7	5	4	5	4	2	7	5	2	5	4
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____

Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERNATIONAL EXOTIC ANIMAL SANCTUARY Doing Business As			D Employer identification number 75-2283460	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (940) 433-5091	
	P.O. BOX 637, HIGHWAY 114 City or town, state or province, country, and ZIP or foreign postal code BOYD, TX 76023-0637			G Gross receipts \$ 1,285,624.	
	F Name and address of principal officer: RICHARD GILBRETH P.O. BOX 637, HIGHWAY 114 BOYD, TX 76023-0637			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.BIGCAT.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
L Year of formation: 1988				M State of legal domicile: TX	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SANCTUARY FOR ABUSED AND ABANDONED EXOTIC ANIMALS.</u>				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	5.		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	5.		
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	36.		
	6	Total number of volunteers (estimate if necessary)	35.		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0		
7b	Net unrelated business taxable income from Form 990-T, line 34	0			
Revenue		8	Contributions and grants (Part VIII, line 1h)	450,191.	1,259,385.
		9	Program service revenue (Part VIII, line 2g)	11,350.	6,000.
		10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	17.
		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,672.	14,308.
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	475,213.	1,279,710.
	Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	256,598.	275,687.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,949.		
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	474,772.	764,329.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	731,370.	1,040,016.	
	19	Revenue less expenses. Subtract line 18 from line 12	-256,157.	239,694.	
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	620,356.	863,113.
		21	Total liabilities (Part X, line 26)	56.	2,584.
		22	Net assets or fund balances. Subtract line 21 from line 20	620,300.	860,529.

Part II Signature Block

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	_____ Date
	▶ _____ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name HEIN A LLP	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00446038
	Firm's name ▶ HEIN & ASSOCIATES LLP			Firm's EIN ▶ 84-0749233	
	Firm's address ▶ 14755 PRESTON ROAD, SUITE 320 DALLAS, TX 75254			Phone no. 972-458-2296	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

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:

CARE FOR ABUSED, ABANDONED AND ILLEGALLY OBTAINED LARGE CATS AND BEARS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 938,086. including grants of \$) (Revenue \$ 15,302.)

CARE FOR ABUSED, ABANDONED, AND ILLEGALLY OBTAINED LARGE CATS AND BEARS. IEAS CURRENTLY CARES FOR 42 LARGE CATS, 3 COATIS, 1 RING-TAILED LEMUR AND 27 BEARS. IEAS ALSO SERVES AS AN EDUCATIONAL FACILITY FOR VISITORS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses 938,086.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding financial reporting, compensation, and organizational structure.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours 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			
(1) LOUIS DORFMAN PRESIDENT		X		X				0	0	0
(2) ERIC BARSLAW SECRETARY		X		X				0	0	0
(3) BILLY O'BRIEN DIRECTOR		X						0	0	0
(4) GEORGE TALBOT DIRECTOR		X						0	0	0
(5) RICHARD GILBRETH EXECUTIVE DIRECTOR	84.00				X			71,662.	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals and totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	1,259,385.				
	g Noncash contributions included in lines 1a-1f: \$		217,062.				
	h Total. Add lines 1a-1f . ATTACHMENT 3 ▶			1,259,385.			
Program Service Revenue	2a <u>BOARDING FEES</u>	Business Code					
		900099		6,000.	6,000.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			6,000.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . ATTACHMENT 1 ▶			17.	17.		
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0			
	5 Royalties ▶			4,503.			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses . . .					
		c Rental income or (loss) . .					
		d Net rental income or (loss) ▶			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss) ▶			0		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
		b Less: direct expenses b					
		c Net income or (loss) from fundraising events ▶			0		
	9a Gross income from gaming activities. See Part IV, line 19 a						
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶				0			
10a Gross sales of inventory, less returns and allowances a			15,539.				
	b Less: cost of goods sold . ATCH 2 . b			5,914.			
	c Net income or (loss) from sales of inventory ▶			9,625.			
Miscellaneous Revenue			Business Code				
11a <u>OTHER INCOME</u>	900099		180.	180.			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d ▶			180.				
12 Total revenue. See instructions ▶			1,279,710.	6,197.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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 governments and organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	71,662.	17,916.	35,831.	17,915.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	183,270.	161,583.	13,381.	8,306.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	20,755.	14,113.	5,189.	1,453.
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	8,871.	8,871.		
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	20,000.	20,000.		
12 Advertising and promotion	879.			879.
13 Office expenses	13,740.		13,740.	
14 Information technology	396.			396.
15 Royalties	0			
16 Occupancy	0			
17 Travel	1,340.		1,340.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	237,302.	237,302.		
23 Insurance	10,274.	10,274.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>ANIMAL FOOD/SUPPLIES</u>	317,221.	317,221.		
b <u>UTILITIES</u>	39,174.	39,174.		
c <u>REPAIRS AND MAINTENANCE</u>	38,071.	38,071.		
d <u>VETERINARY EXPENSES</u>	13,560.	13,560.		
e All other expenses	63,501.	60,001.	3,500.	
25 Total functional expenses. Add lines 1 through 24e	1,040,016.	938,086.	72,981.	28,949.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	23,181.	1	141,540.
	2 Savings and temporary cash investments	495.	2	1,031.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,652.	8	2,155.
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,127,437.		
	b Less: accumulated depreciation	10b 1,409,050.	595,028.	10c 718,387.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	620,356.	16	863,113.	
Liabilities	17 Accounts payable and accrued expenses	56.	17	2,584.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	56.	26	2,584.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	620,300.	27	860,529.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	620,300.	33	860,529.	
34 Total liabilities and net assets/fund balances	620,356.	34	863,113.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI [X]

