DLN: 93493312002339 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable THE AMERICAN SOCIETY FOR THE PREVENTION □ Address change OF CRUELTY TO ANIMALS 13-1623829 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 424 EAST 92ND STREET ☐ Amended return ☐ Application pending (212) 876-7700 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY  $\,$  101286804  $\,$ G Gross receipts \$ 308,527,352 Name and address of principal officer H(a) Is this a group return for MATTHEW BERSHADKER ☐Yes **☑**No subordinates? 424 EAST 92ND STREET H(b) Are all subordinates NEW YORK, NY 101286804 ☐ Yes ☐No ıncluded? **✓** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW ASPCA ORG L Year of formation 1866 M State of legal domicile NY K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO ENSURE SAFETY & PROTECTION OF ANIMALS THROUGH AN ARRAY OF SERVICES INCLUDING EDUCATION Activities & Governance 2 Check this box ► ☐ 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) . 14 4 13 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 1,235 **6** Total number of volunteers (estimate if necessary) . . . . 6 2,846 Total unrelated business revenue from Part VIII, column (C), line 12 131,748 **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . 219,969,109 243,128,195 Ravenua 13,470,713 13,524,637 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11,093,746 7,536,920 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,550,538 3,494,801 248,084,106 267,684,553 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 11,840,490 12,841,684 **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) 85,570,289 93,073,736 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 1,631,623 2,010,718 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶51,565,776 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 122,228,689 132,604,143 240,530,281 221,271,091 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 26,813,015 27,154,272 Net Assets or Fund Balances Beginning of Current Year End of Year 307,567,617 313,130,836 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 33,655,049 30,238,135 22 Net assets or fund balances Subtract line 21 from line 20 . 273,912,568 282,892,701 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 2019-11-05 Signature of officer Sign Here BILL LEE SVP & CFO Type or print name and title Print/Type preparer's name Preparer's signature Check 🗹 ıf P00675982 Paid self-employed Firm's name BAKER TILLY VIRCHOW KRAUSE LLP Firm's EIN ► 39-0859910 Preparer Use Only Firm's address ► ONE PENN PLAZA SUITE 3000 Phone no (212) 697-6900 NEW YORK, NY 10119 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

| Form | 990 (2   | 018)  |   |   |   |  | Page <b>2</b>   |
|------|--|---|---|---|---|--|---|
| Pa   | rt III   | Statement of  | Program Service   | e Accomplis   | hments  |  |   |
|      |  | Check if Schedul  | e O contains a respo  | onse or note to a   | any line in this Part III   |  | 🗹   |
| 1    | Briefly  | describe the org  | anızatıon's mıssıon   |   |   |  |   |
| MUS  | T BE PR  | OTECTED UNDER   | THE LAW THE ASPO  | CA'S MISSION, A   |   | RESPECTFUL TREATMENT AT T<br>R HENRY BERGH IN 1866, IS "<br>NTES "   |   |
| 2    | Dıd th   | e organization un   | dertake any significa   | ant program serv  | rices during the year w   | hich were not listed on  |   |
|      | the pr   | or Form 990 or 9  | 90-EZ?  |   |   |  | 🗌 Yes 🗹 No  |
|      | If "Yes  | s," describe these  | new services on Scl   | nedule O  |   |  |   |
| 3    | Did th   | e organization cea  | ase conducting, or m  | nake significant i  | changes in how it condu   | ucts, any program  |   |
|      | servic   | es?   |   |   |   |  | . ☐ Yes ☑ No  |
|      | If "Yes  | s," describe these  | changes on Schedu   | le O  |   |  |   |
| 4    | Sectio   | n 501(c)(3) and 5   |   | ons are required  | to report the amount of   | largest program services, as m<br>of grants and allocations to other   |   |
| 4a   | (Code  |   | ) (Expenses \$  | 75,631,149  | ıncludıng grants of \$  | ) (Revenue \$  | 13,524,637 )  |
|      | See Ad   | ditional Data   |   |   |   |  |   |
| 4b   | (Code  |   | ) (Expenses \$  | 47,731,357  | including grants of \$  | ) (Revenue \$  | )   |
|      | See Ad   | ldıtıonal Data  |   |   |   |  |   |
| 4c   | (Code  |   | ) (Expenses \$  | 37,190,054  | including grants of \$  | ) (Revenue \$  | )   |
|      | See Ad   | ldıtıonal Data  |   |   |   |  |   |
|      | (Code  |   | ) (Expenses \$  | 15,809,969  | including grants of \$  | 12,841,684 ) (Revenue \$   | )   |
|      | U S -B,<br>2018,<br>DISTRI<br>MULTI-<br>VICTIM<br>OVER S | ASED NONPROFIT OF<br>THE ASPCA AWARDE<br>ICT OF COLUMBIA G<br>YEAR COMMITMENT<br>IS OF CRUELTY AND<br>\$812,000 SUPPORTIF | RGANIZATIONS, GOVER<br>D 627 GRANTS TOTALI<br>RANT HIGHLIGHTS FO<br>TO PROVIDE CRITICAL<br>IMPROVING FARM ANII<br>NG THE PROTECTION O | RNMENT AGENCIES<br>NG OVER \$13 MILL<br>DM 2018 INCLUDE<br>. SERVICES TO L A<br>MAL WELFARE NAT<br>F AT-RISK EQUINE | , VETERINARIANS AND VE<br>ION TO 454 ORGANIZATIO<br>- OVER \$1 7 MILLION TO!<br>'S ANIMALS - OVER \$1 5 M<br>IONWIDE - OVER \$874,000 | 108, THE ASPCA HAS AWARDED \$13 TERINARY STUDENTS HELPING TO I SINS IN 46 STATES, PUERTO RICO, T LOS ANGELES PARTNERS AS PART ( MILLION TOWARD EFFORTS BENEFIT OF GRANTED VIA THE ASPCA NORTHE SLY \$115,000 TO ASSIST ANIMAL VI | MPROVE ANIMALS' LIVES IN HE VIRGIN ISLANDS AND THE DF THE ASPCA'S \$25 MILLION, TING COMPANION ANIMAL ERN TIER SHELTER INITIATIVE - |
| 4d   |  |   | (Describe in Sched  | ,   |   |  |   |
|      | (Expe  | nses \$   | 15,809,969 inc  | luding grants of  | \$ 12,841,6   | 584 ) (Revenue \$  | )   |
| 4e   | Total  | program servic  | e expenses 🟲  | 176,362,5   | 29  |  |   |

|     | orm 990 (2018)  |        |            |           |  |  |  |  |  |  |  |  |
|-----|---|--------|------------|-----------|--|--|--|--|--|--|--|--|
| Par | Checklist of Required Schedules   |        |            |           |  |  |  |  |  |  |  |  |
|     | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete  |        | Yes<br>Yes | No        |  |  |  |  |  |  |  |  |
| 1   | Schedule A  | 1      | res        |           |  |  |  |  |  |  |  |  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2      |            | No        |  |  |  |  |  |  |  |  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3      |            | No        |  |  |  |  |  |  |  |  |
| 4   | Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II  | 4      | Yes        |           |  |  |  |  |  |  |  |  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III  | 5      |            | No        |  |  |  |  |  |  |  |  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  |        |            | No No     |  |  |  |  |  |  |  |  |
| 7   | If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,   | 6<br>7 |            | No        |  |  |  |  |  |  |  |  |
| 8   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets?  |        |            |           |  |  |  |  |  |  |  |  |
|     | If "Yes," complete Schedule D, Part III 🐕   | 8      |            | No        |  |  |  |  |  |  |  |  |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9      |            | No        |  |  |  |  |  |  |  |  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10     | Yes        |           |  |  |  |  |  |  |  |  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |        |            |           |  |  |  |  |  |  |  |  |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a    | Yes        |           |  |  |  |  |  |  |  |  |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆   | 11b    | Yes        |           |  |  |  |  |  |  |  |  |
| С   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c    |            | No        |  |  |  |  |  |  |  |  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d    | Yes        |           |  |  |  |  |  |  |  |  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏   | 11e    | Yes        |           |  |  |  |  |  |  |  |  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f    | Yes        |           |  |  |  |  |  |  |  |  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII   | 12a    |            | No        |  |  |  |  |  |  |  |  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b    | Yes        |           |  |  |  |  |  |  |  |  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E   | 13     |            | No        |  |  |  |  |  |  |  |  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a    | Yes        |           |  |  |  |  |  |  |  |  |
| Ь   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b    | Yes        | <u> </u>  |  |  |  |  |  |  |  |  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15     |            | No        |  |  |  |  |  |  |  |  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16     |            | No        |  |  |  |  |  |  |  |  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)  | 17     | Yes        |           |  |  |  |  |  |  |  |  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18     | Yes        |           |  |  |  |  |  |  |  |  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19     |            | No        |  |  |  |  |  |  |  |  |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a    |            | No        |  |  |  |  |  |  |  |  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b    |            |           |  |  |  |  |  |  |  |  |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21     | Yes        |           |  |  |  |  |  |  |  |  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22     | iorm 004   | No (3010) |  |  |  |  |  |  |  |  |

| Form | 990 (2018)  |     |     | Page <b>4</b> |
|------|---|-----|-----|---------------|
| Pa   | tIV Checklist of Required Schedules (continued)   |     |     |               |
|      |   |     | Yes | No            |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>   | 23  | Yes |               |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a                             | 24a |     | No            |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     | _             |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     |               |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |               |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     | No            |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       | 25b |     | No            |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 | 26  |     | No            |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27  |     | No            |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |     | _             |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,   |     |     |               |
|      | Part IV   | 28a |     | No            |
| Ь    | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>   | 28b |     | No            |
| С    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>   | 28c |     | No            |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒  | 29  | Yes |               |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   | 30  |     | No            |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | No            |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32  |     | No            |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | No            |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  | Yes |               |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a | Yes |               |
| Ь    | If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2   | 35b | Yes |               |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |     | No            |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |     | No            |

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Check if Schedule O contains a response or note to any line in this Part V  $\,$  .

Yes

Yes

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No

38

251

0

1a

Part V

7b

7с

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

7d |

10a

10b

11a

11b

12b

13b

13c

Yes

Nο

No

No

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

d If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

| orm | 990 (2018)  |        |           | Page <b>6</b> |
|-----|---|--------|-----------|---------------|
| Pa  | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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 | •      | onse to i | lines         |
| Se  | ction A. Governing Body and Management  |        |           |               |
|     |   |        | Yes       | No            |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 14  |        |           |               |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O  |        |           |               |
| b   | Enter the number of voting members included in line 1a, above, who are independent  1b 13   |        |           |               |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2      |           | No            |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •   | 3      |           | No            |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .  | 4      |           | No            |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 5      |           | No            |
| 6   | Did the organization have members or stockholders?  | 6      |           | No            |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a     |           | No            |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b     |           | No            |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |        |           |               |
| а   | The governing body?   | 8a     | Yes       |               |
| Ь   | Each committee with authority to act on behalf of the governing body?   | 8b     | Yes       |               |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>   | 9      |           | No            |
| Se  | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu   | e Code | e.)       |               |
|     |   |        | Yes       | No            |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a    |           | No            |

| 6  | Did the organization have members or stockholders?  | 6  |
|----|---|----|
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?        | 7a |
| Ь  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                          |    |
| а  | The governing body?   | 8a |
| ь  | Each committee with authority to act on behalf of the governing body?   | 8b |
| 0  | To there any officer, director, trustee, or key employed listed in Bot VII. Section A, who cannot be reached at the                                       |    |

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

Did the process for determining compensation of the following persons include a review and approval by independent

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

and branches to ensure their operations are consistent with the organization's exempt purposes?

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .

Section C. Disclosure

Did the organization have a written whistleblower policy? . . .

13

18

17 List the States with which a copy of this Form 990 is required to be filed

AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, MD, MA, MI

, MN , MS , NH , NJ , NM , NY , OK , OR , PA , SC , TN , UT , VA , WV, WI, CO Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) policy, and financial statements available to the public during the tax year

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest State the name, address, and telephone number of the person who possesses the organization's books and records ▶BILL LEE - SVP & CFO 520 EIGHTH AVENUE 7TH FLOOR NEW YORK, NY 10018 (212) 876-7700

Form 990 (2018)

10b

11a

12a

12b

12c

13

14

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Nο

| 101111 330 (2           | 010)   |  |                                   |                           |                     |                                 |                              |        |  |  | Page /   |
|-------------------------|--|--|-----------------------------------|---------------------------|---------------------|---------------------------------|------------------------------|--------|--|--|--|
| Part VII                | Compensation of Officer and Independent Contra   |  | Truste                            | es,                       | Key                 | En                              | nploy                        | ees    | , Highest Comp   | ensated Employ   | ees,   |
|                         | Check if Schedule O contains a   | response or no   | te to an                          | y line                    | ≘ ın t              | hıs                             | Part VI                      | ١.     |  |  | 🗆  |
| Section                 | A. Officers, Directors, Tru  | ıstees, Key E  | mploy                             | ees                       | , an                | d F                             | lighe                        | st (   | Compensated En   | nployees   |  |
| year .                  | this table for all persons requir<br>of the organization's current of                                      |  | ·                                 |                           |                     |                                 |                              |        | , ,  |  | •  |
| of compensa             | tion Enter -0- in columns (D), (<br>if the organization's <b>current</b> key                               | E), and (F) if no                                      | compe                             | nsatı                     | on w                | vas į                           | paid                         |        | - ,,   |  |  |
| • List the who received | organization's five <b>current</b> high<br>direportable compensation (Box<br>and any related organizations | est compensate   | d emplo                           | yees                      | (oth                | ner t                           | than a                       | n off  | icer, director, truste   | e or key employee)   | 1  |
| • List all o            | of the organization's <b>former</b> office compensation from the organization                              |  |                                   |                           |                     |                                 | pensat                       | ed e   | employees who rece   | ived more than \$10  | 0,000  |
|                         | f the organization's <b>former dir</b> e<br>, more than \$10,000 of reportat                               |  |                                   |                           |                     |                                 |                              |        |  |  | e  |
| compensated             | in the following order individual demployees, and former such p  | ersons   |                                   |                           |                     |                                 |                              |        |  |  |  |
| ☐ Check tl              | nis box if neither the organization  | n nor any relate                                       | ed organ                          | nizatio                   | on co               | omp                             | ensate                       | d ar   | ny current officer, di   | rector, or trustee   | Т  |
|                         | (A)<br>Name and Title  | (B) Average hours per week (list any hours for related | than o                            | one bo<br>oth a<br>direct | ox, un off<br>tor/t | t cho<br>unles<br>ficer<br>rust | and a                        | on     | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
|                         |  | organizations<br>below dotted<br>line)                 | Individual trustee<br>or director | Institutional Trustee     | Officer             | key employee                    | Highest compensated employee | Former | 2/1099-MI3C)   | (W- 2/1099-<br>MISC)   | related organizations  |
| See Additiona           | al Data Table  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |
|                         |  |  |                                   |                           |                     |                                 |                              |        |  |  |  |

FACEBOOK INC

1601 WILLOW ROAD MENLO PARK, CA 94025

compensation from the organization ► 150

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
|---|---|-----------------------------------|-----------------------|----------------|-------------------------|------------------------------|--------|--------------------------------|--------------------------------------|----------------|---|-------------------------|---------------------------------------|-----------------------------------|
| ( <b>A)</b><br>Name and Title   | (B) Average hours per week (list any hours            |                                   | ne bo                 | ox, u<br>n off | t che<br>inles<br>ficer | ss pers                      | son    | Repo<br>comp<br>fro<br>organiz | (D) ortable ensation m the zation (W | - or           | (E)<br>Reporta<br>compensa<br>from rela<br>ganization | ation<br>ated<br>ns (W- | Estima<br>amount of<br>compen<br>from | ated<br>of other<br>sation<br>the |
|   | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officei        | key employee            | Highest compensated employee | Former | 2/109                          | 99-MISC)                             | •              | 2/1099-M  | 150)                    | organızat<br>relat<br>organız         | :ed                               |
| See Additional Data Table   |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
| -   |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
|   |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
|   |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
|   |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
|   |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
|   |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
|   |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
|   |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
|   |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
|   |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
| 1b Sub-Total  | •   |                                   |                       |                |                         | <b>*</b>                     |        |                                |                                      |                |   | 0                       |                                       |                                   |
| d Total (add lines 1b and 1c)   |   | to thos                           |                       |                | bove                    | e) who                       | rece   |                                | 117,632<br>ore than \$               | \$100,0        | 000   | <u> </u>                |                                       | 591,270                           |
|   |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         | Yes                                   | No                                |
| 3 Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>                  |   |                                   | ee, ke                | •              |                         | oyee, d                      | or hi  | ghest cor                      | mpensate                             | ed em          | ployee or<br>•  | 3                       | ,                                     | No                                |
| For any individual listed on line 1a, is organization and related organization individual                       |   |                                   |                       |                |                         |                              |        |                                |                                      |                | e<br>   | 4                       | Yes                                   |                                   |
| 5 Did any person listed on line 1a receiv services rendered to the organization                                 |   | •                                 |                       |                |                         |                              |        | -                              |                                      | ndıvıdu<br>• • | ual for   | 5                       |                                       | No                                |
| Section B. Independent Contract   | ors   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         | -                                     |                                   |
| Complete this table for your five higher from the organization. Report comper                                   | sation for the c                                      |                                   |                       |                |                         |                              |        |                                |                                      | ion's t        | ax year   | compe                   |                                       |                                   |
|   | (A)<br>and business addre                             | ess                               |                       |                |                         |                              |        |                                |                                      | scription      | (B)<br>on of service                                  | ces                     | Compe                                 | nsation                           |
| EAGLE-COM INC   |   |                                   |                       |                |                         |                              |        |                                | MEDIA BR                             | ROADCA         | AST   |                         | 22                                    | 2,645,350                         |
| 110 EGLINGTON AVENUE EAST STE 604<br>TORONTO, ONTARIO, M4P 1E4<br>CA  |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
| TRUE NORTH INC  630 THIRD AVENUE 12TH FLOOR NEW YORK, NY, 10017   |   |                                   |                       |                |                         |                              |        |                                | 9                                    | ),188,274      |   |                         |                                       |                                   |
| NEW YORK, NY 10017<br>APPCO GROUP US INC  |   |                                   |                       |                |                         |                              |        |                                | STREET C                             | ANVAS          | S/CONSUL  | TING                    | $\epsilon$                            | 5,909,055                         |
| 315 WEST 36TH STREET 10TH FLOOR<br>NEW YORK, NY 10018   |   |                                   |                       |                |                         |                              |        |                                |                                      |                |   |                         |                                       |                                   |
| FORUM SERVICES GROUP INC<br>260 MADISON AVENUE  |   |                                   |                       |                |                         |                              |        |                                | STAFFING<br>SERVICES                 |                | NSULTING  |                         | 6                                     | 5,150,167                         |
| NEW YORK, NY 10016<br>FACEBOOK INC  |   |                                   |                       |                |                         |                              |        |                                | MEDIA PL                             | ACEME          | NT  |                         | 3                                     | 3,643,686                         |

