## Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

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2013

OMB No. 1545-1150

Z010

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| A F                           | or the                   | December  | · 31 <b>, 20</b> 13   |                               |                                  |  |  |  |
|-------------------------------|--------------------------|---|---|-------------------------------|----------------------------------|--|--|--|
| <b>B</b> Check if applicable: |                          | plicable:   | C Name of organization  Effective Animal Activism (Animal Charity Evaluators)                       | D Employer identification num |                                  |  |  |  |
| A                             | ddress c                 | hange   | 36-4684978  |                               |                                  |  |  |  |
|                               | ame cha                  | -   | · · · · · · · · · · · · · · · · · · ·   | E Telephone number            |                                  |  |  |  |
| =                             | nitial retur<br>erminate |   | 1130 Molitor Road   | 630-300-4266                  |                                  |  |  |  |
| =                             | mended                   |   |   | F Group Exemption             |                                  |  |  |  |
| =                             |                          | n pending   | Aurora, IL 60505  | Number ►                      |                                  |  |  |  |
| G A                           | ccount                   |   |   | ck 🕨 🗌 i                      | f the organization is <b>not</b> |  |  |  |
|                               | ebsite                   |   | ·   | ired to att                   | ach Schedule B                   |  |  |  |
| J Ta                          | x-exen                   | npt status (che   | ck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527 🤇 (Fort                | n 990, 990                    | D-EZ, or 990-PF).                |  |  |  |
|                               |                          |   | ✓ Corporation ☐ Trust ☐ Association ☐ Other   |                               |                                  |  |  |  |
|                               |                          |   | 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass |                               |                                  |  |  |  |
|                               |                          |   | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ                                      | Ψ                             | \$61,655.03                      |  |  |  |
| Pa                            | rt I                     |   | e, Expenses, and Changes in Net Assets or Fund Balances (see the inst                               |                               |                                  |  |  |  |
|                               |                          |   | the organization used Schedule O to respond to any question in this Part I .                        |                               |                                  |  |  |  |
|                               | 1                        |   | ons, gifts, grants, and similar amounts received  |                               | \$61,655.03                      |  |  |  |
|                               | 2                        | _   | ervice revenue including government fees and contracts  |                               | 0                                |  |  |  |
|                               | 3                        |   | ip dues and assessments   | . 3                           | 0                                |  |  |  |
|                               | 4                        | Investment  |   | . 4                           |                                  |  |  |  |
|                               | 5a                       |   | unt from sale of assets other than inventory  | 0                             |                                  |  |  |  |
|                               | b                        |   | or other basis and sales expenses   |                               | 0                                |  |  |  |
|                               | с<br>6                   | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) |   |                               |                                  |  |  |  |
| ne                            | а                        | a Gross income from gaming (attach Schedule G if greater than \$15,000)                 |   |                               |                                  |  |  |  |
| Revenue                       | b                        | Gross inco  |   |                               |                                  |  |  |  |
| Re                            |                          |   | aising events reported on line 1) (attach Schedule G if the   |                               |                                  |  |  |  |
|                               |                          | sum of suc  | h gross income and contributions exceeds \$15,000) 6b   | 0                             |                                  |  |  |  |
|                               | С                        |   | t expenses from gaming and fundraising events 6c  | 0                             |                                  |  |  |  |
|                               | d                        |   | e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtraction                 | ot                            |                                  |  |  |  |
|                               |                          | ,   |   | · 6d                          | 0                                |  |  |  |
|                               | 7a                       |   | s of inventory, less returns and allowances   | 0                             |                                  |  |  |  |
|                               | b                        |   | of goods sold   |                               | 0                                |  |  |  |
|                               | C                        |   | it or (loss) from sales of inventory (Subtract line 7b from line 7a)                                | . 7c                          | 0                                |  |  |  |
|                               | 8                        |   | nue (describe in Schedule O)  |                               | \$61,655.03                      |  |  |  |
|                               | 9<br>10                  |   | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | . 10                          | 0                                |  |  |  |
|                               |                          |   | aid to or for members   | . 11                          | 0                                |  |  |  |
| w                             | 11<br>12                 |   | ther compensation, and employee benefits  |                               | \$35,117.89                      |  |  |  |
| Se                            | 13                       |   | al fees and other payments to independent contractors   |                               | \$2,158.00                       |  |  |  |
| Expenses                      | 14                       |   | /, rent, utilities, and maintenance   |                               | 0                                |  |  |  |
| Ä                             | 15                       |   | ublications, postage, and shipping  |                               | \$45.96                          |  |  |  |
|                               | 16                       |   | enses (describe in Schedule O)  |                               | \$5,366.43                       |  |  |  |
|                               | 17                       |   | enses. Add lines 10 through 16  |                               | \$42,688.28                      |  |  |  |
| (0                            | 18                       | Excess or   | deficit) for the year (Subtract line 17 from line 9)  | . 18                          | \$18,966.75                      |  |  |  |
| ets                           | 19                       |   | or fund balances at beginning of year (from line 27, column (A)) (must agree with                   |                               |                                  |  |  |  |
| Ass                           |                          |   | r figure reported on prior year's return)   |                               | \$4,000.00                       |  |  |  |
| Net Assets                    | 20                       | Other char  | ges in net assets or fund balances (explain in Schedule O)  | . 20                          | 0                                |  |  |  |
| Z                             | 21                       |   | or fund balances at end of year. Combine lines 18 through 20  |                               | \$22,966.75                      |  |  |  |