Table with 10 rows and 2 columns. Row 1: Total revenue 1,279,710. Row 2: Total expenses 1,040,016. Row 3: Revenue less expenses 239,694. Row 4: Net assets at beginning 620,300. Row 5: Net unrealized gains 485. Row 6: Donated services 0. Row 7: Investment expenses 0. Row 8: Prior period adjustments 50. Row 9: Other changes 0. Row 10: Net assets at end of year 860,529.

Part XII Financial Statements and Reporting

Check 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 [X] Accrual [] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
b Were the organization's financial statements audited by an independent accountant?
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 2c, 3a, 3b.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization INTERNATIONAL EXOTIC ANIMAL SANCTUARY	Employer identification number 75-2283460
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 99.33%; 15 Public support percentage from 2012 Schedule A, Part II, line 14 40.40%; 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2013, 2012. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2013, 2012. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization INTERNATIONAL EXOTIC ANIMAL SANCTUARY	Employer identification number 75-2283460
--	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization INTERNATIONAL EXOTIC ANIMAL SANCTUARY	Employer identification number 75-2283460
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOUIS DORFMAN 9909 PRESTON RD DALLAS, TX 75230	\$ 386,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STEMMONS FOUNDATION P.O. BOX 143127 IRVING, TX 75014	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE FRANKLIN PHILANTHROPIC FOUNDATION 180 NORTH STETSON AVE STE 1940 CHICAGO, IL 60601	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE KEITH AND MATTIE STEVENSON FDN 952 ECHO LANE, STE 115 HOUSTON, TX 77024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WALMART #5312 3851 AIRPORT FWY FORT WORTH, TX 76111	\$ 114,753.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	BROOKSHIRE'S 1203 HWY 380 BRIDGEPORT, TX 76426	\$ 29,421.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNATIONAL EXOTIC ANIMAL SANCTUARY	Employer identification number 75-2283460
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RICHARD GILBRETH ----- PO BOX 33 ----- BOYD, TX 76023 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NONCASH CONTRIBUTIONS LESS THAN \$5,000 ----- P.O. BOX 637, HIGHWAY 114 ----- BOYD, TX 76023-0637 -----	\$ 8,868.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	CASH CONTRIBUTIONS LESS THAN \$5,000 ----- P.O. BOX 637, HIGHWAY 114 ----- BOYD, TX 76023-0637 -----	\$ 145,546.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	PETA SNIP CAP ----- 501 FRONT STREET ----- NORFOLK, VA 23510 -----	\$ 391,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	RANGER PLANT CONSTRUCTIONAL CO ----- 5851 E INTERSTATE 20 ----- ABILENE, TX 79601 -----	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE SUMMERLEE FOUNDATION ----- 5556 CARUTH HAVEN LANE ----- DALLAS, TX 75225-8146 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNATIONAL EXOTIC ANIMAL SANCTUARY	Employer identification number 75-2283460
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THE TONY STEWART FOUNDATION, INC. 5644 WEST 74TH STREET INDIANAPOLIS, IN 46278	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	JUDITH MERRILL 10717 CROMWELL DRIVE DALLAS, TX 75229	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE JENESIS GROUP 130 E. JOHN CARPENTER FRWY. IRVING, TX 75229	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	LOWE'S PAY AND SAVE, INC. PO BOX 390 LITTLEFIELD, TX 79339	\$ 64,020.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNATIONAL EXOTIC ANIMAL SANCTUARY	Employer identification number 75-2283460
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	PRODUCE, MEAT, AND BAKED GOODS	\$ 114,753.	07/01/2013
6	PRODUCE	\$ 29,421.	07/01/2013
8	GIFT SHOP SUPPLIES, STOVE, PORK RIBS, CHRISTMAS TREES, PICTURES, GARDEN SUPPLIES	\$ 8,868.	07/01/2013
17	PRODUCE	\$ 64,020.	07/01/2013
---	-----	\$ -----	-----
---	-----	\$ -----	-----