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

3,643,686

|   |     | Chatamant at   |                 |         |                     |           |               |                 |  |                                 |              | rage 3   |
|---|-----|--|-----------------|---------|---------------------|-----------|---------------|-----------------|--|---------------------------------|--------------|--|
| Part  | VII | <del></del>  |                 |         |                     | المستاسية | ara Dant VIII |                 |  |                                 |              |  |
|   |     | Check if Schedul   | le O contains a | a respo | onse or note to any | (,        | A)<br>revenue | Rel<br>e><br>fu | (B)<br>ated or<br>kempt<br>nction<br>venue | (C<br>Unrelation busing reverse | ated<br>less | (D) Revenue excluded from tax under sections 512 - 514 |
|   | 1   | a Federated campaig                                      | ns              | 1a      |                     |           |               | 16              | venue [                                    |                                 |              | 312 - 314  |
| nts<br>Ints   |     | <b>b</b> Membership dues                                 |                 | 1b      |                     |           |               |                 |  |                                 |              |  |
| ora<br>ou   |     | c Fundraising events                                     |                 | 1c      | 1,404,643           |           |               |                 |  |                                 |              |  |
| s, L<br>An  |     | d Related organization                                   |                 | 1d      |                     |           |               |                 |  |                                 |              |  |
| # <u>F</u>  |     | e Government grants (c                                   |                 | 1e      | <u> </u>            |           |               |                 |  |                                 |              |  |
| imi<br>imi  |     | f All other contributions                                |                 | те      | <u> </u>            |           |               |                 |  |                                 |              |  |
| on<br>S   |     | and similar amounts n                                    |                 | 1f      | 241,723,552         |           |               |                 |  |                                 |              |  |
| Contributions, Giffs, Grants<br>and Other Similar Amounts |     | g Noncash contribution                                   | ons included    | 5,!     | 504,475             |           |               |                 |  |                                 |              |  |
| 3 5   |     | <b>h Total.</b> Add lines 1a                             | -1f             | •       | •                   | 2         | 43,128,195    |                 |  |                                 |              |  |
| 7.  |     |  |                 |         | Business            | Code      |               |                 |  |                                 |              |  |
| JII.  | 2   | a ANIMAL POISON CONTR                                    | ROL CENTER FEE  | S       |                     | 900000    | 9,9           | 925,796         | 9,92                                       | 5,796                           |              |  |
| Program Service Revenue                                   | ŀ   | MOBILE CLINIC VET &                                      | CLINIC REVEN    |         |                     | 900000    | 1,9           | 983,731         | 1,98                                       | 3,731                           |              |  |
| ce F  | c   | ANIMAL HOSPITAL FEES                                     | 5               |         |                     | 900000    | 1,4           | 103,221         | 1,40                                       | 3,221                           |              |  |
| er vi   | c   | ADOPTION CENTER FEE                                      | S               |         |                     | 900000    |               | 211,889         | 21   | 1,889                           |              |  |
| n S   |     |  |                 |         |                     |           |               |                 |  |                                 |              |  |
| graf  | •   | e ————————————————————————————————————                   |                 |         |                     |           |               |                 |  |                                 |              |  |
| Рго   |     |  |                 |         | 13,                 | 524,637   |               |                 |  |                                 |              |  |
|   |     | Total. Add lines 2a-2                                    |                 |         |                     | 1         |               |                 |  | ı                               |              |  |
|   | 3   | Investment income (i similar amounts) .                  | ncluding divid  | ends, i | interest, and other | .         | 3,740,73      | 4               |  |                                 |              | 3,740,734  |
|   |     | Income from investm                                      |                 |         | ond proceeds        | •         |               |                 |  |                                 |              |  |
|   | 5   | Royalties  |                 |         |                     | •         | 2,621,36      | 6               |  |                                 |              | 2,621,366  |
|   |     |  | (ı) Real        |         | (II) Personal       |           |               |                 |  |                                 |              |  |
|   | 6   | a Gross rents  |                 |         |                     |           |               |                 |  |                                 |              |  |
|   | ı   | <b>b</b> Less rental expenses                            |                 |         |                     | 1         |               |                 |  |                                 |              |  |
|   |     | B  |                 |         |                     |           |               |                 |  |                                 |              |  |
|   | •   | c Rental income or (loss)                                |                 |         |                     |           |               |                 |  |                                 |              |  |
|   | •   | <b>d</b> Net rental income o                             | r (loss)        |         |                     | 1         |               |                 |  |                                 |              |  |
|   |     |  | (ı) Securit     | ies     | (II) Other          |           |               |                 |  |                                 |              |  |
|   | 7   | a Gross amount<br>from sales of<br>assets other          | 44,0            | 55,159  |                     |           |               |                 |  |                                 |              |  |
|   |     | than inventory   |                 |         |                     |           |               |                 |  |                                 |              |  |
|   | ı   | <b>b</b> Less cost or other basis and                    | 40.2            | :58,973 |                     | 1         |               |                 |  |                                 |              |  |
|   |     | sales expenses   |                 | 96,186  |                     |           |               |                 |  |                                 |              |  |
|   |     | <b>c</b> Gain or (loss)<br><b>d Net gain or (loss)</b> . |                 |         |                     | _         | 3,796,18      | 6               |  |                                 |              | 3,796,186  |
|   |     | Gross income from f                                      |                 |         | <u> </u>            | +         |               |                 |  |                                 |              | -,,  |
| a n   |     | (not including \$  | 1,404,643       |         |                     |           |               |                 |  |                                 |              |  |
| e   |     | contributions reporte<br>See Part IV, line 18            |                 | а       | <br>  983,614       |           |               |                 |  |                                 |              |  |
| Rev   | 1   | <b>b</b> Less direct expense                             | s               | ь       | 583,826             | 7         |               |                 |  |                                 |              |  |
| er  | (   | <b>c</b> Net income or (loss)                            | from fundrais   | ing ev  | rents ▶             | _         | 399,78        | 8               |  |                                 |              | 399,788  |
| Other Revenue   | 98  | Gross income from g                                      | jaming activiti | es      |                     |           |               |                 |  |                                 |              |  |
| •   |     | See Part IV, line 19                                     |                 | а       | 1                   |           |               |                 |  |                                 |              |  |
|   | ı   | <b>b</b> Less direct expense                             | s               | ь       |                     | 1         |               |                 |  |                                 |              |  |
|   | •   | c Net income or (loss)                                   | from gaming     | activit | iles ▶              | _         |               |                 |  |                                 |              |  |
|   | 10  | aGross sales of invent                                   |                 |         |                     |           |               |                 |  |                                 |              |  |
|   |     | returns and allowand                                     | ces             | a       | }                   |           |               |                 |  |                                 |              |  |
|   | ı   | <b>b</b> Less cost of goods s                            | sold            | b       |                     | +         |               |                 |  |                                 |              |  |
|   |     | <b>c</b> Net income or (loss)                            |                 | ınveni  | tory ▶              | _         |               |                 |  |                                 |              |  |
|   |     | Miscellaneous  |                 |         | Business Code       |           |               |                 |  |                                 |              |  |
|   | 1:  | 1a <sub>LIST</sub> SALES                                 |                 |         | 90009               | 9         | 341,89        | 9               |  |                                 |              | 341,899  |
|   |     |  |                 |         |                     | 1         |               | 1               |  |                                 |              |  |
|   | ı   | b GAIN FROM K-1 ACT                                      | ΓΙVΙΤΥ          |         | 90009               | 9         | 234,21        | 9               |  |                                 | 234,219      |  |
|   |     |  |                 |         |                     |           |               |                 |  |                                 |              |  |
|   | •   | LOSS FROM K-1 AC   | TIVITY          |         | 90009               | 9         | -102,47       | 1               |  |                                 | -102,471     |  |
|   |     |  |                 |         |                     |           |               |                 |  |                                 |              |  |
|   | •   | d All other revenue .                                    |                 |         |                     |           |               |                 |  |                                 |              |  |
|   | •   | <b>e Total.</b> Add lines 11a                            | -11d            |         | >                   |           | 473,64        | 7               |  |                                 |              |  |
|   | 12  | <b>2 Total revenue.</b> See                              | Instructions    |         |                     |           |               |                 | 12 524 665                                 |                                 | 124 746      | 10.000.000   |
|   |     |  |                 |         | •                   |           | 267,684,55    | 기               | 13,524,637                                 | <u> </u>                        | 131,748      | 10,899,973<br>Form <b>990</b> (2018)                   |

7 Other salaries and wages

10 Payroll taxes . . . .

**a** Management . . .

**d** Lobbying . . . . .

12 Advertising and promotion .

**f** Investment management fees .

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e

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 ▶ ☑ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials . 19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

g Other (If line 11g amount exceeds 10% of line 25, column

**b** Legal .

c Accounting .

13 Office expenses .

15 Royalties .

**17** Travel .

16 Occupancy .

23 Insurance .

14 Information technology

**20** Interest . . . .

21 Payments to affiliates . . .

expenses on Schedule O ) a VETERINARY & MEDICAL SE

**b** OPERATING SUPPLIES

e All other expenses

c MISCELLANEOUS EXPENSES

d REPAIRS AND MAINTENANCE

11 Fees for services (non-employees)

| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c   | olumns All other orga    | anızatıons must com                | plete 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)<br>Total expenses    | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraisingexpenses |
| Grants and other assistance to domestic organizations and<br>domestic governments See Part IV, line 21   | 12,841,684               | 12,841,684                         |   |                            |
| <b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22  |                          |                                    |   |                            |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16               |                          |                                    |   |                            |
| <b>4</b> Benefits paid to or for members   |                          |                                    |   |                            |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 3,250,698                | 2,827,923                          | 197,499                                   | 225,276                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) |                          |                                    |   |                            |

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . .

**9** Other employee benefits . . .

1,996,081

66,817,698 3,709,270 14,035,040 5,261,030 358,245

669,989

420.778

2,010,718

23,584,035

39,064,522

19,270,031

11,758,383

5,216,990

953,010

7,541,864

5,031,648

1,220,747

8,973,034

3,085,676

1,412,345

1,352,314

240,530,281

80,073,205

694,451

56,562,616 3,226,854 12,209,687 4,576,797 77,196

734,773

420.778

16,598,255

19,901,797

10,327,748

4,805,476

3,777,536

951,459

7,065,155

4,197,730

1,036,251

8,966,391

2,961,426

1,109,182

1,185,815

176,362,529

37,432,729

5,087,774 852,713 319,639 214,894

669,989

694,451

269,887

42,310

219,306

675,541

774,495

202,788

516,592

121,673

6,643

70,477

230,737

113,676

12,601,976

88,821

1,086

5,167,308 225,360 1,094,446

257,056

972,640

364,594

66,155

166,862

2,010,718

6,715,893

19,120,415

8,722,977

6,277,366

664,959

273,921

317,326

62,823

53,773

72,426

52,823

51,565,776

42,551,655

Form 990 (2018)

465

18

19

20

21

22

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

Grants payable . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Deferred revenue . . .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Page **11** 

3.991.906

213.283.348

51,874,487

17.734.866

282,892,701

313,130,836

Form **990** (2018)

Beginning of year End of year 20,397,279 1 17,339,051 Cash-non-interest-bearing . 2 Savings and temporary cash investments . . . 18,324,004 2 4,443,069

11,143,059 3 19,972,783 3 Pledges and grants receivable, net . . . 5,886,435 4 6,406,943 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L . . . . . 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net . 8

Assets Inventories for sale or use . Prepaid expenses and deferred charges 1.008.282 9 3.207.364 10a Land, buildings, and equipment cost or other 98,973,546 10a basis Complete Part VI of Schedule D

44,652,604 54,035,422 Less accumulated depreciation 10b 10c 112,766,740 11 11 Investments—publicly traded securities . 62.879.257 12 12 Investments—other securities See Part IV, line 11 . . . 13 13 Investments-program-related See Part IV, line 11

54,320,942 126,769,641 62.286.198 14 14 Intangible assets . . . . . 15 21.127.139 15 18.384.845 Other assets See Part IV, line 11 . 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 307.567.617 16 313.130.836 14,066,048 17 13,588,385 17 Accounts payable and accrued expenses

1,952,817

201.820.534

51,966,432

20.125.602

273,912,568

307,567,617

18

19 20

21

22

27

28

29

30

31

32

33

34

Liabilities 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 17.636.184 25 12.657.844 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 26 Total liabilities. Add lines 17 through 25 . 33,655,049 26 30.238.135

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

### **Additional Data**

Software ID:

Software Version:

**EIN:** 13-1623829

Name: THE AMERICAN SOCIETY FOR THE PREVENTION

anie. The American Society For the Fre

OF CRUELTY TO ANIMALS

Form 990 (2018)