Form 990-EZ (2013) Page **2** 

| Par   | t II Balance Sheets (see the instructions  | for Part II)  |  |  |               |   |        |
|-------|--|---|--|--|---------------|---|--------|
|       | Check if the organization used Schedule  | O to respond to a   | ny question in this  |  |               | [   | ]      |
|       |  |   |  | (A) Beginning of year                        |               | (B) End of year                             |        |
| 22    | Cash, savings, and investments   |   |  | \$9,000.00                                   |               | \$22,966.75                                 |        |
| 23    | Land and buildings   |   |  |  | 23            |   | 0      |
| 24    | Other assets (describe in Schedule O)  |   |  |  | 24            |   | 0      |
| 25    | Total assets   |   |  | \$5,000.00                                   |               | \$22,966.75                                 |        |
| 26    | Total liabilities (describe in Schedule O)   |   |  |  | 26            | `   | 0      |
| 27    | Net assets or fund balances (line 27 of column   |   |  | \$4,000.00                                   | 27            | \$22,966.75                                 | _      |
| Par   |  | •   |  | •  |               | Expenses                                    |        |
| \     | Check if the organization used Schedule  | Improving the lives of  |  | Part III                                     |               | quired for section                          |        |
|       | is the organization's primary exempt purpose?  |   |  |  |               | (c)(3) and 501(c)(4) anizations and section |        |
| as m  | ribe the organization's program service accompline asured by expenses. In a clear and concise means benefited, and other relevant information for each Research: Conducted field studies to examine the impart | nanner, describe the<br>ach program title.<br>ct of interventions to he | e services provided  |  |               | 7(a)(1) trusts; optiona others.)            | _      |
|       | Assists all animal advocates seeking to maximize their i   | mpact.  |  |  |               |   |        |
|       | (Grants \$ n/a ) If this amount  | includes foreign gra  | ints, check here .   | 🕨 🗌  | <b>28</b> a   | \$13,357.43                                 |        |
| 29    | Research: Evaluated existing data to determine most ef   |   | imals.   |  |               |   |        |
|       | Enables donors and individuals to achieve greatest gain  | ns for animals.   |  |  |               |   |        |
|       |  |   |  |  |               |   |        |
|       |  | includes foreign gra  |  |  | <b>29</b> a   | \$13,357.43                                 |        |
| 30    | Advocacy & Education: Our education/advocacy progra  |   |  | •  |               |   |        |
|       | volunteers alike in making informed decisions on how to  |   |  |  |               |   |        |
|       | /O   | 00-   | \$13,357.43  |  |               |   |        |
| 24    |  | includes foreign gra  |  | 🟲 📋  | 30a           | ψ10,007.40                                  | _      |
| 31    | Other program services (describe in Schedule O) (Grants \$ ) If this amount  | includes foreign gra  |  |  | 31a           |   |        |
| 32    | Total program service expenses (add lines 28a  |   |  |  | 32            | \$40,072.29                                 | _      |
| Part  |  |   |  |  |               |   | _      |
|       | Check if the organization used Schedule  |   |  |  |               | <u> </u>                                    | 1      |
|       | (a) Name and title   | (b) Average<br>hours per week<br>devoted to position                    | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-) | (d) Health benefits, contributions to employ | ee <b>(e)</b> |   | f      |
| Simo  | n Knutsson, Chair  | 4   | ,  | ·  |               |   | -      |
|       |  | -   | O  |  |               |   |        |
| Robe  | ert Wiblin, Secretary  | 1   |  |  |               |   | _      |
|       |  | -   | C  |  |               |   |        |
| Brian | Tomasik, Treasurer   | - 2   |  |  |               |   |        |
|       |  | 2   | О  |  |               |   |        |
| Jon E | Bockman, Executive Director  | 40  |  |  |               |   |        |
|       |  |   | \$25,000.00  |  | 0             | (   | )<br>— |
|       |  |   |  |  |               |   |        |
|       |  |   |  |  | +             |   | _      |
|       |  |   |  |  |               |   |        |
|       |  |   |  |  |               |   | -      |
|       |  |   |  |  |               |   |        |
|       |  |   |  |  |               |   | -      |
|       |  |   |  |  |               |   |        |
|       |  |   |  |  |               |   | _      |
|       |  |   |  |  |               |   |        |
|       |  | ]   |  |  |               |   |        |
|       |  |   |  |  |               |   |        |
|       |  |   |  |  |               |   |        |
|       |  | 1   | i .  | i .  | - 1           |   |        |
|       |  |   |  |  | $\perp$       |   | _      |
|       |  |   |  |  |               |   | _      |