Name of organization INTERNATIONAL EXOTIC ANIMAL SANCTUARY

Employer identification number
75-2283460

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
-----		-----	-----
-----		-----	-----
-----	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
-----		-----	-----
-----	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
-----		-----	-----
-----	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

INTERNATIONAL EXOTIC ANIMAL SANCTUARY

Employer identification number

75-2283460

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

JSA 3E1268 2.000

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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, (2) through (9), and Total.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dashed lines for providing supplemental information.

Part XIII Supplemental Information *(continued)*

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

INTERNATIONAL EXOTIC ANIMAL SANCTUARY

Employer identification number

75-2283460

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	6 .	212,740 .	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		9 .	4,321 .	
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2013)

JSA

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
GIFT SHOP MERCHANDISE	X	5.	2,060.	COST
EQUIPMENT AND SUPPLIES	X	4.	2,261.	COST
TOTALS		<u>9.</u>	<u>4,321.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNATIONAL EXOTIC ANIMAL SANCTUARY

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.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

75-2283460

STATEMENT 1:

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE RETURN IS REVIEWED
BY A DESIGNATED MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING THE
RETURN.

FORM 990, PART VI, SECTION B, LINE 12: THE CONFLICT OF INTEREST POLICY IS
REVIEWED REGULARLY BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: IT IS THE POLICY OF THE
INTERNATIONAL EXOTIC ANIMAL SANCTUARY THAT ALL COMPENSATION PAID BY THE
ORGANIZATION IS REASONABLE BASED UPON A REVIEW OF COMPARABILITY
INFORMATION AND REQUIRES THE APPROPRIATE APPROVAL.

FORM 990 PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THE
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND ITS FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH THE WEBSITE.

FORM 990, PART XI, LINE 5 AND 8

UNREALIZED GAIN ON INVESTMENTS: \$485. PRIOR PERIOD ADJUSTMENT: \$50

Name of the organization INTERNATIONAL EXOTIC ANIMAL SANCTUARY	Employer identification number 75-2283460
--	---

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDEND INCOME	17.	17.		
TOTALS	<u>17.</u>	<u>17.</u>		

ATTACHMENT 2

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	15,539.
INVENTORY AT BEGINNING OF YEAR	1,652.
PURCHASES	6,417.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	<u>8,069.</u>
MINUS ENDING INVENTORY	2,155.
COST OF GOODS SOLD	<u>5,914.</u>

ATTACHMENT 3FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
LOUIS DORFMAN 9909 PRESTON RD DALLAS, TX 75230	07/01/2013						386,500.
STEMMONS FOUNDATION P.O. BOX 143127 IRVING, TX 75014	07/01/2013						20,000.
THE FRANKLIN PHILANTHROPIC FOUNDATION 180 NORTH STETSON AVE STE 1940 CHICAGO, IL 60601	07/01/2013						10,000.
THE KEITH AND MATTIE STEVENSON FDN 952 ECHO LANE, STE 115 HOUSTON, TX 77024	07/01/2013						5,000.
WALMART #5312 3851 AIRPORT FWY FORT WORTH, TX 76111	07/01/2013						114,753.
BROOKSHIRE'S 1203 HWY 380 BRIDGEPORT, TX 76426	07/01/2013						29,421.
RICHARD GILBRETH PO BOX 33 BOYD, TX 76023	07/01/2013						10,000.
NONCASH CONTRIBUTIONS LESS THAN \$5,000 P.O. BOX 637, HIGHWAY 114 BOYD, TX 76023-0637	07/01/2013						8,868.

