

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning , 2012, and ending ,

B Check if applicable:	C	D Employer Identification Number
<input type="checkbox"/> Address change	WARD-WISEMAN ANIMAL HAVEN INC PO BOX 795 COLLINSVILLE, OK 74021-0795	76-0766163
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		918-371-1009
<input type="checkbox"/> Terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		75,195.
<input type="checkbox"/> Application pending	F Name and address of principal officer:	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	SAME AS C ABOVE	H(b) Are all affiliates 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	H(c) Group exemption number ▶
J Website: ▶	WWAHONLINE.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: 2004 M State of legal domicile: OK

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>RECOGNIZING THAT ALL ANIMALS DESERVE A CHANCE, WARD-WISEMAN ANIMAL HAVEN, A NON-PROFIT ORGANIZATION, RESCUES ABANDONED, ABUSED AND SURRENDERED DOGS AND CATS IN COLLINSVILLE, OKLAHOMA, PROVIDES AND MAINTAINS A SAFE HAVEN, PROVIDES MEDICAL TREATMENT INCLUDING SPAY/NUETER SERVICES,</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).....	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b).....	4	5
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a).....	5	3
6	Total number of volunteers (estimate if necessary).....	6	84
7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....	64,008.	69,720.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	10,460.	5,475.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	74,468.	75,195.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	25,510.	22,220.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 956.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	56,108.	54,638.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	81,618.	76,858.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-7,150.	-1,663.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26).....	94,689.	93,026.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	0.	0.
		94,689.	93,026.

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	
	CINDY DOAN	TREASURER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ANNE STRIBLING, CPA	ANNE STRIBLING, CPA	
	Firm's name ▶ ANNE STRIBLING, CPA PLLC	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's address ▶ 1718 W BROADWAY ST COLLINSVILLE, OK 74021		P00292275
	Firm's EIN ▶ 02-0625811	Phone no. (918) 371-6257	

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