Form 990-EZ (2013)

| Part '   | ·  |            |                  |            |
|----------|--|------------|------------------|------------|
|          | instructions for Part V) Check if the organization used Schedule O to respond to any question in this  | Part       |                  |            |
| 33       | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  | 33         | Yes              | No         |
|          | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the   |            |                  |            |
|          | change on Schedule O (see instructions)  | 34         |                  | •          |
| <b>L</b> | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35a<br>35b |                  | <b>V</b>   |
|          | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   | 35c        |                  | <b>*</b>   |
| 36       | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots$  | 36         |                  | <b>*</b>   |
|          | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0   |            |                  |            |
|          | Did the organization file <b>Form 1120-POL</b> for this year?  | 37b<br>38a |                  | <b>1</b>   |
| b        | If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   | 30a        |                  |            |
| 39       | Section 501(c)(7) organizations. Enter:  | _          |                  |            |
|          | Initiation fees and capital contributions included on line 9   |            |                  |            |
|          | Gross receipts, included on line 9, for public use of club facilities  |            |                  |            |
|          | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 40b        |                  | <b>1</b>   |
| С        | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |            |                  |            |
| d        | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  |            |                  |            |
|          | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | 40e        |                  | 10         |
|          | List the states with which a copy of this return is filed ▶  | 000.00     | 0.400            |            |
| 42a      | The organization's books are in care or processing the processing and the processing the process |            | 0.4266<br>5-1118 |            |
| b        | Located at ► 1130 Molitor Hoad, Aurora, IL 60505 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over   |            | Yes              |            |
|          | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:   | 42b        | 103              | <b>1</b>   |
|          | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |            |                  |            |
|          | At any time during the calendar year, did the organization maintain an office outside the U.S.?  | 42c        |                  | 1          |
| 43       | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here  |            | . 1              | <b>▶</b> □ |
| 44a      | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be  |            | Yes              | No         |
|          | completed instead of Form 990-EZ   | 44a        |                  | <b>1</b>   |
|          | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44b        |                  | 1          |
| d        | Did the organization receive any payments for indoor tanning services during the year?   | 44c<br>44d |                  | <b>1</b>   |
| 45a      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a        |                  | 1          |
|          | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   | AEL        |                  | ٠.         |
|          | . 6 555  | 45b        | 1                |            |