ATTACHMENT 3 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
CASH CONTRIBUTIONS LESS THAN \$5,000 P.O. BOX 637, HIGHWAY 114 BOYD, TX 76023-0637	07/01/2013						145,546.
PETA SNIP CAP 501 FRONT STREET NORFOLK, VA 23510	07/01/2013						391,777.
RANGER PLANT CONSTRUCTIONAL CO 5851 E INTERSTATE 20 ABILENE, TX 79601	07/01/2013						45,000.
THE SUMMERLEE FOUNDATION 5556 CARUTH HAVEN LANE DALLAS, TX 75225-8146	07/01/2013						10,000.
THE TONY STEWART FOUNDATION, INC. 5644 WEST 74TH STREET INDIANAPOLIS, IN 46278	07/01/2013						7,500.
JUDITH MERRILL 10717 CROMWELL DRIVE DALLAS, TX 75229	07/01/2013						6,000.
THE JENESIS GROUP 130 E. JOHN CARPENTER FRWY. IRVING, TX 75229	07/01/2013						5,000.
LOWE'S PAY AND SAVE, INC. PO BOX 390 LITTLEFIELD, TX 79339	07/01/2013						64,020.
TOTALS							<u>1,259,385.</u>

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. **179**

Name(s) shown on return

Identifying number

INTERNATIONAL EXOTIC ANIMAL SANCTUARY

75-2283460

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)		1
2	Total cost of section 179 property placed in service (see instructions)		2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)		3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		5
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9	Tentative deduction. Enter the smaller of line 5 or line 8		9
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562		10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12		13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	169,785.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	32,095.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	SEE DETAIL					
b 5-year property						
c 7-year property		169,779.	7.000	HY	200DB	24,262.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property				25 yrs.		S/L
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	11,160.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	237,302.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	10,548.
26 Property used more than 50% in a qualified business use:							SEE LISTED PROPERTY DETAIL	
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1,							28	11,160.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes		No		Yes		No		Yes		No	
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes		No		Yes		No		Yes		No	
36 Is another vehicle available for personal use?	Yes		No		Yes		No		Yes		No	

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions):					
43 Amortization of costs that began before your 2013 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
TRACTOR SHED	01/01/1990	750.	100.000			750.	750.	750.	200DB	HY			7		
KITCHEN	11/19/1993	17,214.	100.000			17,214.	17,214.	17,214.	200DB	HY			10		
BUILDING/LANDSCAPI	01/01/1994	142,067.	100.000			142,067.	72,676.	76,319.	SL	MM			39		3,643.
GUESTHOUSE - BUILD	01/24/1995	20,744.	100.000			20,744.	9,310.	9,842.	SL	MM			39		532.
VOLUNTEER REC ROOM	03/10/1995	35,181.	100.000			35,181.	15,785.	16,687.	SL	MM			39		902.
CLINIC	09/29/1995	89,567.	100.000			89,567.	40,193.	42,489.	SL	MM			39		2,296.
GUEST HOUSE IMPROV	05/06/1996	225.	100.000			225.	99.	105.	SL	MM			39		6.
BUILDING IMPROVEME	07/02/2001	4,050.	100.000			4,050.	1,196.	1,300.	SL	MM			39		104.
BUILDING IMPROVEME	12/31/2001	2,500.	100.000			2,500.	704.	768.	SL	MM			39		64.
APARTMENTS FOR INT	12/30/2004	70,754.	100.000			70,754.	14,588.	16,402.	SL	MM			39		1,814.
WELL/WELL HOUSE	06/01/1992	3,700.	100.000			3,700.	3,700.	3,700.	200DB	MQ			10		
GUESTHOUSE - FURNI	01/24/1995	7,940.	100.000			7,940.	7,940.	7,940.	200DB	HY			7		
WATER WELL	07/06/2001	7,500.	100.000			7,500.	7,500.	7,500.	200DB	HY			10		
WATER WELL	08/20/2001	3,640.	100.000			3,640.	3,638.	3,638.	200DB	HY			10		
TRACTOR	01/01/1990	5,000.	100.000			5,000.	5,000.	5,000.	200DB	HY			7		
EQUIPMENT	01/01/1994	4,245.	100.000			4,245.	4,245.	4,245.	200DB	HY			7		
JOHN DEER GATORS	03/16/1995	8,426.	100.000			8,426.	8,426.	8,426.	200DB	HY			7		
JOHN DEER 4X2 GATO	03/30/1995	4,213.	100.000			4,213.	4,213.	4,213.	200DB	HY			7		
25-GALLON SPRAYER	04/28/1995	380.	100.000			380.	380.	380.	200DB	HY			7		
Less: Retired Assets															
Subtotals															

Listed Property

08 FORD F-150	06/24/2013	21,096.	100.000		10,548.	10,548.		612.	200DB	HY		5	5		612.
Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
3X9024 1.000