## Form 990, Part III, Line 4a:

SEE SCHEDULE OSHELTER AND VETERINARY SERVICES (SVS) SVS INCLUDES THE ASPCA ANIMAL HOSPITAL IN NEW YORK CITY, SPAY/NEUTER CLINICS IN NEW YORK CITY, LOS ANGELES AND ASHEVILLE, NORTH CAROLINA, ADOPTIONS CENTER IN NEW YORK CITY, AND THE ANIMAL POISON CONTROL CENTER, A 24-HOUR ANIMAL POISON CONTROL TELEPHONE HOTLINE IN URBANA, ILLINOIS TO HELP ANIMALS WHO HAVE BEEN EXPOSED TO POTENTIALLY HAZARDOUS SUBSTANCES, THE ASPCA ANIMAL POISON CONTROL CENTER (APCC) PROVIDES EMERGENCY ASSISTANCE TO PET OWNERS AND VETERINARIANS. APCC CONTINUES TO HELP MORE ANIMALS EVERY YEAR IN 2018, THE TEAM ANSWERED OVER 313,700 CALLS, A 9% INCREASE OVER 2017 STAFF ALSO PROVIDED OVER 40 HOURS OF CONTINUING EDUCATION FOR VETERINARY PROFESSIONALS AND HELPFUL POISON PREVENTION TIPS AND EDUCATIONAL INFORMATION TO PET OWNERS THE ASPCA ANIMAL HOSPITAL (AAH) IN NEW YORK CITY RELIEVES SUFFERING AND PROVIDES LIFESAVING CARE FOR ANIMAL VICTIMS OF CRUELTY AND NEGLECT, AND FOR PETS WHOSE OWNERS ARE EXPERIENCING FINANCIAL CHALLENGES AT AAH, 698 VICTIMS OF CRUELTY AND NEGLECT RECEIVED MEDICAL CARE AND MORE THAN 1,440 ADOPTION CENTER ANIMALS WERE TREATED IN 2018 THERE WERE 1,268 INSTANCES OF CARE PROVIDED TO ANIMALS ASSISTED BY COMMUNITY ENGAGEMENT (CE), WHICH CONNECTS PETS AND FAMILIES TO IMPORTANT SERVICES MORE THAN 5,270 ANIMALS WHOSE OWNERS WERE UNABLE TO AFFORD VETERINARY CARE WERE TREATED THROUGH THE ASPCA FUND IN 2018, THE ASPCA HELPED 10,493 PUBLIC CLIENTS THE ANIMAL RECOVERY CENTER (ARC) PROVIDES CRITICAL MEDICAL CARE AND BEHAVIORAL INTERVENTIONS TO REHABILITATE ANIMALS BROUGHT TO THE ASPCA BY THE NEW YORK CITY POLICE DEPARTMENT (NYPD) THROUGH ITS PARTNERSHIP WITH THE NYPD, HUMANE LAW ENFORCEMENT AND CE PROGRAMS AND PREPARES THEM FOR ADOPTION OR RETURN-TO-OWNER WHEN APPROPRIATE THE ASPCA CARED FOR 1,209 ANIMALS THROUGH ARC IN 2018 THE ASPCA'S GLORIA GURNEY CANINE ANNEX FOR RECOVERY & ENRICHMENT (CARE) IS HOME TO DOGS RESCUED THROUGH THE ASPCA'S PARTNERSHIP WITH THE NYPD MANY OF THE 223 DOGS WHO ENTERED THE CARE PROGRAM IN 2018 WERE SHY, FEARFUL OR UNDERSOCIALIZED THE ASPCA PROVIDED CUSTOMIZED AND SPECIALIZED BEHAVIORAL REHABILITATION TO PREPARE THESE DOGS AND PUPPIES FOR LIVES IN NEW HOMES THE ASPCA ONYX AND BREEZY SHEFTS ADOPTION CENTER SENT 4,034 PETS HOME WITH ADOPTERS IN 2018 TO PROVIDE OPERATIONAL SUPPORT AND HELP CARE FOR THE MANY ANIMALS AT THE ADOPTION CENTER, VOLUNTEERS PROVIDED APPROXIMATELY 40.152 VOLUNTEER HOURS IN ADDITION, THE ADOPTION CENTER TRANSFERRED 289 CATS AND 203 DOGS TO PARTNER ORGANIZATIONS AND RESCUES WHERE THEY HAD BETTER CHANCES OF FINDING HOMES MORE QUICKLY, AND REUNITED 103 PETS WITH THEIR FAMILIES IN 2018, THE ASPCA KITTEN NURSERY ADMITTED 1,669 CATS AND KITTENS INTAKE OF KITTENS LESS THAN TWO WEEKS OF AGE INCREASED BY 27% FROM 2017, UNDERSCORING THE URGENT AND GROWING NEEDS OF THIS HIGHEST-RISK POPULATION OF KITTENS THE 2018 KITTEN SEASON WAS THE FIRST DURING WHICH THE KITTEN NURSERY PLACED BOTTLE-FEEDING KITTENS INTO FOSTER CARE AS A RESULT. THE PORTION OF KITTENS IN FOSTER HOMES WENT FROM 30% IN 2017 TO OVER 60% IN 2018, GIVING MORE OF THEM THE OPPORTUNITY TO THRIVE IN A HOME ENVIRONMENT. THE KITTEN NURSERY ACHIEVED AN 89% LIVE RELEASE RATE AND PLAYED A MAJOR ROLE IN HELPING DRAMATICALLY INCREASE CAT AND KITTEN LIVE RELEASE RATES AT ANIMAL CARE CENTERS OF NYC (ACC OF NYC) IN 2018, THE ASPCA RELOCATION PROGRAM TRANSPORTED 40,314 ANIMALS, INCLUDING 29,360 DOGS, 10,610 CATS AND 344 OTHER ANIMALS USING BOTH LAND AND AIR TRANSPORTATION, THIS PROGRAM OPERATES THREE ROUTES. THE NANCY SILVERMAN RESCUE RIDE ON THE EAST COAST, THE WATERSHED ANIMAL FUND RESCUE RIDE IN THE MIDWEST AND THE LOS ANGELES ROUTE ON THE WEST COAST. THE PROGRAM PARTNERS WITH "SOURCE" SHELTERS IN AREAS WITH HIGH HOMELESS PET POPULATIONS AND TRANSPORTS ANIMALS TO "DESTINATION" SHELTERS IN COMMUNITIES WHERE THE ANIMALS HAVE GREATER CHANCES FOR ADOPTION IN ADDITION TO ANIMAL RELOCATION, SOURCE AND DESTINATION SHELTERS ARE PROVIDED WITH TRAINING AND SUPPORT DESIGNED TO ENHANCE THEIR SHELTER OPERATIONS AND COMMUNITY ENGAGEMENT ASPCA SHELTER MEDICINE AND SHELTER OPERATIONS EXPERTS PROVIDE THIS IMPORTANT SUPPORT TO PARTNER SHELTERS THROUGHOUT THE COUNTRY THE ASPCA HAS A STRONG LOCAL PRESENCE IN NEW YORK CITY, LOS ANGELES, MIAMI, AND ASHEVILLE, NORTH CAROLINA IN THESE FOCUSED REGIONS, THE ASPCA HAS DEVELOPED PROGRAMS FOR AT-RISK OR UNDERSERVED ANIMALS, INCLUDING COMMUNITY ENGAGEMENT PROGRAMS, WHICH CONNECT PETS AND FAMILIES TO IMPORTANT SERVICES, PRIMARY PET CARE (PPC) AND FULLY OR PARTIALLY SUBSIDIZED SPAY/NEUTER SERVICES, FOSTERING OPPORTUNITIES AND MORE AS THE ASPCA WORKS IN FOCUSED REGIONS, IT ALSO IS EFFECTING SYSTEMIC CHANGE - IMPACTING NOT ONLY ANIMALS AND PET FAMILIES IN THESE COMMUNITIES. BUT CREATING MODELS FOR IMPROVING ANIMAL WELFARE THAT CAN BE REPLICATED ACROSS THE COUNTRY HIGHLIGHTS FROM COMMUNITY ENGAGEMENT (CE), COMMUNITY MEDICINE (CM) AND ADDITIONAL EFFORTS IN THESE FOCUSED REGIONS INCLUDE IN NEW YORK CITY, THE ASPCA CE TEAM PARTNERS WITH THE NYPD, ACC OF NYC, SOCIAL SERVICE AGENCIES, AND COMMUNITY LEADERS AND MEMBERS TO IMPROVE THE WELFARE OF THOUSANDS OF PETS ANNUALLY THESE EFFORTS FOCUS ON PROVIDING ACCESS TO VETERINARY CARE, SHELTER TO OUTDOOR DOGS, RESOURCES FOR DOMESTIC VIOLENCE SURVIVORS, AND IMPROVING CONDITIONS IN HOARDING SITUATIONS BECAUSE OF STRATEGIC OUTREACH TO SOCIAL SERVICE AGENCIES, THE NUMBER OF REFERRALS DOUBLED FROM 2017 TO 2018 CE ALSO INITIATED A PARTNERSHIP WITH FOOD BANK FOR NEW YORK CITY THAT PROVIDED 100,000 POUNDS OF PET FOOD (ROUGHLY 400,000 MEALS) TO FEED PETS ACROSS THE FIVE BOROUGHS CE AND CM WORKED TOGETHER TO BRING VETERINARIANS INTO HOMES IN AREAS WHERE ANIMAL-RELATED RESOURCES ARE SCARCE BETWEEN PATIENTS FOR SPAY/NEUTER SURGERIES AND PPC SERVICES, THE NEW YORK CITY CM TEAM VACCINATED OVER 40,000 DOGS AND CATS IN 2018 IN NEW YORK CITY, THE ASPCA CONDUCTED MORE THAN 47,990 SPAY/NEUTER SURGERIES, 6,960 PRIMARY PET CARE VISITS, AND 20 TRAININGS FOR SOCIAL SERVICE AGENCIES COMMUNITY ENGAGEMENT ASSISTED 2,700 ANIMALS SINCE OPENING A STATIONARY SPAY/NEUTER CLINIC IN SOUTH LOS ANGELES IN 2014, CM ADDED TWO MOBILE SPAY/NEUTER CLINICS AND ONE MOBILE VETERINARY CLINIC DEDICATED TO PPC IN 2018, THESE FACILITIES PROVIDED WELLNESS EXAMS FOR OVER 1,500 DOGS AND CATS WHO WERE LATER RELOCATED BY THE ASPCA FROM SHELTERS IN THE LOS ANGELES AREA TO PARTS OF THE COUNTRY WHERE THEY HAD BETTER CHANCES OF FINDING HOMES CM ALSO PROVIDED 719 SPAY/NEUTER SURGERIES AND 799 PPC VISITS FOR KITTENS IN THE PEE WEE DIVERSION PROGRAM THESE KITTENS WERE TRANSFERRED FROM SHELTERS TO FOSTER HOMES, WHERE THEY RECEIVED CARE UNTIL THEY WERE OLD ENOUGH TO BE SPAYED/NEUTERED AND ADOPTED THE ASPCA CONDUCTED 18,299 SPAY/NEUTER SURGERIES, 7,515 PRIMARY PET CARE VISITS, AND 1,305 REFERRALS TO MEDICAL CARE AT VET PARTNERS IN LOS ANGELES IN 2018 IN 2018, THE ASPCA CELEBRATED FOUR YEARS OF PARTNERSHIP WITH DOWNEY AND BALDWIN PARK ANIMAL CARE CENTERS CE WORKED CLOSELY WITH THE LOS ANGELES COUNTY DEPARTMENT OF ANIMAL CARE AND CONTROL TO FIELD SERVICE REFERRALS FROM ANIMAL CONTROL OFFICERS - INCLUDING EMERGENCY MEDICAL CARE, SPAY/NEUTER SURGERIES, VACCINES, PET SUPPLIES, RETURN-TO-OWNER FEE ASSISTANCE AND MORE IN MIAMI, CE FOCUSED ON PROVIDING HANDS-ON MENTORSHIP TO MIAMI-DADE ANIMAL SERVICES (MDAS), PREPARING THEM TO FULLY MANAGE THEIR PET RETENTION PROGRAM MORE THAN 600 PETS RECEIVED SERVICES IN 2018 FOR VETERINARY CARE, SUPPLIES, TEMPORARY BOARDING AND MORE OVER 1,200 PETS HAVE BEEN SERVED SINCE THE PROGRAM'S INCEPTION CE AND MDAS COLLABORATED ON 11 JOINT PRESENTATIONS FOR LAW ENFORCEMENT AGENCIES THROUGHOUT MIAMI-DADE COUNTY TO BETTER EQUIP OFFICERS IN IDENTIFYING AND HANDLING ANIMAL CRUELTY CASES THE TRAININGS COVERED IDENTIFYING ANIMAL CRUELTY, THE LINK BETWEEN ANIMAL CRUELTY AND HUMAN VIOLENCE, LEGAL PROCESSES, STATE ANIMAL CRUELTY LAWS, THE ROLE OF FORENSIC VETERINARIANS, MDAS'S ROLE IN COMBATING ANIMAL CRUELTY AND THE ROLE OF THE PET RETENTION PROGRAMMING IN RESOLVING NON-CRIMINAL CASES IN ADDITION, LAW ENFORCEMENT AGENCIES IN NINE MUNICIPALITIES HAVE APPOINTED ANIMAL CRUELTY POLICE LIAISONS CM, ALONGSIDE REAL ESTATE AND LEGAL TEAMS, COMPLETED PLANNING AND PERMITTING AND BEGAN CONSTRUCTION ON A 6,000-SQUARE-FOOT SPAY/NEUTER AND PRIMARY PET CARE CLINIC IN COLLABORATION WITH MDAS

#### Form 990, Part III, Line 4b:

PALM, AND FIRST COAST NEWS

ASPCA ORG, BRINGING AWARENESS TO MORE THAN 18 MILLION SUPPORTERS AND THE PUBLIC AT LARGE ON ACTION THEY CAN TAKE ON BEHALF OF ANIMALS SOCIAL MEDIA POSTINGS ARE AN ESSENTIAL PART OF THE ASPCA'S EDUCATION PROCESS, AND THEY UPDATED THE PUBLIC OF REGULATORY WINS AND PROVIDED DETAILS OF THE ASPCA'S ANTI-CRUELTY EFFORTS IN 2018, THE ASPCA'S PROMOTIONS GENERATED TENS OF MILLIONS OF SOCIAL MEDIA IMPRESSIONS THE PUBLIC WAS UPDATED ON ACTION THAT CAN BE TAKEN TO ENSURE THAT ANIMALS ARE GIVEN THE GREATEST POSSIBLE PROTECTION UNDER THE LAW AND MADE AWARE OF HOW EACH PERSON CAN HELP THIS EFFORT MORE THAN 150 ADVOCACY E-MAILS WERE SENT IN 2018 TO ASPCA SUPPORTERS URGING THEM TO TAKE ACTION ON A VARIETY OF ANIMAL WELFARE ISSUES WITH THE HELP OF ADVOCATES. THE ASPCA SECURED NEW ANIMAL PROTECTION LAWS AND REGULATORY WINS FOR ANIMALS AT THE NATION'S CAPITAL AND IN STATE LEGISLATURES ACROSS THE COUNTRY IN 2018, THE ASPCA DISTRIBUTED MORE THAN 1,800,000 COPIES OF ASPCA ACTION, ITS MEMBER MAGAZINE, AND 15,000 COPIES, COMBINED PRINT AND DIGITAL, OF ITS ANNUAL REPORT. ASPCA ACTION INCLUDES INFORMATION ON ASPCA EVENTS AND PROGRAMS AS WELL AS PET CARE BEHAVIOR AND ADVICE LEGISLATIVE AND ANIMAL ADVOCACY NEWS KEEPS MEMBERS UP-TO-DATE ON CURRENT AND FUTURE INITIATIVES AND HOW THEY CAN HELP ENSURE THAT ANIMALS RECEIVE NECESSARY PROTECTION UNDER THE LAW THIS MAGAZINE IS AVAILABLE ON THE ASPCA WEBSITE, WHICH HAS MANY ADDITIONAL EDUCATIONAL RESOURCES FOR THE PUBLIC THE ASPCA CONTINUES TO BE A LEADING VOICE IN NATIONAL AND LOCAL MEDIA ON ANIMAL CRUELTY AND WELFARE ISSUES IN 2018. THE ASPCA APPEARED IN 22.501 FAVORABLE MEDIA PLACEMENTS ACROSS TRADITIONAL MEDIA OUTLETS AND BLOGS IN 2018, INCLUDING MANY HIGH-QUALITY PLACEMENTS IN HIGH-EXPOSURE OUTLETS SUCH AS THE NEW YORK TIMES, THE ASSOCIATED PRESS, FOX NEWS, CNN, NBC NEWS, THE HILL, THE WASHINGTON POST, USA TODAY, THE HUFFINGTON POST AND GOOD MORNING AMERICA. ASPCA EFFORTS RELATED TO ANIMAL RESCUE, ADOPTION AND ANIMAL PROTECTION LEGISLATION WERE AMONG THE FEATURED TOPICS THE ASPCA ALSO ENGAGED MANY CELEBRITY INFLUENCERS INCLUDING SIR PATRICK STEWART, HUGH JACKMAN, AND ASHLEY GREEN, WHO LENT THEIR VOICES TO HIGHLIGHT THE ORGANIZATION'S WORK SPECIFIC ASPCA-RELATED ACTIVITIES AND INITIATIVES COVERED BY MAJOR MEDIA IN 2018 INCLUDE BEHAVIORAL REHABILITATION CENTERTHE ASPCA CELEBRATED THE GRAND OPENING OF A NEW STATE-OF-THE-ART BEHAVIORAL REHABILITATION CENTER (BRC) IN WEAVERVILLE, NC, IN MAY 2018 THE FACILITY IS DEDICATED TO THE REHABILITATION AND STUDY OF EXTREMELY FEARFUL HOMELESS DOGS. MOST OF WHOM ARE VICTIMS OF CRUELTY OR NEGLECT. DOGS WHO GRADUATE ARE THEN PLACED IN SHELTERS AND RESCUE

SEE SCHEDULE OPUBLIC EDUCATION AND COMMUNICATIONS CRITICALLY IMPORTANT TO THE ASPCA'S MISSION IS EDUCATING THE PUBLIC AND BRINGING AWARENESS TO ITS PROGRAMS, ILLUSTRATING HOW PEOPLE AND ORGANIZATIONS CAN GET INVOLVED IN 2018, THE ASPCA HAD MORE THAN 45 MILLION PAGE VIEWS ON

GROUPS FOR ADOPTION ALSO ON SITE IS A LEARNING LAB WHERE OTHER SHELTER PROFESSIONALS CAN LEARN REHABILITATION TECHNIQUES TO USE AT THEIR SHELTERS NEWS OF THE BRC OPENING APPEARED ON WLOS, FOX CAROLINA, BLUE RIDGE PUBLIC RADIO AND WWBT THE SPCA OF TEXAS WAS THE FIRST SHELTER IN THE COUNTRY TO PARTICIPATE IN THE ASPCA'S LEARNING LAB PROGRAM TO LEARN NEW. EFFECTIVE REHABILITATION TECHNIOUES NEWS OUTLETS COVERED THE VISIT AND REVISITED THE STORY WHEN THE SPCA OF TEXAS APPLIED THESE NEW SKILLS TO ANIMALS AT THEIR HOME SHELTER LOCAL MEDIA OUTLETS NBC DFW, DALLAS MORNING NEWS, KDAF, AND KRLD REPORTED ON THE PARTNERSHIP PET LEASINGTHE ASPCA VOICED SUPPORT FOR LEGISLATION IN NEW YORK AIMED AT PROHIBITING PET LEASING CONTRACTS WHERE DOGS OR CATS ARE USED AS COLLATERAL. NEWS ABOUT THE LEGISLATION AND THE PREDATORY PRACTICE OF PET LEASING WAS REPORTED VIA THE ASSOCIATED PRESS, ALBANY TIMES UNION, DEMOCRAT AND CHRONICLE, WGRZ, AND THE CT MIRROR IN SEPTEMBER, LOCAL MEDIA OUTLETS, INCLUDING NEW YORK DAILY NEWS, NEWSDAY AND INFORM NY ANNOUNCED THAT THE NEW YORK STATE GOVERNOR SIGNED A LAW BANNING THE LEASING OF PETS IN