Page 3

| Form 990   | J-EZ (20             | 113)  |                               |                         |             |                      |                           |            | ,                   | Page -     |  |  |
|------------|----------------------|---|-------------------------------|-------------------------|-------------|----------------------|---------------------------|------------|---------------------|------------|--|--|
|            |                      |   |                               |                         |             |                      |                           |            | Yes                 | No         |  |  |
|            |                      | ne organization engage, directly or in                                    |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      | ndidates for public office? If "Yes," c                                   |                               | , Part I                |             |                      |                           | . 46       | <u> </u>            | <b>1</b>   |  |  |
| Part \     |                      | Section 501(c)(3) organizations   |                               | -ti 47 40l              |             |                      |                           |            | £ 1!                |            |  |  |
|            |                      | All section 501(c)(3) organizations                                       | s must answer que             | stions 47–49b ar        | nd 52, ar   | ia con               | npiete tn                 | e tables   | tor iin             | ies        |  |  |
|            |                      | 50 and 51.  |                               |                         | a dela Da   |                      |                           |            |                     |            |  |  |
|            |                      | Check if the organization used Sch  | iedule O to respond           | to any question i       | n this Pa   | πνι                  |                           |            | · ·                 | <u>. L</u> |  |  |
| 47         | D:4 +i               | as organization ongago in lobbying  | activitica or baya a          | acation EO1(b) alor     | ation in a  | ffaat d              | urina tha                 | tov        | Yes                 | No         |  |  |
|            |                      | ne organization engage in lobbying<br>If "Yes," complete Schedule C, Part |                               |                         |             |                      |                           |            | ,                   | .,,        |  |  |
|            | -                    | organization a school as described in                                     |                               |                         |             |                      |                           | 47         | _                   | •          |  |  |
|            |                      | ne organization a school as described in                                  |                               |                         |             |                      |                           | _          |                     | •          |  |  |
|            |                      | s," was the related organization a se                                     |                               |                         |             |                      |                           |            |                     | -          |  |  |
|            |                      | blete this table for the organization's                                   |                               |                         |             |                      |                           |            |                     | nd key     |  |  |
|            |                      | byees) who each received more than  |                               |                         |             |                      |                           |            |                     |            |  |  |
|            | •                    |   | (b) Average                   | (c) Reportable          |             | Health b             |                           | ,          |                     |            |  |  |
|            | (a)                  | Name and title of each employee   | hours per week                | compensation            |             |                      | o employee<br>nd deferred | (e) Estima | ated amo<br>ompensa |            |  |  |
|            |                      |   | devoted to position           | (Forms W-2/1099-MIS     | 5(.)        | piaris, a<br>compens |                           | Other CC   | ппрепва             | itiOii     |  |  |
| None       |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      | number of other employees paid over                                       |                               | · · ·                   | ı/a         |                      |                           |            |                     |            |  |  |
| 51         | Comp                 | olete this table for the organization's                                   | s five highest compe          | ensated independe       | ent contra  | actors               | who each                  | n receive  | d more              | e thar     |  |  |
|            | \$100,               | 000 of compensation from the organ  | nization. If there is no      | one, enter "None."      |             |                      |                           |            |                     |            |  |  |
|            | (a)                  | Name and business address of each independent                             | ent contractor                | (b) Type of             | service     |                      | (c)                       | ) Compensa | ation               |            |  |  |
| None       |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               | -                       |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               | -                       |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             | +                    |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               | 1                       |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      |   |                               | 1                       |             |                      |                           |            |                     |            |  |  |
| d          | Total                | number of other independent contra  | ctors each receiving          | over \$100,000 .        | . ▶         |                      | r                         | n/a        |                     |            |  |  |
|            |                      | ne organization complete Schedule A                                       | •                             |                         | ons and 4   | 947(a)               | (1)                       |            |                     |            |  |  |
|            |                      | xempt charitable trusts must attach a                                     |                               |                         |             |                      |                           | ► ✓ Ye     | s 🗌                 | No         |  |  |
| Under pe   | nalties              | of perjury, I declare that I have examined this re                        | eturn, including accompan     | ying schedules and stat | ements, and | to the b             | est of my kr              | nowledge a | nd belief           | , it is    |  |  |
| true, corr | ect, an              | d complete. Declaration of preparer (other than                           | officer) is based on all info | rmation of which prepa  | rer has any | knowled              | ge.                       |            |                     |            |  |  |
|            |                      | 4 Addin_  |                               |                         | 10-3        | 31-14                |                           |            |                     |            |  |  |
| Sign       | Signature of officer |   |                               |                         |             | Date                 |                           |            |                     |            |  |  |
| Here       |                      | Jon Bockman, Executive Director   |                               |                         |             |                      |                           |            |                     |            |  |  |
|            |                      | Type or print name and title  |                               |                         |             |                      |                           |            |                     |            |  |  |
| Paid       |                      | Print/Type preparer's name Preparer's signature Date                      |                               |                         |             | Check                | if PTIN                   |            |                     |            |  |  |
| Prepa      | arer                 |   |                               |                         |             |                      | self-emplo                | yed        |                     |            |  |  |
| Use C      |                      | Firm's name ▶   |                               |                         |             | Firm's               | Firm's EIN ▶              |            |                     |            |  |  |
|            |                      | Firm's address ▶  |                               |                         |             | Phon                 | e no.                     |            |                     |            |  |  |
| May th     | e IRS                | discuss this return with the preparer                                     | shown above? See i            | nstructions             |             |                      |                           | ► □ Ye     | s 🗆                 | No         |  |  |