Description of Property															
GENERAL DEPRECIATION															

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LIGHTING FOR FENCE	11/15/1995	243.	100.000			243.	243.	243.	200DB	HY			7		
CHAIN SAW & BLADE	01/21/1997	752.	100.000			752.	752.	752.	200DB	HY			7		
HOES AND RAKES FOR	02/21/1997	713.	100.000			713.	713.	713.	200DB	HY			7		
GARDEN TRACTOR	04/03/1997	1,699.	100.000			1,699.	1,699.	1,699.	200DB	HY			7		
RADIO FOR OFFICE	06/12/1997	290.	100.000			290.	290.	290.	200DB	HY			7		
TILT MOWER TRAILER	06/27/1997	219.	100.000			219.	219.	219.	200DB	HY			7		
LAWN GRASS BLOWER	07/10/1997	375.	100.000			375.	375.	375.	200DB	HY			7		
REFRIGERATOR	08/21/1997	159.	100.000			159.	159.	159.	200DB	HY			7		
TIME CLOCK	10/30/1997	360.	100.000			360.	360.	360.	200DB	HY			7		
WASHER AND DRYER	01/16/1997	910.	100.000			910.	910.	910.	200DB	HY			7		
AIR CONDITIONER	01/16/1997	700.	100.000			700.	700.	700.	200DB	HY			7		
EQUIPMENT	06/16/1999	726.	100.000			726.	726.	726.	200DB	MQ			7		
EQUIPMENT	12/01/1999	1,568.	100.000			1,568.	1,568.	1,568.	200DB	MQ			7		
GATOR	03/10/1999	9,342.	100.000			9,342.	9,342.	9,342.	200DB	MQ			7		
DELL COMPUTE	03/06/2000	3,566.	100.000			3,566.	3,566.	3,566.	200DB	HY			7		
JOHN DEER GATOR	06/12/2000	3,983.	100.000			3,983.	3,983.	3,983.	200DB	HY			7		
AIR CONDITIONER FO	08/19/2000	547.	100.000			547.	547.	547.	200DB	HY			7		
TOOLS AND PARTS	08/21/2000	1,028.	100.000			1,028.	1,028.	1,028.	200DB	HY			7		
MISTING SYSTEM	06/08/2000	6,335.	100.000			6,335.	6,335.	6,335.	200DB	HY			7		
Less: Retired Assets															
Subtotals															

Listed Property															
Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION															
Asset description	Date placed in service	Cost or basis				Accumulated amortization	Ending Accumulated amortization	Code	Life					Current-year amortization	
TOTALS															

*Assets Retired
JSA
3X9024 1.000

2013

Description of Property
GENERAL DEPRECIATION

DEPRECIATION

Table with 16 columns: Asset description, Date placed in service, Unadjusted Cost or basis, Bus. %, 179 exp. reduction in basis, Basis Reduction, Basis for depreciation, Beginning Accumulated depreciation, Ending Accumulated depreciation, Method, Conv., Life, ACRS class, MA CRS class, Current-year 179 expense, Current-year depreciation. Rows include MILLER WELDER, PUMPS, MISTING SYSTEM, KAWASAKI MULE, WALK-IN FREEZER, MOWER, SPRAYER, TOOLS AND PARTS, WATER WELL, FILTER SYSTEM, 4-WHEEL VEHICLE, WELDER'S BOBCAT, POOL PUMPS (16), 2006 KAWASAKI MULE, KOMATSU DOZER, and Subtotals.

Listed Property

Table with 16 columns for Listed Property, similar structure to the depreciation table, including rows for Less: Retired Assets and Subtotals.

TOTALS

AMORTIZATION

Table with 8 columns: Asset description, Date placed in service, Cost or basis, Accumulated amortization, Ending Accumulated amortization, Code, Life, Current-year amortization.

TOTALS

*Assets Retired
JSA
3X9024 1.000

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
2007 JOHN DEERE TS	07/27/2007	5,405.	100.000			5,405.	5,405.	5,405.	200DB	MQ			5		
2 TRAILERS	01/14/2008	1,700.	100.000			1,700.	1,637.	1,660.	200DB	MQ			5		23.
TANKS AND PUMPS FO	08/27/2008	3,418.	100.000			3,418.	3,108.	3,349.	200DB	MQ			5		241.
HEAT PUMP FOR APAR	01/03/2008	2,500.	100.000			2,500.	2,407.	2,442.	200DB	MQ			5		35.
DELL COMPUTER - CA	01/01/2008	1,406.	100.000			1,406.	1,406.	1,406.	200DB	MQ			5		
WALK IN COOLER	12/31/2008	2,600.	100.000			2,600.	2,304.	2,553.	200DB	MQ			5		249.
1995 FORD RANGER	01/27/2010	3,650.	100.000			3,650.	2,796.	3,198.	200DB	MQ			5		402.
TEKK RADIO	05/10/2010	112.	100.000			112.	82.	95.	200DB	MQ			5		13.
DRYER	08/30/2010	298.	100.000			298.	207.	243.	200DB	MQ			5		36.
LAND	01/01/1983	130,641.	100.000												
LAND	11/12/1999	35,856.	100.000												
LAND	01/01/2001	63,000.	100.000												
LAND - .27 ACRES	01/08/2010	6,723.	100.000												
SIMBA I'S CAGE	06/15/1988	2,800.	100.000			2,800.	2,800.	2,800.	200DB	HY			7		
TASSER'S TIGER	06/15/1988	2,200.	100.000			2,200.	2,200.	2,200.	200DB	HY			7		
RANI	06/15/1989	5,000.	100.000			5,000.	5,000.	5,000.	200DB	HY			7		
MAKEEM'	06/15/1989	2,800.	100.000			2,800.	2,800.	2,800.	200DB	HY			7		
RIPPY'S	06/15/1989	2,000.	100.000			2,000.	2,000.	2,000.	200DB	HY			7		
CHARLIE'S CAGE	06/15/1990	5,500.	100.000			5,500.	5,500.	5,500.	200DB	HY			7		
Less: Retired Assets															
Subtotals															