NEW YORK THE ASPCA HAILED THE SIGNING OF THE LEGISLATION BECAUSE THESE DECEPTIVE, PREDATORY FINANCING ARRANGEMENTS BENEFIT ONLY THE LENDING COMPANY AND THE PET SELLER - NOT THE CONSUMER AND CERTAINLY NOT THE ANIMAL INVOLVED ALSO IN SEPTEMBER. THE ASPCA FILED A LAWSUIT IN THE NEW JERSEY SUPERIOR COURT ON BEHALF OF TWO SISTERS AGAINST A PET STORE AND LEASING COMPANY. THE LAWSUIT CLAIMS THE PET STORE USED DECEPTIVE PRACTICES TO SIGN CUSTOMERS INTO A LEASE AGREEMENT WHEN PURCHASING A PET. THE LAWSUIT CHALLENGES THE COERCIVE PRACTICES USED BY THE PET STORE TO PERSUADE THE SISTERS INTO SIGNING THE LEASING AGREEMENT USA TODAY COVERED THE STORY ANIMAL RELOCATION AND TRANSPORTIN Q2, THE ASPCA'S

ANIMAL RELOCATION TEAM PARTICIPATED IN SEVERAL ANIMAL TRANSPORTS THAT GENERATED MEDIA ATTENTION. WINGS OF RESCUE PARTNERED WITH THE HUMANE SOCIETY OF NORTHERN TEXAS (HSNT) AND THE ASPCA FOR WHAT THEY CALLED THE LARGEST ANIMAL TRANSPORT IN THE DALLAS-FORT WORTH AREA HSNT BEGAN ITS PARTNERSHIP WITH THE ASPCA'S ANIMAL RELOCATION PROGRAM IN FEBRUARY AND TOGETHER THEY HAVE TRANSPORTED OVER 730 ANIMALS TO FIND THEIR FOREVER HOMES LOCAL MEDIA OUTLETS COVERING TRANSPORTS INCLUDED KTMF, KPAX, KTVQ, KECI, STAR TELEGRAM, NBC DFW, DALLAS NEWS, CBS DFW, AND KDFW ASPCA-NYPD PARTNERSHIPTHE ASPCA- NEW YORK CITY POLICE DEPARTMENT PARTNERSHIP RECEIVED SIGNIFICANT MEDIA ATTENTION IN 2018 IN AUGUST, MEDIA COVERED THE ASPCA GRANT TO NYPD TOWARD THE PURCHASE OF A NEW MOBILE COMMAND CENTER, WHICH PROVIDES NYPD OFFICERS RESPONDING TO CRUELTY CASES ON-THE-SPOT RESOURCES FOR ANIMAL RESCUES. INCLUDING PORTABLE CAGES, LEASHES, AND MICROCHIP READERS. THE NEW UNIT ALSO FEATURES A CONFERENCE ROOM TO PROCESS EVIDENCE AND EMERGENCY SUITES TO TRIAGE ANIMALS FOLLOWING A PRESS CONFERENCE FEATURING NYPD COMMISSIONER AND ASPCA HUMANE LAW ENFORCEMENT SPOKESPERSON, THE NEW MOBILE COMMAND CENTER APPEARED NATIONALLY IN THE WALL STREET JOURNAL AND IN LOCAL MEDIA OUTLETS,

INCUDING THE NEW YORK POST, THE NEW YORK DAILY NEWS, WABC, PIX 11 AND NY 1 NATIONAL DOG FIGHTING AWARENESS DAYFOR THE SECOND YEAR IN A ROW, SIR PATRICK STEWART SERVED AS THE FACE OF ASPCA NATIONAL DOGFIGHTING AWARENESS DAY (NDFAD) HE TOURED ASPCA FACILITIES. PARTICIPATED IN A UNIOUE VIDEO ABOUT OUR WORK, AND PROMOTED THE CAMPAIGN THROUGH HIS SOCIAL MEDIA CHANNELS NATIONAL MEDIA OUTLETS LOOK TO THE STARS AND US WEEKLY

REPORTED ON THE VISIT. MESSAGES IN SUPPORT OF NDFAD WERE ALSO TWEETED BY MORE THAN 30 CELEBRITIES AND INFLUENCERS INCLUDING ACTORS HUGH JACKMAN, PEYTON LIST, SADIE SINK, KAT DENNINGS, ERIC MCCORMACK, AND ANJELICA HUSTON HELP A HORSE DAYTHE ASPCA'S ANNUAL HELP A HORSE DAY CONTEST

WAS ROLLED OUT NATIONWIDE WITH MORE THAN 120 EQUINE RESCUES, SANCTUARIES AND SHELTERS COMPETING FOR GRANTS FROM THE ASPCA TOTALING \$110,000 NEWS OF HELP A HORSE DAY WAS REPORTED BY THE HORSE, ORLANDO SENTINEL, WILA, AND KROE ADOPT A SHELTER CAT MONTHTHE ASPCA LAUNCHED ITS 'MEOW

FOR NOW' CAMPAIGN DURING ADOPT A SHELTER CAT MONTH IN JUNE TO RAISE AWARENESS ABOUT THE NEED FOR FOSTER HOMES FOR CATS AND KITTENS. A LOCAL BULLDOG NAMED NONO HELPED SPREAD THE WORD AND GENERATED PARTICULAR ATTENTION FOR HELPING SOCIALIZE 17 FOSTERED KITTENS NONO WAS FEATURED IN NATIONAL AND LOCAL MEDIA OUTLETS COVERING THE MEOW FOR NOW CAMPAIGN INCLUDING PEOPLE, GOTHAMIST, NY1, AND THE NEW YORK POST IN 2018, THE ASPCA RECEIVED NOTABLE MEDIA COVERAGE FOR ITS FIELD INVESTIGATION AND RECOVERY EFFORTS COLUMBIA, SC DOGFIGHTING RAIDIN APRIL, THE ASPCA

ASSISTED AUTHORITIES IN SOUTH CAROLINA. RESCUING 32 DOGS FROM A SUSPECTED DOGFIGHTING OPERATION. THE DOGS WERE TAKEN TO A TEMPORARY SHELTER FOR MEDICAL CARE SEVERAL NATIONAL AND LOCAL MEDIA OUTLETS REPORTED ON THE RESCUE, INCLUDING THE ASSOCIATED PRESS, POST AND COURIER, WCBD, NEWS AND OBSERVER, WCSC, AND WCIV NEWS OF THE ASPCA ASSISTING THE GEORGE COUNTY SHERRIFF'S OFFICE IN REMOVING 24 INJURED AND MALNOURISHED PIT BULLS FROM A SUSPECTED DOGFIGHTING OPERATION IN MISSISSIPPI WAS REPORTED IN MAY THE DOGS WERE TRANSPORTED TO A TEMPORARY UNDISCLOSED SHELTER WHERE THEY RECEIVED MEDICAL CARE AND BEHAVIORAL ENRICHMENT. THE RAID WAS COVERED NATIONALLY IN THE ASSOCIATED PRESS AND LOCALLY IN THE SUN HERALD, MS NEWS NOW, WLOX, WTOK, AND WDAM LAKE BUTLER NEGLECTED HORSESIN OCTOBER, THE ASPCA WORKED ALONGSIDE FLORIDA'S UNION COUNTY SHERIFF'S OFFICE AND SURROUNDING COUNTY DEPUTIES TO RESCUE 53 SEVERELY NEGLECTED HORSES FROM A SELF-PROCLAIMED HORSE RESCUE THE

ASPCA'S INVOLVEMENT IN THE RESCUE WAS REPORTED BY SEVERAL NEWS OUTLETS, INCLUDING THE ORLANDO SENTINEL, THE HORSE, WJXT, WPTV, TREASURE COAST

Form 990, Part III, Line 4c: SEE SCHEDULE OPOLICY, RESPONSE AND ENGAGEMENT PROGRAMS PRE INCLUDES THE BEHAVIORAL REHABILITATION CENTER IN WEAVERVILLE, NORTH CAROLINA, HUMANE LAW ENFORCEMENT IN NEW YORK, WHICH INCLUDES THE ASPCA-NEW YORK CITY POLICE DEPARTMENT (NYPD) PARTNERSHIP, EQUINE WELFARE, FARM ANIMAL WELFARE, AND NATIONAL, STATE, AND LOCAL LEGISLATIVE INITIATIVES, AS WELL AS ANIMAL BEHAVIOR, ANIMAL FIELD INVESTIGATIONS AND RESPONSE, AND ANIMAL FORENSIC ACTIVITIES IN 2018, THE ASPCA BEHAVIORAL REHABILITATION CENTER (BRC) FINALIZED PREPARATIONS TO LAUNCH OPERATIONS IN WEAVERVILLE, NORTH CAROLINA AT THE NEW, STATE-OF-THE-ART FACILITY, THE ASPCA MORE THAN DOUBLED PREVIOUS CAPACITY TO ASSIST DOGS IN NEED THE TEAM REACHED FULL CAPACITY WITH DOGS IN TREATMENT BY APRIL 1, AND BY DECEMBER 2018, HAD ACCEPTED 110 DOGS INTO THE PROGRAM, MAINTAINING A HIGH SUCCESS RATE OF 91% THE ASPCA BRC FINALIZED AN INITIAL CURRICULUM AND LAUNCHED THE LEARNING LAB PROGRAM - AN INTENSIVE, COLLABORATIVE LEARNING EXPERIENCE AT THE BRC FACILITY - IN MAY 2018 AS PART OF EFFORTS TO SHARE THE GROUNDBREAKING WORK WITH OTHER LEADING ANIMAL WELFARE ORGANIZATIONS NATIONWIDE THE TEAM CREATED TWO CURRICULA THE CORE RETREAT AND THE SPECIALIST RETREAT DURING THE CORE RETREAT, OPERATIONS, SHELTER MEDICINE ANIMAL BEHAVIOR LEADERSHIP AND EXECUTIVE LEADERSHIP ATTEND A FOUR-DAY WORKSHOP DESIGNED TO INFUSE BEHAVIORAL WELFARE INTO ALL ASPECTS OF OPERATION FOR ALL ANIMALS IN A SHELTER'S CARE AFTER ATTENDING THE CORE RETREAT, SHELTERS ARE ELIGIBLE TO ATTEND THE SPECIALIST RETREAT, A FIVE-DAY, HANDS-ON IMMERSION INTO THE ASPCA'S BEHAVIOR MODIFICATION PROGRAM FOR EXTREMELY FEARFUL, UNDERSOCIALIZED DOGS FOLLOWING RETREAT PARTICIPATION, EACH ORGANIZATION JOINS A GROWING NATIONAL NETWORK OF PARTNER SHELTERS THAT CAN SHARE LEARNINGS AND BEST PRACTICES, WORKING TOGETHER TO ELEVATE THE FIELD OF SHELTER ANIMAL BEHAVIOR LAST YEAR. THE SPCA OF TEXAS COMPLETED THE CORE AND SPECIALIST RETREAT CURRICULA AND LAUNCHED ITS OWN REHABILITATION PROGRAM FOR FEARFUL DOGS CHARLESTON ANIMAL SOCIETY IN SOUTH CAROLINA, HUMANE RESCUE ALLIANCE IN WASHINGTON, D.C. AND WENATCHEE VALLEY HUMANE SOCIETY IN WASHINGTON COMPLETED THE CORE RETREAT AND JOINED THE ONLINE PARTNER NETWORK THE ANIMAL FORENSIC SCIENCES TEAM WORKS TO COLLECT AND ANALYZE EVIDENCE THAT LOCAL, STATE AND FEDERAL LAW ENFORCEMENT MAY USE TO SECURE CRUELTY CONVICTIONS IN 2018 IN NYC, THE ASPCA MANAGED 318 CASES, 605 EXAMINATIONS, AND 10 STAFF DEPLOYMENTS, AND DELIVERED 31 EXPERT WITNESS TESTIMONIES. THREE NEW YORK CITY FORENSIC VETERINARIANS TESTIFIED IN 27 CASES THESE CONSISTED OF NINE SECURITY PETITIONS, 12 GRAND JURY HEARINGS AND SIX TRIALS THE FORENSIC EXTERNSHIP AT THE ASPCA ANIMAL HOSPITAL IN NYC HAS GROWN SIGNIFICANTLY SINCE THE START OF THE ASPCA-NYPD PARTNERSHIP FROM 2013-2018. THERE HAVE BEEN 107 STUDENTS FROM 29 AMERICAN VETERINARY MEDICAL ASSOCIATION (AVMA) ACCREDITED SCHOOLS IN THE UNITED STATES IN 2018. MEMBERS OF THE TEAM AUTHORED A COMBINED FIVE CHAPTERS IN THE TWO-VOLUME VETERINARY FORENSIC PATHOLOGY TEXTBOOK ADDITIONALLY, IN COLLABORATION WITH STRATEGY AND RESEARCH, THE TEAM CO-AUTHORED A MANUSCRIPT SUBMITTED FOR PUBLICATION TO THE JOURNAL OF FORENSIC SCIENCES, WHICH DEMONSTRATES HOW PROSECUTORS VALUE AND USE VARIOUS FORMS OF EVIDENCE IN THE PROSECUTION OF ANIMAL CRUELTY IN 2018. THE FORENSIC SCIENCES TEAM IN GAINESVILLE, FLORIDA, PERFORMED OVER 1,000 EXAMS, NEARLY DOUBLE THE NUMBER FROM 2017 THEY WORKED CLOSELY WITH THE FIELD INVESTIGATIONS AND RESPONSE TEAM, THE ANTI-CRUELTY BEHAVIOR TEAM AND THE LEGAL ADVOCACY TEAM ON 16 DIFFERENT CASE DEPLOYMENTS WHILE ALSO COLLABORATING ON THE DEVELOPMENT OF NEW PROTOCOLS AND THE REFINEMENT OF EXISTING PROTOCOLS THE FORENSIC SCIENCES TEAM ALSO DEVELOPED AND REFINED TRAINING FOR VETERINARIANS IN RECOGNIZING AND REPORTING ANIMAL CRUELTY IN 2018. FORENSIC SCIENCES BEGAN TRAINING THE COMMUNITY MEDICINE TEAM IN LOS ANGELES THEY ALSO DELIVERED TWO DAY-LONG TRAININGS IN FLORIDA FOR MIAMI- AND SARASOTA-AREA VETERINARIANS IN 2018, THE FIELD INVESTIGATIONS AND RESPONSE (FIR) TEAM CONDUCTED 54 INVESTIGATIONS, FILED 489 CRIMINAL CHARGES, SHELTERED AND PROVIDED DAILY CARE FOR OVER 5,200 ANIMALS, RESCUING OR ASSISTING A TOTAL OF 21,647 ANIMALS THE FIR TEAM DEPLOYED TO 23 OPERATIONS ACROSS 15 STATES IN 2018, INCLUDING MULTIPLE ANIMAL CRUELTY CASES AND DISASTER RESPONSES INVOLVING WILDFIRES, HURRICANES AND A VOLCANO ERUPTION IN HAWAII THE TEAM RESPONDED TO WILDFIRES ACROSS THE STATE OF CALIFORNIA, INCLUDING THE CAMP AND WOOLSEY FIRES IN RESPONSE TO THE WIDESPREAD DEVASTATION, THE FIR TEAM WORKED WITH LOCAL AND STATE AUTHORITIES TO ASSIST WITH SEARCH-AND-RESCUE OPERATIONS AND DAILY CARE ACTIVITIES AT TEMPORARY SHELTERS, AND TO PROVIDE CRITICAL CARE TO AFFECTED ANIMALS BETWEEN THE THREE RESPONSES, A TOTAL OF 6,558 ANIMALS WERE IMPACTED. THE OVERALL EFFORTS OF THIS TEAM REQUIRED AT LEAST 152,300 HOURS BY 918 UNIQUE RESPONDERS IN THE FIELD LEGAL ADVOCACY FILED 22 PETITIONS UNDER NEW YORK'S SECURITY POSTING LAW, WITH THE GOAL OF REDUCING THE LENGTH OF TIME THAT ANIMALS SEIZED IN NYPD CASES ARE HELD AS EVIDENCE NINE PETITIONS RESULTED IN COURT-ORDERED FORFEITURE OF ANIMALS, 12 INVOLUNTARY SURRENDER OR DISCLAIMER OF OWNERSHIP, AND ONE IN A SECURITY BOND BEING POSTED LEGAL HOLD TIMES FOR ANIMALS OVERALL WERE REDUCED BY 22% IN 2018 COMPARED TO 2017 IN ADDITION TO ITS WORK ON NYPD CASES. THE DEPARTMENT PROVIDED SUBSTANTIAL LEGAL ASSISTANCE IN APPROXIMATELY 40 ANIMAL CRUELTY CASES NATIONWIDE LEGAL ADVOCACY'S ATTORNEYS CONTINUED TO PROVIDE TRAINING TO LAW ENFORCEMENT AND PROSECUTORS AROUND THE COUNTRY. THE DEPARTMENT INITIATED TWO CIVIL LAWSUITS - ONE CHALLENGING A PET-LEASING ARRANGEMENT, AND THE OTHER CHALLENGING THE USDA FOR ITS FAILURE TO DISCLOSE INSPECTION RECORDS OF COMMERCIAL DOG-BREEDING FACILITIES - AND PROVIDED LEGAL ANALYSIS AND BILL-DRAFTING EXPERTISE, LEADING TO APPROXIMATELY 25 LEGISLATIVE AND REGULATORY SUCCESSES THE ASPCA HUMANE LAW ENFORCEMENT (HLE) DEPARTMENT HAS CONTINUED TO WORK CLOSELY WITH THE NEW YORK CITY POLICE DEPARTMENT (NYPD) SINCE THE PARTNERSHIP BEGAN IN 2014 THE IMPACT OF THIS COMBINED EFFORT HAS PROVEN EFFECTIVE WITH HLE AND THE NYPD ASSISTING MORE THAN 950 ANIMALS VIA LAW ENFORCEMENT AND/OR INTERVENTION IN NEW YORK CITY AND 120 CASES REFERRED TO THE ASPCA BY NYPD PERSONNEL IN 2018 THE HLE DEPARTMENT CONDUCTED DOZENS OF TRAININGS FOR MORE THAN 3,800 NYPD PERSONNEL AND ATTENDED PRECINCT COMMUNITY COUNCIL MEETINGS, COMMUNITY BOARD MEETINGS AND DISTRICT CABINET MEETINGS THROUGHOUT NEW YORK CITY'S FIVE BOROUGHS IN 2018, THE ASPCA-NYPD PARTNERSHIP MANAGED MORE THAN 8,600 CALLS TO 311 REGARDING ANIMAL CRUELTY, 1,500 NYPD CALLS TO THE 24-HOUR HLE HOTLINE, AND 131 ARRESTS IN 2018, THE ASPCA GOVERNMENT RELATIONS (GR) DEPARTMENT HELPED PASS MANY LEGISLATIVE AND POLICY INITIATIVES THAT RESULTED IN STRONGER ANIMAL PROTECTIONS ACROSS THE COUNTRY HIGHLIGHTS INCLUDE PUPPY MILLS THE U.S. DEPARTMENT OF AGRICULTURE (USDA) YIELDED TO PRESSURE FROM THE ASPCA AND OTHER ANIMAL WELFARE GROUPS AND ABANDONED ITS PROPOSAL TO SANCTION THIRD-PARTY INSPECTIONS OF FEDERALLY LICENSED DOG BREEDERS. THE ASPCA SUCCESSFULLY LOBBIED CONGRESS TO REQUEST A NEW AUDIT OF USDA ENFORCEMENT OF COMMERCIAL BREEDERS. AND CONTINUED TO LOBBY FOR THE COMPLETE RESTORATION OF ANIMAL WELFARE ACT AND HORSE PROTECTION ACT INSPECTION REPORTS ON THE USDA'S WEBSITE IN GEORGIA AND FLORIDA, GR HELPED STOP THE PUPPY MILL INDUSTRY'S EFFORTS TO STRIP LOCAL GOVERNMENTS OF THEIR ABILITY TO REGULATE THE RETAIL SALE OF CRUELLY BRED DOGS IN THEIR COMMUNITIES. IN NEW YORK, GR ALSO SPEARHEADED A BILL OUTLAWING THE LEASING OF DOGS AND CATS. MAKING IT THE THIRD STATE IN THE NATION TO BAN THESE DECEPTIVE, PREDATORY FINANCING SCHEMES EQUINE WELFARE THE ASPCA SUCCESSFULLY LOBBIED TO INCLUDE A BAN ON FEDERAL FUNDING FOR HORSE SLAUGHTER IN THE OMNIBUS APPROPRIATIONS BILL, AS WELL AS THE INCLUSION OF LONGSTANDING PROTECTIONS IN THE HOUSE AND SENATE INTERIOR APPROPRIATIONS BILLS AGAINST THE COMMERCIAL SLAUGHTER AND KILLING OF HEALTHY, WILD HORSES UNDER THE CARE OF THE U.S. BUREAU OF LAND MANAGEMENT SHELTER REGULATIONS IN FLORIDA, GR LED THE CHARGE ON RETURN-TO-OWNER LEGISLATION REQUIRING ORGANIZATIONS THAT ACCEPT LOST OR STRAY ANIMALS TO EMPLOY REASONABLE PROCEDURES THAT BETTER HELP THEM QUICKLY AND RELIABLY RETURN LOST PETS TO THEIR FAMILIES. IN CALIFORNIA, GR SPEARHEADED A NEW LAW ALLOWING RESCUE ORGANIZATIONS TO FORGO THE STATE'S THREE-DAY WAITING PERIOD AND IMMEDIATELY PLACE KITTENS AND PUPPIES WITH FOSTERS, MAKING IT MORE LIKELY THAT THESE ANIMALS EXPERIENCE HEALTHY OUTCOMES THE NYC COUNCIL PASSED CRITICAL LEGISLATION REQUIRING FULL-SERVICE ANIMAL SHELTERS IN EACH OF THE CITY'S FIVE BOROUGHS BY JULY 2024