Listed Property

Asset description	Date placed in service	Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

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Description of Property

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Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation	
RON'S	06/15/1990	4,000.	100.000			4,000.	4,000.	4,000.	200DB	HY			7			
1ST JAGGIE	06/15/1990	2,500.	100.000			2,500.	2,500.	2,500.	200DB	HY			7			
FENCING	06/15/1991	7,000.	100.000			7,000.	7,000.	7,000.	200DB	HY			7			
WHUFFER'S CAGE	06/15/1991	5,000.	100.000			5,000.	5,000.	5,000.	200DB	HY			7			
SASHA'S CAGE	06/15/1991	4,500.	100.000			4,500.	4,500.	4,500.	200DB	HY			7			
3 T'S CAGE	04/15/1992	12,300.	100.000			12,300.	12,300.	12,300.	200DB	MQ			7			
KASHMERE AND LAXMI	11/01/1992	9,000.	100.000			9,000.	9,000.	9,000.	200DB	MQ			7			
SAMSON	10/01/1992	5,500.	100.000			5,500.	5,500.	5,500.	200DB	MQ			7			
ZA	05/01/1992	4,500.	100.000			4,500.	4,500.	4,500.	200DB	MQ			7			
IMPROVEMENTS	11/01/1990	2,000.	100.000			2,000.	2,000.	2,000.	200DB	HY			7			
TURBO	02/01/1993	4,351.	100.000			4,351.	4,351.	4,351.	200DB	HY			7			
JAGGIE	02/01/1993	1,400.	100.000			1,400.	1,400.	1,400.	200DB	HY			7			
LEXUS	03/01/1993	5,850.	100.000			5,850.	5,850.	5,850.	200DB	HY			7			
DAKOTA	11/01/1993	3,000.	100.000			3,000.	3,000.	3,000.	200DB	HY			7			
ABBEY	11/01/1993	1,500.	100.000			1,500.	1,500.	1,500.	200DB	HY			7			
SIMBA I	11/01/1993	4,438.	100.000			4,438.	4,438.	4,438.	200DB	HY			7			
ENCLOSURES	01/01/1994	87,032.	100.000			87,032.	87,032.	87,032.	200DB	HY			7			
LAND IMPROVEMENTS'	01/01/1995	18,460.	100.000			18,460.	18,460.	18,460.	DB		15.000					
GEDI	12/22/1995	5,001.	100.000			5,001.	5,001.	5,001.	200DB	HY			7			
Less: Retired Assets																
Subtotals																