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

| 4 ·                            | for related                            |   |                       |    |              |                              |        | (W- 2/1099- | (14/ 2/1000               | organization and      |
|--------------------------------|--|---|-----------------------|----|--------------|------------------------------|--------|-------------|---------------------------|-----------------------|
|                                | organizations<br>below dotted<br>line) |   | Institutional Trustee | 10 | key employee | Highest compensated employee | Former | MISC)       | (W- 2/1099-<br>MISC)  0 0 | related organizations |
| FREDERICK TANNE CHAIRPERSON    | 1 00                                   | × |                       | x  |              |                              |        | 0           | 0                         | 0                     |
| SALLY SPOONER VICE CHAIRPERSON | 1 00                                   | × |                       | x  |              |                              |        | 0           | 0                         | 0                     |
| CATHY WALLACH SECRETARY        | 1 00                                   | x |                       | х  |              |                              |        | 0           | 0                         | 0                     |
| JANE W PARVER                  | 1 00                                   |   |                       | х  |              |                              |        | 0           | 0                         | 0                     |

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| CATHY WALLACH |
|---------------|
| SECRETARY     |
| JANE W PARVER |
| TREASURER     |
|               |

ARRIANA BOARDMAN

LINDA LLOYD LAMBERT

TRACY V MAITLAND

C ALLEN PARKER

JEFFREY A PFEIFLE

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MARTIN PURIS

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and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

|                                    | organizations<br>below dotted<br>line) | ndrødual trustee<br>ridirector | nstitutional Trustee | 10 | ey employee | ighest compensated<br>mplovee | ormer | MISC)   | MISC) | related<br>organizations |
|------------------------------------|--|--------------------------------|----------------------|----|-------------|-------------------------------|-------|---------|-------|--------------------------|
| SCOTT THIEL DIRECTOR               | 1 00                                   | ×                              |                      |    |             |                               |       | 0       | 0     | 0                        |
| MARY JO WHITE DIRECTOR             | 1 00<br>0 00                           | ×                              |                      |    |             |                               |       | 0       | 0     | 0                        |
| TIM F WRAY DIRECTOR                | 3 00                                   | ×                              |                      |    |             |                               |       | 0       | 0     | 0                        |
| MATTHEW BERSHADKER PRESIDENT & CEO | 65 00<br>2 00                          | ×                              |                      | х  |             |                               |       | 712,397 | 0     | 57,129                   |
| TODD HENDRICKS                     | 50 00                                  |                                |                      |    | х           |                               |       | 348,875 | 0     | 52,651                   |

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| PRESIDENT & CEO   |
|-------------------|
| TODD HENDRICKS    |
| SVP, DEVELOPMENT  |
| ELIZABETH ESTROFF |

SVP, COMMUNICATIONS

JULIE MORRIS

STACY WOLF

BERT TROUGHTON

SARAH LEVIN GOODSTINE

SVP, COMMUNITY OUTREACH

...... SVP, OPERATIONS & STRATEGY

SVP, POLICY RESPONSE & ENGAGEMENT

SVP, SHELTER & VETERINARY SERVICES

......

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer from the from related week (list compensation m the

and Independent Contractors

SVP, ASPCA ANIMAL HOSPITAL

SVP, ANTI-CRUELTY SPECIAL PROJECTS

RANDALL LOCKWOOD

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

|  | any hours<br>for related               |                                   | l a dır               | recto   | r/tr         | ustee                        | )      | organization<br>(W- 2/1099- | organizations<br>(W- 2/1099- | from the organization and |
|--|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------|------------------------------|---------------------------|
|  | organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC)                       | MISC)                        | related organizations     |
| BEVERLY JONES SVP, CHIEF LEGAL OFFICER | 50 00                                  |                                   |                       |         | х            |                              |        | 265,633                     | 0                            | 50,271                    |
| SVP, CHIEF LEGAL OFFICER               | 0 00                                   |                                   |                       |         |              |                              |        |                             |                              |                           |
| J'MAI GAYLE                            | 50 00                                  |                                   |                       |         |              | l x                          |        | 270,772                     | 0                            | 50,365                    |
| DIRECTOR, SURGERY                      | 0 00                                   |                                   |                       |         |              |                              |        | 2,0,,,2                     |                              | 30,303                    |
|  | 50.00                                  | I                                 | I                     | I       | ı            | I                            | 1 1    |                             |                              | I                         |

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| SVP, CHIEF LEGAL OFFICER                    | 0 00  |   |   |       |    |   | ·       |   |  |
| J'MAI GAYLE                                 | 50 00 |   |   |       | ., |   | 272     |   |  |
|   |       |   |   |       | X  |   | 270,772 | U |  |
| DIRECTOR, SURGERY                           | 0 00  |   |   |       |    |   |         |   |  |
| STEPHEN J MUSSO                             | 50 00 |   |   |       |    |   |         |   |  |
|   |       |   |   |       | x  |   | 262,155 | o |  |
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| DIRECTOR, SURGERY                           | 0 00  |   |  | ^     | 2,0,7,2     |   |  |
| STEPHEN J MUSSO                             | 50 00 |   |  |       |             |   |  |
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| NANCY PERRY                                 | 50 00 |   |  |       |             |   |  |

| STEPHEN J MUSSO                             | 50 00 |     |   |   |   | <sub>×</sub> |   | 262,155 | n |   |
|---|-------|-----|---|---|---|--------------|---|---------|---|---|
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| NANCY PERRY                                | 50 00 |  |  | × | 249,768 | 0 |  |
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|  | Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  Attach to Form 990 or Form 990-EZ.   |                                |   |   |                                       |                                     |                         |                              |  |  |
|--|--|--------------------------------|---|---|---------------------------------------|-------------------------------------|-------------------------|------------------------------|--|--|
|  |  |                                | ► Go to   | www.irs.gov/Forms                                   | 990 for the late                      | st information                      |                         | Open to Public<br>Inspection |  |  |
| Name of th   | e organiza   |                                | TION  |   |                                       |                                     | Employer identifi       | cation number                |  |  |
| One Z)    Complete if the organization is a section 501(c)(3) organization or a 90 EZ. |  |                                |   |   | 13-1623829                            |                                     |                         |                              |  |  |
|  | Check of the Discovery of the Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or as 4947(a)(1) nonexempt charitable trust.  **Position of the Treatment of Tre |                                | See instructions.                                 |   |                                       |                                     |                         |                              |  |  |
|  |  | •                              |   | `   | · '                                   | , ,                                 | (A)(i).                 |                              |  |  |
| 2 🗆  | A school de  | scribed in <b>se</b>           | ction 170(b)(                                     | 1)(A)(ii). (Attach Sch                              | nedule E (Form 9                      | 90 or 990-EZ))                      |                         |                              |  |  |
| 3 □  |  |                                |   |   | ,                                     |                                     |                         |                              |  |  |
| 4 🗆  | A medical r  | esearch orga                   | •   | -   |                                       |                                     | •                       | Enter the hospital's         |  |  |
| 5 🗌  |  |                                |   | it of a college or unive                            | rsity owned or op                     | perated by a gov                    | ernmental unit descr    | ribed in <b>section 170</b>  |  |  |
| 6 🗌  | A federal, s   | tate, or local                 | government o                                      | r governmental unit de                              | scribed in <b>sectio</b>              | on 170(b)(1)(A                      | ۱)(v).                  |                              |  |  |
| 7 🗸  | -  |                                | ,   |   | s support from a                      | governmental u                      | ınıt or from the gene   | ral public described in      |  |  |
| 8 🗌  | A communi  | ty trust descr                 | ıbed ın <b>sectio</b> ı                           | n 170(b)(1)(A)(vi)                                  | (Complete Part I                      | I)                                  |                         |                              |  |  |
| 9 🗌  |  |                                |   |   |                                       |                                     |                         | llege or university or       |  |  |
| P 🗆  | from activit<br>investment   | ies related to<br>income and i | its exempt fur<br>inrelated busir                 | nctions—subject to cer<br>ness taxable income (le   | taın exceptions,                      | and (2) no more                     | than 331/3% of its s    | upport from gross            |  |  |
| ı 🗆  | •  |                                |   | •   | r public safety S                     | ee section 509                      | (a)(4).                 |                              |  |  |
| 2 🗆  | more public  | ly supported                   | organizations                                     | described in <b>section 5</b>                       | <b>09(a)(1)</b> or se                 | ction 509(a)(2                      | ). See section 509(     |                              |  |  |
| a 🗌  | <b>Type I.</b> A so  | upporting org<br>n(s) the powe | ganization opei<br>er to regularly                | rated, supervised, or co<br>appoint or elect a majo | ontrolled by its s                    | upported organi                     | zation(s), typically by |                              |  |  |
| ь 🗆  | manageme   | nt of the supp                 | orting organiz                                    | ation vested in the sar                             |                                       |                                     |                         |                              |  |  |
| c 🗌  |  | •                              | -   |   | •                                     | •                                   | , -                     | ated with, its               |  |  |
| d 🗌  | Type III n<br>functionally   | on-function<br>integrated      | <b>ally integrate</b><br>The organization         | d. A supporting organi<br>in generally must satis   | ization operated<br>fy a distribution | in connection wi<br>requirement and | th its supported orga   |                              |  |  |
| e 🗌  | Check this   | oox If the org                 | anızatıon recei                                   | ved a written determir                              | nation from the I                     |                                     | pe I, Type II, Type I   | II functionally              |  |  |
| <b>f</b> Enter   | -  |                                | ·   | integrated supporting                               | organization                          |                                     | _                       |                              |  |  |
|  |  |                                |   |   | T .                                   |                                     | ı                       |                              |  |  |
|  |  |                                | organization (described on lines 1- 10 above (see |   |                                       |                                     |                         |                              |  |  |
|  |  |                                |   |   | Yes                                   | No                                  |                         |                              |  |  |
|  |  |                                |   |   |                                       |                                     |                         |                              |  |  |
| otal   |  |                                |   |   |                                       |                                     |                         |                              |  |  |
|  | ork Reduc  | tion Act Not                   | ice, see the I                                    | l<br>nstructions for                                | Cat No 11285                          | <u>.</u><br>5F !                    | <br>Schedule A (Form 9  | 990 or 990-EZ) 201           |  |  |

|   | III. If the organization f  | fails to qualify ur | nder the tests lis | sted below, plea | ise complete Par | t III.)     |               |
|---|---|---------------------|--------------------|------------------|------------------|-------------|---------------|
|   | Section A. Public Support   |                     |                    |                  |                  |             | _             |
|   | Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2014            | <b>(b)</b> 2015    | (c) 2016         | (d) 2017         | (e) 2018    | (f) Total     |
| 1 | Gifts, grants, contributions, and<br>membership fees received (Do not<br>include any "unusual grant") | 163,600,103         | 182,705,546        | 197,064,307      | 219,969,109      | 243,128,195 | 1,006,467,260 |
| 2 | Tax revenues levied for the<br>organization's benefit and either<br>paid to or expended on its behalf |                     |                    |                  |                  |             |               |

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

2 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 163,600,103 182,705,546 197,064,307 219,969,109 243,128,195 1,006,467,260 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on

line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year **(b)**2015 (a)2014 (c)2016 (d)2017 (e)2018 (f)Total (or fiscal year beginning in) ▶ Amounts from line 4 163,600,103 182,705,546 197,064,307 219,969,109 243,128,195

1,006,467,260 Gross income from interest. dividends, payments received on 5,093,532 5,222,599 4,588,637 5,149,538 6,362,100 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not 37,048 145,264 131,748 the business is regularly carried on

10 Other income Do not include gain or loss from the sale of capital 2,372,646 396,241 253,763 311,653 341,899 assets (Explain in Part VI ) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12

1,006,467,260 26,416,406 314,060 3,676,202 1,036,873,928 71,134,917 14 97 070 % 15 96 820 % ▶Ⅵ and stop here. The organization qualifies as a publicly supported organization

Section C. Computation of Public Support Percentage

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, 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2017 Schedule A, Part II, line 14 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2017. 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