Listed Property

Less: Retired Assets																
Subtotals																
TOTALS																

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
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GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
ONYX HOUSE	11/10/1995	4,517.	100.000			4,517.	4,517.	4,517.	200DB	HY			7		
BRUNO	03/21/1995	19,650.	100.000			19,650.	19,650.	19,650.	200DB	HY			7		
SHASTA	12/05/1995	1,215.	100.000			1,215.	1,215.	1,215.	200DB	HY			7		
SABRINA	05/30/1995	34,759.	100.000			34,759.	34,759.	34,759.	200DB	HY			7		
SNOW LEOPARD	02/21/1995	10,567.	100.000			10,567.	10,567.	10,567.	200DB	HY			7		
PONCHO	09/22/1995	5,248.	100.000			5,248.	5,248.	5,248.	200DB	HY			7		
SIMBA II'S ENCLOSURE	09/01/1996	14,365.	100.000			14,365.	14,365.	14,365.	200DB	HY			7		
SHEBA'S ENCLOSURE	11/23/1996	3,400.	100.000			3,400.	3,400.	3,400.	200DB	HY			7		
NOEL'S POOL	04/19/1996	588.	100.000			588.	588.	588.	200DB	HY			7		
LAND IMPROVEMENTS	10/26/1996	24,345.	100.000			24,345.	23,621.	23,621.	DB		15.000				
KATRINA'S ENCLOSURE	06/01/1997	12,238.	100.000			12,238.	12,238.	12,238.	200DB	HY			7		
NALA & KURU'S ENCL	06/01/1997	6,991.	100.000			6,991.	6,991.	6,991.	200DB	HY			7		
TAZ'S ENCLOSURE	06/01/1997	3,604.	100.000			3,604.	3,604.	3,604.	200DB	HY			7		
ENCLOSURES	06/01/1998	62,705.	100.000			62,705.	62,705.	62,705.	200DB	HY			7		
ENCLOSURES	07/01/1998	69,515.	100.000			69,515.	69,515.	69,515.	200DB	HY			7		
BRUNO'S ENCLOSURE	12/31/1999	62,408.	100.000			62,408.	62,408.	62,408.	200DB	MQ			7		
HOUSE	10/24/2000	748.	100.000			748.	748.	748.	200DB	HY			7		
HOUSE	10/11/2000	792.	100.000			792.	792.	792.	200DB	HY			7		
JAGGIE HABITAT	06/30/2000	9,256.	100.000			9,256.	9,256.	9,256.	200DB	HY			7		
Less: Retired Assets															
Subtotals															

Listed Property

Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

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DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
CAT PERCHES	05/02/2001	516.	100.000			516.	516.	516.	200DB	HY			7		
GOLIATH HABITAT	06/30/2001	5,185.	100.000			5,185.	5,185.	5,185.	200DB	HY			7		
FENCE (GENE'S)	06/01/1997	3,512.	100.000			3,512.	3,512.	3,512.	200DB	HY			7		
FENCE	04/06/1993	29,820.	100.000			29,820.	29,820.	29,820.	200DB	HY			7		
FENCING	07/01/1998	5,811.	100.000			5,811.	5,811.	5,811.	200DB	HY			7		
ENCLOSURES	02/25/2002	2,072.	100.000			2,072.	2,072.	2,072.	200DB	HY			7		
CHEETAH ENCLOSURE	12/02/2003	1,757.	100.000			1,757.	1,757.	1,757.	200DB	MQ			7		
ZIPPY PEN CONSTRUC	12/29/2008	4,708.	100.000			4,708.	3,441.	3,852.	200DB	MQ			7		411.
HABITATS 2009	12/31/2009	2,196.	100.000			2,196.	1,424.	1,644.	200DB	MQ			7		220.
HABITATS 2010	12/31/2010	1,124.	100.000			1,124.	571.	729.	200DB	MQ			7		158.
BEAR HABITAT	12/31/2007	117,857.	100.000			117,857.	98,562.	108,851.	200DB	MQ			7		10,289.
BEAR HABITAT 2008	12/31/2008	66,295.	100.000			66,295.	48,448.	54,236.	200DB	MQ			7		5,788.
BEAR HABITAT 2009	12/31/2009	10,763.	100.000			10,763.	6,980.	8,061.	200DB	MQ			7		1,081.
BEAR HABITAT 2010	12/31/2010	16,550.	100.000			16,550.	8,408.	10,735.	200DB	MQ			7		2,327.
CEMENT FIGURES (9)	09/13/1995	1,148.	100.000			1,148.	1,148.	1,148.	200DB	HY			10		
BUILD POD	03/12/1996	578.	100.000			578.	578.	578.	200DB	HY			7		
FURNITURE/FIXTURES	01/01/1994	655.	100.000			655.	655.	655.	200DB	HY			7		
FURNITURE - PICNIC	03/10/1995	518.	100.000			518.	518.	518.	200DB	HY			7		
FRAMED ART (10)	10/04/1995	408.	100.000			408.	408.	408.	200DB	HY			7		
Less: Retired Assets															
Subtotals															

Listed Property

Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

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DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
SIGNS AND LETTERS	11/14/1995	222.	100.000			222.	222.	222.	200DB	HY			7		
LAMPS (2)	03/18/1996	133.	100.000			133.	133.	133.	200DB	HY			7		
FOUNTAIN	05/30/1998	880.	100.000			880.	880.	880.	200DB	HY			7		
INTERN FURNITURE	03/19/2002	1,357.	100.000			1,357.	1,357.	1,357.	200DB	HY			7		
WEBSITE	06/30/2000	16,764.	100.000			16,764.	16,764.	16,764.	SL		3.000				
WEBSITE	06/30/2000	11,650.	100.000			11,650.	11,650.	11,650.	SL		3.000				
REFRIGERATOR	01/31/2011	1,700.	100.000		1,700.				200DB	HY			7		
CHAINSAW	03/01/2011	369.	100.000		369.				200DB	HY			7		
DELL COMPUTER	06/02/2011	78.	100.000		78.				200DB	HY			5		
DELL COMPUTER	07/26/2011	1,384.	100.000		1,384.				200DB	HY			5		
GATOR	12/30/2011	5,966.	100.000		5,966.				200DB	HY			5		
EQUIPMENT	03/17/2011	395.	100.000		395.				200DB	HY			7		
MISTER SYSTEM PUMP	06/12/2011	1,697.	100.000		1,697.				200DB	HY			7		
HABITATS 2011	07/01/2011	3,671.	100.000		3,671.				200DB	HY			7		
LAND	02/17/2011	400.	100.000			400.									
LAND	10/25/2011	90,236.	100.000			90,236.									
BENCH	07/22/2011	78.	100.000		78.				200DB	HY			7		
LAND ROVER DISCOVE	07/20/2011	3,680.	100.000		3,680.				200DB	HY			5		
RAKE FOR ROADS	02/28/2012	500.	100.000		250.	250.	36.	97.	200DB	HY			7		61.
Less: Retired Assets															
Subtotals															

Listed Property

Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

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DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
ELECT FENCE TESTER	03/28/2012	42.	100.000		21.	21.	3.	8.	200DB	HY			7		5.
WEED EATER	06/16/2012	280.	100.000		140.	140.	20.	54.	200DB	HY			7		34.
EQUIPMENT	06/25/2012	243.	100.000		122.	121.	17.	47.	200DB	HY			7		30.
EQUIPMENT	07/27/2012	4.	100.000		2.	2.			200DB	HY			7		
BEAR HABITAT 2012	07/01/2012	3,864.	100.000		1,932.	1,932.	276.	749.	200DB	HY			7		473.
HABITAT 2012	03/01/2012	2,742.	100.000		1,371.	1,371.	196.	532.	200DB	HY			7		336.
EQUIPMENT	07/01/2012	4,260.	100.000		2,130.	2,130.	304.	826.	200DB	HY			7		522.
EQUIPMENT	02/25/2013	360.	100.000		180.	180.		26.	200DB	HY			7		26.
ZIPPY HABITAT	05/22/2013	490.	100.000		245.	245.		35.	200DB	HY			7		35.
2013 KAWASAKI MULE	06/21/2013	7,833.	100.000		3,917.	3,916.		560.	200DB	HY			7		560.
2013 KAWASAKI MULE	06/21/2013	7,833.	100.000		3,917.	3,916.		560.	200DB	HY			7		560.
2013 KAWASAKI MULE	06/21/2013	7,834.	100.000		3,917.	3,917.		560.	200DB	HY			7		560.
TRAILER	07/08/2013	2,175.	100.000		1,088.	1,087.		155.	200DB	HY			7		155.
4XV-1000 RADIOS	09/23/2013	536.	100.000		268.	268.		38.	200DB	HY			7		38.
4XV-1000 RADIOS	11/26/2013	325.	100.000		163.	162.		23.	200DB	HY			7		23.
HABITAT- BEARS	06/15/2013	1,864.	100.000		932.	932.		133.	200DB	HY			7		133.
PETA BEAR HABITAT	06/15/2013	290,618.	100.000		145,309.	145,309.		20,765.	200DB	HY			7		20,765.
NEW AC	08/28/2013	3,400.	100.000		1,700.	1,700.		243.	200DB	HY			7		243.
WALK-IN COOLER	08/28/2013	10,500.	100.000		5,250.	5,250.		750.	200DB	HY			7		750.
Less: Retired Assets															
Subtotals															

Listed Property

Less: Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

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DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
DART GUN	09/18/2013	4,007.	100.000		2,004.	2,003.		286.	200DB	HY			7		286.
SERVER FOR VET	11/12/2013	1,300.	100.000		650.	650.		93.	200DB	HY			7		93.
SERVER PARTS	12/04/2013	379.	100.000		190.	189.		27.	200DB	HY			7		27.
SERVER PARTS	12/23/2013	110.	100.000		55.	55.		8.	200DB	HY			7		8.
Less: Retired Assets															
Subtotals		2,108,039.			195,097.	1,676,722.	1,146,436.	1,202,793.							56,357.

Listed Property

Less: Retired Assets															
Subtotals		21,096.			10,548.	10,548.		612.							612.
TOTALS		2,129,135.			205,645.	1,687,270.	1,146,436.	1,203,405.							56,969.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

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