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 h 10%-facts-and-circumstances test—2017. 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 VI 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 Schedule A (Form 990 or 990-EZ) 2018

| Р        | Support Schedule for  |                    |                           |                       |                     |                   |                 |
|----------|---|--------------------|---------------------------|-----------------------|---------------------|-------------------|-----------------|
|          | (Complete only if you c   |                    |                           |                       |                     |                   | ler Part II. If |
| - C      | the organization fails to<br>ection A. Public Support                     | quality under t    | ne tests listed           | pelow, please co      | omplete Part II.    | )                 |                 |
| 30       | Calendar year   |                    | 43.554.5                  |                       | 413.004-            |                   | (0) =           |
|          | (or fiscal year beginning in) ▶   | (a) 2014           | <b>(b)</b> 2015           | (c) 2016              | (d) 2017            | (e) 2018          | (f) Total       |
| 1        | Gifts, grants, contributions, and   |                    |                           |                       |                     |                   |                 |
|          | membership fees received (Do not include any "unusual grants")            |                    |                           |                       |                     |                   |                 |
| 2        | Gross receipts from admissions,   |                    |                           |                       |                     |                   |                 |
| _        | merchandise sold or services  |                    |                           |                       |                     |                   |                 |
|          | performed, or facilities furnished in                                     |                    |                           |                       |                     |                   |                 |
|          | any activity that is related to the                                       |                    |                           |                       |                     |                   |                 |
| _        | organization's tax-exempt purpose Gross receipts from activities that are |                    |                           |                       |                     |                   |                 |
| 3        | not an unrelated trade or business  |                    |                           |                       |                     |                   |                 |
|          | under section 513   |                    |                           |                       |                     |                   |                 |
| 4        | Tax revenues levied for the   |                    |                           |                       |                     |                   |                 |
|          | organization's benefit and either paid                                    |                    |                           |                       |                     |                   |                 |
| _        | to or expended on its behalf The value of services or facilities          |                    |                           |                       |                     |                   |                 |
| 5        | furnished by a governmental unit to                                       |                    |                           |                       |                     |                   |                 |
|          | the organization without charge   |                    |                           |                       |                     |                   |                 |
| 6        | Total. Add lines 1 through 5  |                    |                           |                       |                     |                   |                 |
| 7a       | Amounts included on lines 1, 2, and                                       |                    |                           |                       |                     |                   |                 |
| _        | 3 received from disqualified persons                                      |                    |                           |                       |                     |                   |                 |
| b        | Amounts included on lines 2 and 3 received from other than disqualified   |                    |                           |                       |                     |                   |                 |
|          | persons that exceed the greater of  |                    |                           |                       |                     |                   |                 |
|          | \$5,000 or 1% of the amount on line                                       |                    |                           |                       |                     |                   |                 |
|          | 13 for the year   |                    |                           |                       |                     |                   |                 |
| С        | Add lines 7a and 7b   |                    |                           |                       |                     |                   |                 |
| 8        | Public support. (Subtract line 7c   |                    |                           |                       |                     |                   |                 |
|          | from line 6 )   |                    |                           |                       |                     |                   |                 |
| 36       | ection B. Total Support  Calendar year                                    |                    |                           | I                     | 1                   |                   | 1               |
|          | (or fiscal year beginning in) ▶   | (a) 2014           | <b>(b)</b> 2015           | (c) 2016              | (d) 2017            | (e) 2018          | (f) Total       |
| 9        | Amounts from line 6   |                    |                           |                       |                     |                   |                 |
| 10a      | Gross income from interest,   |                    |                           |                       |                     |                   |                 |
|          | dividends, payments received on   |                    |                           |                       |                     |                   |                 |
|          | securities loans, rents, royalties and                                    |                    |                           |                       |                     |                   |                 |
| b        | income from similar sources Unrelated business taxable income             |                    |                           |                       |                     |                   |                 |
| D        | (less section 511 taxes) from   |                    |                           |                       |                     |                   |                 |
|          | businesses acquired after June 30,  |                    |                           |                       |                     |                   |                 |
|          | 1975  |                    |                           |                       |                     |                   |                 |
| C        | Add lines 10a and 10b   |                    |                           |                       |                     |                   |                 |
| 11       | Net income from unrelated business  |                    |                           |                       |                     |                   |                 |
|          | activities not included in line 10b, whether or not the business is       |                    |                           |                       |                     |                   |                 |
|          | regularly carried on  |                    |                           |                       |                     |                   |                 |
| 12       |   |                    |                           |                       |                     |                   |                 |
|          | loss from the sale of capital assets                                      |                    |                           |                       |                     |                   |                 |
|          | (Explain in Part VI )   |                    |                           |                       |                     |                   |                 |
| 13       | <b>Total support.</b> (Add lines 9, 10c, 11, and 12)                      |                    |                           |                       |                     |                   |                 |
| 14       | First five years. If the Form 990 is fo                                   | r the organization | ı<br>'s fırst, second, tl | nird, fourth, or fift | :h tax vear as a se | ction 501(c)(3) c | rganization.    |
|          | check this box and <b>stop here</b>                                       | ,                  | , ,                       | , ,                   | ,                   | ( ), ( )          | • □             |
| Se       | ection C. Computation of Public   | Support Perce      | ntage                     |                       |                     |                   | <u> </u>        |
| 15       | Public support percentage for 2018 (lin                                   |                    |                           | column (f))           |                     | 15                |                 |
| 16       | Public support percentage from 2017 S                                     |                    |                           |                       |                     | 16                |                 |
|          | ection D. Computation of Investi  |                    |                           |                       |                     | 1 1               |                 |
| <u> </u> | Investment income percentage for 201                                      |                    |                           | line 13, column (f    | ·))                 | 17                |                 |
| 18       | Investment income percentage from 2                                       | •                  |                           | ,                     | ••                  | 18                |                 |
|          | 331/3% support tests—2018. If the   |                    | ·                         | on line 14 and lin    | ne 15 is more than  |                   | ne 17 is not    |
|          |   |                    |                           |                       |                     |                   | _               |
|          | more than 33 1/3%, check this box and s                                   |                    |                           |                       |                     |                   |                 |
| b        | 33 1/3% support tests—2017. If the  | -                  |                           |                       | •                   |                   | _               |
|          | not more than 33 1/3%, check this box                                     | and stop here.     | The organization          | qualifies as a publ   | icly supported org  | anization         | ▶⊔_             |
| 20       | Private foundation. If the organization                                   | on did not check a | box on line 14, 1         | .9a, or 19b, check    | this box and see    | instructions      | ▶ □             |

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

| >cn | edule A (Form 990 or 990-E2) 2018  |             | F       | age 5 |
|-----|--|-------------|---------|-------|
| Pa  | rt IV Supporting Organizations (continued)   |             |         |       |
|     |  |             | Yes     | No    |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?  |             |         |       |
| а   | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the  |             |         |       |
|     | governing body of a supported organization?  | 11a         |         |       |
| b   | A family member of a person described in (a) above?  | 11b         |         |       |
| C   | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI   | <b>11</b> c |         |       |
| S   | ection B. Type I Supporting Organizations  |             |         |       |
|     |  |             | Yes     | No    |
| 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1           |         |       |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting  | 2           |         |       |
|     | organization   | -           |         |       |
| S   | ection C. Type II Supporting Organizations   |             |         |       |
|     |  |             | Yes     | No    |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of  |             |         |       |
|     | each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)   | 1           |         |       |
| _   | <u> </u>   |             |         |       |
|     | ection D. All Type III Supporting Organizations  |             | Yes     | No    |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?   |             | 103     | -140  |
|     |  | 1           |         |       |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)   |             |         |       |
|     |  | 2           |         |       |
| 3   | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard   | 3           |         |       |
| S   | ection E. Type III Functionally-Integrated Supporting Organizations  |             | l       |       |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)  | ions)       |         |       |
|     | The organization satisfied the Activities Test Complete line 2 below   | •           |         |       |
|     | b  |             |         |       |
|     |  |             |         |       |
|     | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see  | instru      | ctions) |       |
| 2   | Activities Test Answer (a) and (b) below.  | į           | Yes     | No    |
|     | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  | 2a          |         |       |
|     | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement   |             |         |       |
| ,   |  | 2b          |         |       |
| 3   | Parent of Supported Organizations Answer (a) and (b) below.  | _           |         |       |
|     | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI.</b>  | 3a          |         |       |
|     | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard   | 3h          |         |       |

| Sched | ule A (Form 990 or 990-EZ) 2018  |            |                           | Page <b>6</b>                  |
|-------|--|------------|---------------------------|--------------------------------|
| Par   | t V Type III Non-Functionally Integrated 509(a)(3) Supporting O  | rgani      | izations                  |                                |
| 1     | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.                                |            |                           |                                |
|       | Section A - Adjusted Net Income  |            | (A) Prior Year            | (B) Current Year<br>(optional) |
| 1     | Net short-term capital gain  | 1          |                           |                                |
| 2     | Recoveries of prior-year distributions   | 2          |                           |                                |
| 3     | Other gross income (see instructions)  | 3          |                           |                                |
| 4     | Add lines 1 through 3  | 4          |                           |                                |
| 5     | Depreciation and depletion   | 5          |                           |                                |
| 6     | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6          |                           |                                |
| 7     | Other expenses (see instructions)  | 7          |                           |                                |
| 8     | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8          |                           |                                |
|       | Section B - Minimum Asset Amount   |            | (A) Prior Year            | (B) Current Year<br>(optional) |
| 1     | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | 1          |                           |                                |
| a     | Average monthly value of securities  | 1a         |                           |                                |
| b     | Average monthly cash balances  | <b>1</b> b |                           |                                |
| С     | Fair market value of other non-exempt-use assets   | 1c         |                           |                                |
| d     | Total (add lines 1a, 1b, and 1c)   | 1d         |                           |                                |
| е     | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |            |                           |                                |
| 2     | Acquisition indebtedness applicable to non-exempt use assets   | 2          |                           |                                |
| 3     | Subtract line 2 from line 1d   | 3          |                           |                                |
| 4     | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  | 4          |                           |                                |
| 5     | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5          |                           |                                |
| 6     | Multiply line 5 by 035   | 6          |                           |                                |
| 7     | Recoveries of prior-year distributions   | 7          |                           |                                |
| 8     | Minimum Asset Amount (add line 7 to line 6)  | 8          |                           |                                |
|       | Section C - Distributable Amount   |            |                           | Current Year                   |
| 1     | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1          |                           |                                |
| 2     | Enter 85% of line 1  | 2          |                           |                                |
| 3     | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3          |                           |                                |
| 4     | Enter greater of line 2 or line 3  | 4          |                           |                                |
| 5     | Income tax imposed in prior year   | 5          |                           |                                |
| 6     | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6          |                           |                                |
| 7     | Check here if the current year is the organization's first as a non-functionally-instructions)   | ntegrat    | ed Type III supporting or | ganızatıon (see                |

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

| Schedule A ( | chedule A (Form 990 or 990-EZ) 2018 Page <b>8</b> |   |  |  |  |  |  |
|--------------|---|---|--|--|--|--|--|
| Part VI      | Section A, lines 1, 2,<br>Part IV, Section D, lin | mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, es 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See |  |  |  |  |  |
|              |   | Facts And Circumstances Test  |  |  |  |  |  |
| <u></u>      |   |   |  |  |  |  |  |
| 990 Sched    | dule A, Supplemen                                 | tal Information   |  |  |  |  |  |
| Ret          | turn Reference                                    | Explanation   |  |  |  |  |  |
| SCHEDULE     | A, PART II, LINE 10,                              | LIST RENTALS - 2015 AMOUNT \$ 368,475 2016 AMOUNT \$ 253,763 2017 AMOUNT \$ 311,653 201   |  |  |  |  |  |

8 AMOUNT \$ 341,899 FUNDRAISING EVENTS - MISCELLANEOUS - 2014 AMOUNT \$ 2,372,646 2015 A EXPLANATION OF OTHER INCOME MOUNT \$ 27,766

**SCHEDULE C** 

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

DLN: 93493312002339

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Inspection

| f the<br>• S | Section 501(c)(3) organizations that<br>Section 501(c)(3) organizations that | e Part I-A only<br>n Form 990, Part IV, Line 4, or Form 9<br>have filed Form 5768 (election under s<br>have NOT filed Form 5768 (election ur<br>n Form 990, Part IV, Line 5 (Proxy Ta) | ection 501(h)) Conder section 501(h      | omplete Part II-A Do not (<br>)) Complete Part II-B Do                       | complete Part II-B<br>o not complete Part II-A   |
|--------------|--|--|--|--|--|
| Prox         | ky Tax) (see separate instruction:<br>Section 501(c)(4), (5), or (6) organiz | s), then   | t) (See Separate 1                       | instructions) of 1 orini ou  | o-LL, i dit v, illie ood   |
| THE          | ne of the organization<br>AMERICAN SOCIETY FOR THE PREVENTI                  | ON   |  | Employer ide   | entification number  |
|              | CRUELTY TO ANIMALS   |  |  | 13-1623829   |  |
|              |  | nization is exempt under section   |  |  |  |
| 1            | Provide a description of the organ<br>"political campaign activities")       | ızatıon's dırect and ındırect political can  | npaign activities ir                     | n Part IV (see instructions  | s for definition of  |
| 2            | Political campaign activity expend   | itures (see instructions)  |  | <b>&gt;</b>  | \$   |
| 3            | Volunteer hours for political camp   | •  | = =04(-)(0)                              |  |  |
|              |  | nization is exempt under section   |  |  |  |
| 1            | ,  | x incurred by the organization under se  |  | <b>&gt;</b>  | \$   |
| 2<br>3       | •  | ix incurred by organization managers ui<br>iion 4955 tax, did it file Form 4720 for t  |  | •  | *  |
| Ј<br>4а      | Was a correction made?   |  | ins year.                                |  | ☐ Yes ☐ No   |
|              |  |  |  |  | ☐ Yes ☐ No   |
| b<br>Pari    | If "Yes," describe in Part IV  I-C Complete if the organ                     | nization is exempt under sectio  | n 501(c), exce                           | ept section 501(c)(3   | 3).  |
| 1            | <u> </u>   | ed by the filing organization for section  |  |  | \$   |
| 2            | <i>'</i> '   | anization's funds contributed to other o   |  |  | \$   |
| 3            | Total exempt function expenditure  | es Add lines 1 and 2 Enter here and or   | n Form 1120-POL,                         | line 17b ►   | <u> </u>   |
| 4            | Did the filing organization file <b>For</b>                                  | m 1120-POL for this year?  |  |  | Yes No   |
| 5            | organization made payments For of political contributions received           | employer identification number (EIN) of<br>each organization listed, enter the amo<br>that were promptly and directly deliver<br>see (PAC) If additional space is needed,              | ount paid from the<br>ed to a separate p | filing organization's func<br>olitical organization, such                    | hich the filing<br>Is Also enter the amount  |
|              | (a) Name   | (b) Address  | (c) EIN                                  | (d) Amount paid from<br>filing organization's<br>funds If none, enter<br>-0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| 1            |  |  |  |  |  |
| 2            |  |  |  |  |  |
| 3            |  |  |  |  |  |
| 4            |  |  |  |  |  |
| 5            |  |  |  |  |  |
| 6            |  |  |  |  |  |
| or P         | aperwork Reduction Act Notice, see t   | the instructions for Form 990 or 990-EZ.   | Cat                                      | No 50084S Schedule C   | (Form 990 or 990-EZ) 2018  |

Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2018 Schedule C (Form 990 or 990-EZ) 2018 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Part II-B Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of 1 Volunteers? Yes b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Yes Media advertisements? Yes 53,518 d Yes Mailings to members, legislators, or the public? 32,813 Publications, or published or broadcast statements? Yes 234 Grants to other organizations for lobbying purposes? Yes 316,712 Direct contact with legislators, their staffs, government officials, or a legislative body? Yes q 580.356 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Yes 56,468 Other activities? Yes 140,646 Total Add lines 1c through 1i 1,180,747 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 c If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 5<mark>01(c)(6)</mark>. No Yes Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes. 1 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 2a Current year Carryover from last year b 2b 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1  $\,$  Also, complete this part for any additional information Return Reference Explanation GENERAL - THE ASPCA'S MISSION TO PREVENT CRUELTY TO ANIMALS IS PRIMARILY ADVANCED THROUGH A SERIES OF SIGNIFICANT DIRECT CARE PROGRAMS THE ASPCA'S NATIONAL RELOCATION PROGRAM TO SAVE LIVES OF AT-RISK HOMELESS ANIMALS, PARTNERSHIPS WITH COMMUNITIES TO INCENTIVIZE MORE PART II-B, LINE 1 LIVE RELEASE AND RESCUE FOR HOMELESS ANIMALS, PROFESSIONAL DEVELOPMENT FOR SHELTERS AND RESCUE ORGANIZATIONS, A BEHAVIORAL REHABILITATION CENTER TO REHABILITATE UNDER RESCUE ORGANIZATIONS, A BEHAVIORAL REHABILITATION CENTER TO REHABILITATE UNDER SOCIALIZED, FEARFUL DOGS FROM PUPPY MILLS, HOARDING AND OTHER CRUELTY CASES, A COLLABORATION WITH THE NEW YORK CITY POLICE DEPARTMENT, THE ASPCA'S COMMUNITY ENGAGEMENT PROGRAM TO ADDRESS THE ROOT CAUSES OF SUFFERING IN HOARDING CASES, THE ASPCA ANIMAL HOSPITAL, AND SPAY/NEUTER OPERATIONS AND ADOPTION CENTER IN NEW YORK CITY ARE ALL LABORATORIES FOR UNDERSTANDING THE MYRIAD PROBLEMS ANIMALS FACE AND INFORM THEIR WORK TO ADVANCE POLICIES THAT WILL PREVENT CRUELTY IN THE FUTURE THE LESSONS THE ASPCA TAKES FROM THESE PROGRAMS ENABLE THEM TO BRING EXPERT VOICES AND INFORMED OPINIONS TO THEIR WORK FOR LAWS TO DETER CRUEL TREATMENT OF ANIMALS 1A VOLUNTEERS THE ASPCA WORKS WITH VOLUNTEERS HOLDING CITIZEN TRAINING WORKSHOPS IN LOCAL COMMUNITIES, PROVIDING OPPORTUNITIES FOR THEM TO JOIN THEIR STAFF AT THE STATE AND FEDERAL CAPITOLS TO PROMOTE OR OPPOSE LEGISLATION THROUGH MEETINGS WITH LEGISLATORS AND THEIR AIDES THE ASPCA EMPLOYS TRAINING TOOLS SUCH AS WEBINARS AND CONFERENCES 1B PAID STAFF OR MANAGEMENT ASPCA MANAGEMENT AND STAFF STRATEGIZE AND COORDINATE THEIR PUBLIC POLICY EFFORTS AIMED AT ENHANCING OUR ABILLTY TO PERFORM DIRECT CARE WORK AND TO HELP PREVENT CRUELTY THEY CULTIVATE AND EXPAND CONTACTS WITHIN GOVERNMENT BODIES, INCLUDING LEGISLATURES AND MANAGEMENT AND STAFF STRATEGIZE AND COORDINATE THEIR PUBLIC POLICY EFFORTS AIMED AT ENHANCING OUR ABILITY TO PERFORM DIRECT CARE WORK AND TO HELP PREVENT CRUELTY THEY CULTIVATE AND EXPAND CONTACTS WITHIN GOVERNMENT BODIES, INCLUDING LEGISLATURES AND REGULATORY AGENCIES, AND WORK WITH OTHER NATIONAL AND LOCAL ORGANIZATIONS TO PROMOTE HUMANE POLICIES 1C MEDIA ADVERTISEMENTS PERIODICALLY, THE ASPCA BUYS ADVERTISEMENT SPACE IN PUBLIC POLICY-FOCUSED NEWSPAPERS (E.G., ROLL CALL, THE HILL) THAT MEMBERS OF CONGRESS AND THEIR STAFFS REGULARLY READ THE ADVERTISEMENTS ARE STRATEGICALLY SCHEDULED (OFTEN AHEAD OF A CRUCIAL COMMITTEE VOTE OR FLOOR VOTE) TO MAXIMIZE EXPOSURE AND TIMELINESS TO THEIR ISSUES THE ASPCA ALSO BUYS STRATEGICALLY TARGETED ADVERTISING SPACE ON SOCIAL MEDIA (E.G., FACEBOOK) FOR THE SAME PURPOSE 1D MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC THE ASPCA COMMUNICATES WITH THEIR MEMBERS, UNPAID VOLUNTEERS, LEGISLATORS AND THE PUBLIC THROUGH MAILINGS, EMAIL, AND ELECTRONIC ALERTS TO UPDATE AND INFORM AS WELL AS TO ENCOURAGE THEIR PARTICIPATION IN POSITIVE OUTCOMES FOR ANIMALS THE ASPCA EMPLOYS TRADITIONAL AND SOCIAL MEDIA TOOLS TO INFORM THE PUBLIC OF LEGISLATION, REGULATIONS, AND OTHER POLICIES THAT PROMOTE ANIMAL WELFARE OR THAT ARE HOSTILE TO IT AND TO PROVIDE THEM WITH SUPPORT AND TOOLS FOR POLICY CHANGE 1 E PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS ASPCA STAFF CONDUCTS INTERVIEWS WITH AND PROVIDES BACKGROUND TO MEDIA ORGANIZATIONS TO INFORM THE PUBLIC OF LEGISLATION, REGULATIONS, OR POLICY DECISIONS CONCERNING ANIMAL WELFARE 1F GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES THE ASPCA PROVIDES GRANTS TO ORGANIZATIONS TO PROMOTE ANIMAL WELFARE INCLUDING THOSE WORKING TO FURTHER ANIMAL PROTECTION EFFORTS IN LOCAL AND STATE LEGISLATURES AND CONGRESS AS WELL AS IN REGULATIONS AT ALL LEVELS 1G DIRECT CONTACT WITH INCLUDING THOSE WORKING TO FURTHER ANIMAL PROTECTION EFFORTS IN LOCAL AND STATE LEGISLATURES AND CONGRESS AS WELL AS IN REGULATIONS AT ALL LEVELS 1G DIRECT CONTACT WITH LEGISLATURES AND CONGRESS AS WELL AS IN REGULATIONS AT ALL LEVELS 1G DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY THE ASPCA PROMOTES ANTI-CRUELTY LEGISLATION THROUGH DIRECT CONTACTS WITH FEDERAL AND STATE LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS AT ALL LEVELS, AND LOCAL LEGISLATURES THE ASPCA'S STAFF, UNPAID VOLUNTEERS, AND CONSULTANTS WORK TO INFLUENCE LEGISLATION TO HELP ANIMALS THROUGH SUCH CONTACTS 1H RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES, OR ANY OTHER MEANS THE ASPCA HOLDS VOICES FOR ANIMALS DAYS, LOBBY DAYS, LEADERSHIP TRAINING SUMMITS, CITIZEN LOBBYING WORKSHOPS, INCLUDING SPEECHES AND SEMINARS, AND GIVES PRESENTATIONS AND SPEECHES TO ENCOURAGE PUBLIC AWARENESS OF HUMANE LEGISLATION AND TO PROMOTE ACTION INFLUENCING POSITIVE OUTCOMES FOR ANIMAL WELFARE POLICY 11 OTHER ACTIVITIES THE ASPCA WORKS CLOSELY WITH OTHER NATIONAL, STATE, AND LOCAL SHELTERS AND ANIMAL WELFARE ORGANIZATIONS AS WELL AS OTHER INDUSTRY OR NON-PROFIT ORGANIZATIONS WITH COMMON INTERESTS TO ALIGN PUBLIC POLICIES WITH BEST PRACTICES FOR ANIMAL WELFARE AND TO ENSURE THAT LAW ENFORCEMENT, FIELD WORK, DISASTER RELIEF, ANTICULTY EFFORTS, AND SHELTERING OPERATIONS ARE ABLE TO BEST PROTECT ANIMALS THE ASPCA EMPLOYS PROFESSIONAL CONSULTANTS TO SUPPORT AND INFORM THEIR LOBBYING EFFORTS AND TO CONDUCT COALITION WORK, INTERNAL COORDINATION AND GRASSROOTS NETWORKING AND CULTIVATION FOR HUMANE PUBLIC POLICY ADVANCEMENT

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

DLN: 93493312002339

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization **Employer identification number** THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 13-1623829 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? 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" on Form 990, Part IV, line 8. 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 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

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D

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

| Par | 1111            | Organizations Ma  | aintaining Coll               | ections o     | f Art, H    | istori   | cal Tı            | reası  | ures, o    | r Other :               | Similar A   | ssets (cor    | ntınued)  |           |
|-----|-----------------|---|-------------------------------|---------------|-------------|----------|-------------------|--------|------------|-------------------------|-------------|---------------|-----------|-----------|
| 3   |                 | g the organization's acqu<br>s (check all that apply)   | uisition, accession           | , and other   | records,    | check a  | any of            | the fo | ollowing 1 | hat are a               | significant | use of its co | ollection |           |
| а   |                 | Public exhibition                                       |                               |               |             | d        |                   | Loan   | or exch    | ange prog               | rams        |               |           |           |
| b   |                 | Scholarly research                                      |                               |               |             | е        |                   | Othe   | er         |                         |             |               |           |           |
| С   |                 | Preservation for future                                 | e generations                 |               |             |          |                   |        |            |                         |             |               |           |           |
| 4   | Provi<br>Part : | de a description of the o                               | organization's coll           | ections and   | explain h   | ow the   | y furth           | ner th | e organı   | zation's ex             | empt purpo  | ose in        |           |           |
| 5   |                 | ng the year, did the orga<br>ts to be sold to raise fur |                               |               |             |          |                   |        |            |                         | ılar        | ☐ Yes         | □ N       | lo.       |
| Pai | t IV            | Escrow and Cust<br>Complete if the ord<br>X, line 21.   |                               |               | " on Forn   | n 990,   | , Part            | IV, I  | ıne 9, o   | r reporte               | d an amo    |               |           |           |
| 1a  |                 | e organization an agent<br>ded on Form 990, Part )      |                               | n or other i  | intermedia  | ary for  | contril           | bution | ns or oth  | er assets r             | not         | ☐ Yes         | □ N       | lo        |
| ь   | Ιf "Υϵ          | es," explain the arrange                                | ement in Part XIII            | and comple    | te the foll | owina    | table             |        |            |                         | Δ           | mount         |           | _         |
| c   |                 | nning balance   | interior in Fare XIII         | and comple    |             | o ming   | table             |        |            | 1c                      |             |               |           |           |
| d   | _               | ions during the year                                    |                               |               |             |          |                   |        |            | 1d                      |             |               |           | _         |
| e   |                 | ibutions during the year                                | r                             |               |             |          |                   |        |            | 1e                      |             |               |           | _         |
| f   |                 | ng balance  |                               |               |             |          |                   |        |            | 1f                      |             |               |           | _         |
|     |                 |   |                               | 000 0         |             |          |                   |        |            |                         |             |               |           | _         |
| 2a  |                 | he organization include                                 |                               |               |             |          |                   |        |            |                         |             |               | ∐ N       | lo        |
| b   |                 | es," explain the arrange                                |                               |               |             |          |                   |        |            |                         |             |               |           |           |
| Pa  | rt V            | Endowment Fund  | <b>ds.</b> Complete if        |               |             |          |                   |        |            |                         |             |               |           |           |
| 12  | Region          | ning of year balance .                                  |                               | (a)Curren     | ,998,068    | (b)Pr    | or year<br>57,060 | -      |            | ears back<br>52,413,558 | (d)Three ye | ,180,975      | Four yea  | 562,237   |
|     | -               | butions   |                               | 03,           | 15,663      |          |                   | ,555   |            | 32,413,330              |             | 51,514        | 3-1,      | 62,521    |
|     |                 | vestment earnings, gair                                 | ne and losses                 | -3.           | ,129,099    |          | 8,336             |        |            | 4,646,665               | -1          | ,818,931      | 1.        | 871,471   |
|     |                 | s or scholarships                                       | •                             | - /           | ,,          |          |                   |        |            | .,,                     |             | ,,            |           |           |
|     |                 | •   |                               |               |             |          |                   |        |            |                         |             |               |           |           |
|     | and pr          | expenditures for facilities ograms                      | es                            | 52,           | ,646,514    |          |                   |        |            |                         |             |               | 2,        | 315,254   |
|     |                 | istrative expenses .                                    |                               |               |             |          |                   |        |            |                         |             |               |           |           |
| g   | End of          | year balance  |                               | 10,           | ,238,118    |          | 65,998            | 3,068  |            | 57,060,223              | 52          | ,413,558      | 54,       | 180,975   |
| 2   |                 | de the estimated percei                                 | <del>-</del>                  | •             | balance (   | (line 1g | g, colui          | mn (a  | ı)) held a | S                       |             |               |           |           |
| а   | Board           | d designated or quasi-e                                 | ndowment <b>&gt;</b>          | 0 %           |             |          |                   |        |            |                         |             |               |           |           |
| b   | Perm            | anent endowment 🟲                                       | 73 000 %                      |               |             |          |                   |        |            |                         |             |               |           |           |
| c   | Temp            | porarily restricted endov                               | wment ► 27 0                  | 00 %          |             |          |                   |        |            |                         |             |               |           |           |
|     |                 | percentages on lines 2a,                                |                               | •             |             |          |                   |        |            |                         |             |               |           |           |
| 3a  |                 | here endowment funds<br>nization by                     | not in the possess            | sion of the o | organizatio | on that  | are h             | eld ar | nd admin   | istered for             | the         |               | Yes       | No        |
|     | -               | nrelated organizations                                  |                               |               |             |          | _                 |        |            |                         |             | 3a(i          | _         | No        |
|     | • •             | elated organizations .                                  |                               |               |             |          |                   |        |            |                         |             | 3a(i          | -         | No        |
| b   |                 | es" on 3a(II), are the rel                              |                               | s listed as r | equired oi  | n Sche   | dule R            | ? .    |            |                         |             | 3b            | †         |           |
| 4   | Desci           | ribe in Part XIII the inte                              | ended uses of the             | organization  | n's endow   | ment f   | unds              |        |            |                         |             |               |           |           |
| Pai | t VI            | Land, Buildings,  | and Equipmen                  | ıt.           |             |          |                   |        |            |                         |             |               |           |           |
|     |                 | Complete if the ord                                     |                               |               |             |          |                   |        |            |                         |             |               |           |           |
|     | Descr           | iption of property                                      | (a) Cost or oth<br>(investmen |               | (b) Cost o  | r other  | basis (d          | other) | (c) Acc    | umulated d              | epreciation | (d)           | Book valu | e         |
| 1a  | Land            |   |                               |               |             |          | 5,32              | 21,057 |            |                         |             |               | Į.        | 5,321,057 |
|     | Buildin         | 1   |                               |               |             |          | 61,76             | 55,339 |            |                         | 22,631,834  |               | 39        | 9,133,505 |
|     |                 | nold improvements                                       |                               |               |             |          |                   | 39,647 | <u> </u>   |                         | 3,062,168   |               |           | 2,077,479 |
|     |                 | nent  |                               |               |             |          |                   | 39,031 |            |                         | 13,376,019  |               |           | 2,163,012 |

5,625,889

54,320,942

5,582,583

11,208,472

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

| Part VII    | <b>Investments—Other Securities.</b> Complete if the See Form 990, Part X, line 12.                              | ne orga   | anızatıon ansv   | vered "Yes" on Form                      | 990, Part IV, line 11b.                    |  |
|-------------|--|-----------|------------------|--|--|--|
|             | (a) Description of security or category (including name of security)   | (b)       | ) Book value     |  | thod of valuation<br>-of-year market value |  |
|             | ll derivatives   |           |                  | 2032 01 4114                             | or year market value                       |  |
| (3) Other _ | held equity interests  |           |                  |  |  |  |
| (A) EQUITY  |  |           | 16,028,149       |  | F  |  |
|             | ASSET ALLOCATION   |           | 7,888,643        |  | F  |  |
| (C) FUND OI | F FUNDS - PRIVATE EQUITY   |           | 1,222,587        |  | <u>F</u>                                   |  |
| (D) FUND O  | F FUNDS - CAPITAL  |           | 7,002,997        |  | F  |  |
| (E) PRIVATE | EQUITY   |           | 21,876,024       | F  |  |  |
| (F) EMERGIN | NG MARKETS   |           | 8,267,798        |  | F  |  |
| (H)         |  |           |                  |  |  |  |
|             | n (b) must equal Form 990, Part X, col (B) line 12 )   |           | 62,286,198       |  |  |  |
| Part VIII   | Investments—Program Related.   |           |                  |  | 0. Part V. Iva - 42                        |  |
|             | Complete if the organization answered 'Yes' on F  (a) Description of investment                                  |           | (b) Book value   | (c) Met                                  | thod of valuation                          |  |
| (1)         |  |           |                  | Cost or end                              | -of-year market value                      |  |
| (2)         |  |           |                  |  |  |  |
| (3)         |  |           |                  |  |  |  |
| (4)         |  |           |                  |  |  |  |
| (5)         |  |           |                  |  |  |  |
| (6)         |  |           |                  |  |  |  |
| (7)         |  |           |                  |  |  |  |
| (8)         |  |           |                  |  |  |  |
| (9)         |  |           |                  |  |  |  |
|             | (1)  |           |                  |  |  |  |
| Part IX     | n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered        | l 'Yes' d | on Form 990, Pa  | rt IV, line 11d See Forr                 | n 990, Part X, line 15                     |  |
| (1) PERPETU | (a) Description UAL TRUSTS   |           |                  |  | <b>(b)</b> Book value 17,734,867           |  |
|             | DER TRUSTS   |           |                  |  | 649,978                                    |  |
| (4)         |  |           |                  |  |  |  |
| (5)         |  |           |                  |  |  |  |
|             |  |           |                  |  |  |  |
| (6)         |  |           |                  |  |  |  |
| (7)         |  |           |                  |  |  |  |
| (8)         |  |           |                  |  |  |  |
| (9)         |  |           |                  |  | 10.201.015                                 |  |
|             | mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a         | nswer     |                  | rm 990, Part IV, line                    | ▶ 18,384,845<br>11e or 11f.                |  |
| 1.          | See Form 990, Part X, line 25.  (a) Description of liability   |           | <b>(b)</b> B     | ook value                                |  |  |
|             | ncome taxes  |           |                  |  |  |  |
| ANNUITY OF  |  |           |                  | 8,282,272                                |  |  |
| (3)         | RENT AND OTHER   |           |                  | 4,375,572                                |  |  |
| (4)         |  |           |                  |  |  |  |
| (5)         |  |           |                  |  |  |  |
| (6)         |  |           |                  |  |  |  |
| (7)         |  |           |                  |  |  |  |
| (8)         |  |           |                  |  |  |  |
|             |  |           |                  |  |  |  |
| (9)         |  |           |                  |  |  |  |
|             | on (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text o | f the fo  | otnote to the or | 12,657,844<br>ganization's financial sta | atements that reports the                  |  |
| •           | 's liability for uncertain tax positions under FIN 48 (ASC 7   |           |                  | =  | _  |  |

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

d 2d -694.451 e 2e

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . . .

Schedule D (Form 990) 2018

Part XI

1

2

c

d

3 4

-17,346,842 3 3 267,684,553 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

Other (Describe in Part XIII ) . . . . . . 4b b Add lines **4a** and **4b** . . . . . . 4c n c

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 5 267,684,553 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 239,835,830

Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 4b b 

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

Add lines 2a through 2d . .

Return Reference

See Additional Data Table

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 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

5

2a 2b

2c

2d

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Explanation

2e

3

4c

694.451

Page 4

250,337,711

239,835,830

694,451

240.530.281

Schedule D (Form 990) 2018

| Schedule D (Form 990) 2018                     |             |  |  |  |
|--|-------------|--|--|--|
| Part XIII Supplemental Information (continued) |             |  |  |  |
| Return Reference                               | Explanation |  |  |  |
|  |             |  |  |  |
|  |             |  |  |  |
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Schedule D (Form 990) 2018

## **Additional Data**

Software Version:

EIN: 13-1623829

Name: THE AMERICAN SOCIETY FOR THE PREVENTION

OF CRUELTY TO ANIMALS

Supplemental Information

| Return Reference | Explanation  |
|------------------|--|
| PART V, LINE 4   | THE ASPCA MAINTAINS AN ENDOWMENT FOR THE PURPOSE OF GENERATING INCOME TO SUPPORT THE ORGAN IZATION'S CHARITABLE MISSION THE ORGANIZATION'S ENDOWMENT CONSISTS OF A PORTFOLIO OF ACTI VELY MANAGED FUNDS ESTABLISHED TO PROVIDE BOTH A SOURCE OF OPERATING FUNDS AS WELL AS LONG -TERM FINANCIAL STABILITY THE ENDOWMENT'S PRINCIPAL IS INTENDED TO BE LEFT UNTOUCHED, WHI LE THE INCOME GENERATED IS USED TO FUND ASPCA PROGRAMS SOME OF THE ENDOWMENT FUNDS MAY HA VE PURPOSE RESTRICTIONS ON THE USE OF INCOME |

Software ID:

| Supplemental Information |   |
|--------------------------|---|
| Return Reference         | Explanation   |
| PART X, LINE 2           | THE ASPCA QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE IRC AND CO RRESPONDING PROVISIONS OF THE STATE LAW IN NEW YORK STATE AND IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES ACCORDINGLY, DONORS ARE ENTITLED TO A CHARITABLE CONTRIBUTION DEDUCTI ON AS DEFINED IN THE IRC CONTINUED QUALIFICATION OF TAX-EXEMPT STATUS IS CONTINGENT UPON COMPLIANCE WITH THE REQUIREMENTS OF THE IRC THE ASPCA RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED NO PROVIS ION FOR INCOME TAXES WAS REQUIRED FOR 2018 OR 2017 |

| Supplemental Information                |                              |
|---|------------------------------|
| Return Reference                        | Explanation                  |
| PART XI, LINE 2D - OTHER<br>ADJUSTMENTS | INVESTMENT EXPENSES -694,451 |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493312002339 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 13-1623829 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e g , program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region to recipients located in the region region) See Add'l Data 21,646,102 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 21,646,102

| Schedule F (Form 990) 2018      |                     |                          |                             |                                    |   |  | Page <b>3</b>  |
|---------------------------------|---------------------|--------------------------|-----------------------------|------------------------------------|---|--|--|
| Part III Grants and Otl         |                     |                          |                             | <b>ed States.</b> Complete r       | f the organization ar                   | nswered "Yes" to Form 9                      | 990, Part IV, line 16.   |
|                                 | duplicated if addit |                          |                             | 1                                  | 1                                       |  |  |
| (a) Type of grant or assistance | (b) Region          | (c) Number of recipients | (d) Amount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) Amount of<br>non-cash<br>assistance | (g) Description<br>of non-cash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|                                 |                     |                          |                             |                                    |   |  |  |
|                                 |                     |                          |                             |                                    |   |  |  |
|                                 |                     |                          |                             |                                    |   |  |  |
|                                 |                     |                          |                             |                                    |   |  |  |
|                                 |                     |                          |                             |                                    |   |  |  |
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|                                 |                     |                          |                             |                                    |   |  |  |
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|                                 |                     |                          |                             |                                    |   |  |  |
|                                 |                     |                          |                             |                                    |   |  |  |

| Sche | dule F (Form 990) 2018  |               | Page <b>4</b> |
|------|---|---------------|---------------|
| Par  | t IV Foreign Forms  |               |               |
| 1    | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)   | Yes           | <b>☑</b> No   |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) |               |               |
|      |   | ☐ Yes         | <b>✓</b> No   |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)  |               |               |
|      | Corporations (See Instructions for Form 5471)   | $\square$ Yes | <b>✓</b> No   |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)   | Yes           | <b>✓</b> No   |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)  |               |               |
|      |   | ☐ Yes         | <b>✓</b> No   |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form  |               |               |
|      | 5713, don't file with Form 990)   | ☐ Yes         | <b>✓</b> No   |

| Schedule F | (Form 990) 2018            | Page :   |
|------------|----------------------------|--|
| Part V     | amounts of investments vs. | uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;<br>expenditures per region); Part II, line 1 (accounting method); Part III (accounting<br>nn (c) (estimated number of recipients), as applicable. Also complete this part to provide |
|            | ReturnReference            | Explanation  |
|            |                            |  |
|            |                            |  |
|            |                            |  |
|            |                            |  |
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|            |                            |  |
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|            |                            |  |
|            |                            |  |

Schedule F (Form 990) 2018

#### **Additional Data**

(a) Degree

EUROPE (INCLUDING ICELAND

& GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM

#### Software ID: Software Version:

**EIN:** 13-1623829

Name: THE AMERICAN SOCIETY FOR THE PREVENTION

OF CRUELTY TO ANIMALS

4,254,821

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures

#### Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region   | offices in the region | employees or<br>agents in<br>region | in region (by type) (i e ,<br>fundraising, program<br>services, grants to<br>recipients located in the<br>region) | is a program service,<br>describe specific type of<br>service(s) in region | for region |
|--|-----------------------|-------------------------------------|---|--|------------|
| CENTRAL AMERICA AND THE<br>CARIBBEAN - ANTIGUA &<br>BARBUDA, ARUBA, BAHAMAS, | 0                     | 0                                   | INVESTMENT  |  | 17,045,192 |

0 INVESTMENT

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of fundraising, program region agents in services, grants to service(s) in region region recipients located in the region) NORTH AMERICA - CANADA 2 IPROGRAM SERVICES SHELTER OUTREACH 346,089

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As Filed Data -

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

DLN: 93493312002339

2018

Open to Public Inspection

(vi) Amount paid to

Department of the Treasury Internal Revenue Service

OF CRUELTY TO ANIMALS

(Form 990 or 990-EZ)

SCHEDULE G

▶Go to www irs gov/Form990 for instructions and the latest information Name of the organization THE AMERICAN SOCIETY FOR THE PREVENTION

**Employer identification number** 

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations Solicitation of non-government grants
- ✓ Internet and email solicitations ✓ Solicitation of government grants
- ✓ Phone solicitations ✓ Special fundraising events

(ii) Activity

d ✓ In-person solicitations

(i) Name and address of individual

- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(iii) Did

(iv) Gross receipts

(v) Amount paid to

| or entity (fundraiser)  | fundraiser have<br>custody or<br>control of<br>contributions? |     | from activity | (or retained by) fundraiser listed in col (i) | (or retained by) organization |            |
|---|---|-----|---------------|---|-------------------------------|------------|
|   | DIRECT  | Yes | No            |   |                               |            |
| DONOR SERVICES GROUP LLC<br>1200 WILSHIRE BLVD 650  | MARKETING   |     | No            | 8,255,331                                     | 1,032,467                     | 7,222,864  |
| LOS ANGELES, CA 90017   |   |     |               |   |                               |            |
| APPCO GROUP SUPPORT<br>315 WEST 36TH STREET 10TH<br>FLOOR                                   | DIRECT<br>MARKETING   |     | No            | 5,504,070                                     | 7,550,866                     | -2,046,796 |
| NEW YORK, NY 10018  |   |     |               |   |                               |            |
| SD&A TELESERVICES INC<br>5757 WEST CENTURY BLVD<br>SUITE 300                                | DIRECT<br>MARKETING   |     | No            | 2,487,144                                     | 408,832                       | 2,078,312  |
| LOS ANGELES, CA 90045   |   |     |               |   |                               |            |
| DIALOGUEDIRECT INC<br>589 8TH AVE FL 21   | DIRECT<br>MARKETING   |     | No            | 2,240,490                                     | 2,360,398                     | -119,908   |
| NEW YORK, NY 10018  |   |     |               |   |                               |            |
| KNEWSALES GROUP INC<br>550 QUEEN STREET EAST<br>SUITE 145<br>TORONTO, ONTARIO<br>CA M5A 1V2 | DIRECT<br>MARKETING   |     | No            | 999,502                                       | 1,204,792                     | -205,290   |
| CA MISA IV2   | DIRECT  |     |               |   |                               |            |
| NEW CANVASSING<br>EXPERIENCE INC<br>1812 MAIN ST  | MARKETING   |     | No            | 452,200                                       | 529,388                       | -77,188    |
| BASTROP, TX 78602   |   |     |               |   |                               |            |
|   |   |     |               |   |                               |            |
|   |   |     |               |   |                               |            |
|   |   |     |               |   |                               |            |
|   |   |     |               |   |                               |            |
|   |   |     |               |   |                               |            |
|   |   |     |               |   |                               |            |
| Total   | •   | •   | <b>&gt;</b>   | 19,938,737                                    | 13,086,743                    | 6,851,994  |

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY 

Cat No 50083H

| che | dule G (Form 990 or 990-EZ) 2018  |                             |  |        |       | F   | Page <b>3</b> |
|-----|---|-----------------------------|--|--------|-------|-----|---------------|
| .1  | Does the organization conduct gaming  | activities with nonmember   | 5?   |        | ☐ Yes | □Ne |               |
| .2  | Is the organization a grantor, beneficia formed to administer charitable gaming             |                             | member of a partnership or other entity  |        | □Yes  |     |               |
| 3   | Indicate the percentage of gaming activ   | vity conducted in           |  |        |       |     |               |
| а   | The organization's facility   |                             |  | 13a    |       |     | %             |
| b   | An outside facility   |                             |  | 13b    |       |     | %             |
| 4   | Enter the name and address of the pers  | son who prepares the orga   | nization's gaming/special events books and ri  | ecords |       |     |               |
|     | Name ►  |                             |  |        |       |     |               |
|     | Address ►   |                             |  |        |       |     |               |
| 5a  | Does the organization have a contract virevenue?  | with a third party from who | om the organization receives gaming  |        | □Yes  | □No |               |
| b   | If "Yes," enter the amount of gaming re<br>amount of gaming revenue retained by             |                             | anization ▶ \$ and th  | ne     |       |     |               |
| С   | If "Yes," enter name and address of the   | e third party               |  |        |       |     |               |
|     | Name ►  |                             |  |        |       |     |               |
|     | Address ►   |                             |  |        |       |     |               |
| 6   | Gaming manager information  |                             |  |        |       |     |               |
|     | Name ►  |                             |  |        |       |     |               |
|     | Gaming manager compensation ▶ \$  |                             |  |        |       |     |               |
|     | Description of services provided ▶  |                             |  |        |       |     |               |
|     | ☐ Director/officer  | ☐ Employee                  | ☐ Independent contractor   |        |       |     |               |
| 7   | Mandatory distributions   |                             |  |        |       |     |               |
| а   | Is the organization required under state retain the state gaming license?                   | e law to make charitable di | stributions from the gaming proceeds to  |        | Yes   | □No |               |
| b   | Enter the amount of distributions requirements in the organization's own exempt activities. |                             | ated to other exempt organizations or spent  |        | 53    |     |               |
| Pai | t IV Supplemental Informatio  | n. Provide the explanat     | rions required by Part I, line 2b, column<br>licable. Also provide any additional info |        |       |     | <br>S.        |
| _   | Return Reference  |                             | Explanation  |        |       |     |               |

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493312002339 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number THE AMERICAN SOCIETY FOR THE PREVENTION 13-1623829 OF CRUELTY TO ANIMALS Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 181 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

| (2) |  |  |  |
|-----|--|--|--|
| (3) |  |  |  |
| (4) |  |  |  |
| (5) |  |  |  |
| (6) |  |  |  |

(7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. **Return Reference Explanation** 

PART I, LINE 2 ASPCA GRANTS PROVIDE SUPPORT TO A VARIETY OF U.S. BASED NON-PROFIT OR MUNICIPAL ANIMAL WELFARE ORGANIZATIONS THROUGH CASH GRANTS. SPONSORSHIPS, SCHOLARSHIPS AND TRAINING THE ASPCA DOES NOT ACCEPT UNSOLICITED GRANT PROPOSALS BY MAIL, ELECTRONICALLY, OR IN ANY FORMAT OTHER THAN BY SUBMITTING AN APPLICATION THROUGH ITS WEBSITE THE ASPCA CAREFULLY CONSIDERS A NUMBER OF FACTORS IN ITS GRANT REVIEW PROCESS AMONG THOSE FACTORS IS AN ORGANIZATION'S ABILITY TO DEMONSTRATE ITS STABILITY, PROFESSIONALISM AND POSITIVE IMPACT ON THE LIVES OF AT RISK ANIMALS ORGANIZATIONS THAT CAN DEMONSTRATE THE FOLLOWING OUALIFICATIONS IN THEIR APPLICATION ARE IN THE BEST POSITION TO RECEIVE FUNDING FROM THE ASPCA IN A TIMELY MANNER - INNOVATIVE PROGRAMS THAT MAKE A SIGNIFICANT AND POSITIVE IMPACT ON THE LIVES OF ANIMALS AT RISK OF SUFFERING OR HOMELESSNESS - COLLABORATION WITH OTHER ANIMAL WELFARE ORGANIZATIONS - UP-TO-DATE AND ACCURATE WEBSITE INCLUDING REPORTS ON THE ORGANIZATION'S ACTIVITIES AND STATISTICS - ACTIVE FUNDRAISING EFFORTS - ACCESS TO OTHER SOURCES OF FUNDING THE ASPCA'S FUNDING PRIORITIES INCLUDE GRANTS FOR THE FOLLOWING PURPOSES - ANTI-CRUELTY EFFORTS - EMERGENCY AND DISASTER RESPONSE AND PREPAREDNESS -EOUINE PROJECTS - FARM ANIMAL WELFARE - ANIMAL RELOCATION INITIATIVES - ANIMAL SHELTERING AND SPAY/NEUTER PROGRAMS - ANIMAL WELFARE

SPONSORSHIPS AND SCHOLARSHIPS THE ASPCA CONDUCTS REGULAR REVIEW OF ITS GRANT APPLICANTS' NON-PROFIT STATUS OR STANDING IN THE COMMUNITY SERVED GRANTEES ARE REOUIRED TO REPORT BACK TO THE ASPCA WITH RESPECT TO THE USE AND IMPACT OF THE GRANT FUNDS PROVIDED

Page **2** 

### **Additional Data**

1 LOVE 4 ANIMALS INC

138 CAMBRIDGE ROAD KING OF PRUSSIA, PA 19406

TERREBONNE, OR 97760

A GREENER WORLD

PO BOX 115

# Software Version:

82-2314784

81-2116665

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash | (f) Method of valuation (book, FMV, appraisal, |  |
|--------------------------------------|---------|-------------------------------|-----------------------------|----------------------------|--|--|
|                                      |         |                               |                             |                            |  |  |

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation |
|-------------------------|---------|-----------------|--------------------|--------------------|-------------------------|
| organization            |         | ıf applıcable   | grant              | cash               | (book, FMV, appraisal,  |
| or government           |         |                 |                    | assistance         | other)                  |

501(C)3

501(C)3

Software ID:

Name: THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

## **EIN:** 13-1623829

10,000

40,000

(g) Description of

non-cash assistance

(h) Purpose of grant

DISASTER/EMERGENCY

or assistance

FARM ANIMALS

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1908492 501(C)3 9.000 LIVE RELEASE ALACHUA COUNTY HUMANE SOCIETY INC

| 4205 NW 6TH STREET GAINESVILLE, FL 32609                            |         |        |  |                          |
|---|---------|--------|--|--------------------------|
| ALLEN COUNTY SOCIETY FOR<br>THE PREVENTION OF CRUELTY<br>TO ANIMALS | 501(C)3 | 52,300 |  | RETURN TO OWNER<br>(RTO) |

4914 S HANNA ST FORT WAYNE, IN 46806

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 41-2185841 501(C)3 60.000 SPAY/NEUTER ALLIANCE FOR CONTRACEDTION IN CATE AND

SPAY/NEUTER

| DOGS 11145 NW OLD CORNELIUS PASS ROAD PORTLAND, OR 97231 |            |         |        |  |          |
|--|------------|---------|--------|--|----------|
| ALTERCARE ANIMAL CLINIC                                  | 82-1253944 | 501(C)3 | 89,200 |  | SPAY/NEU |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ALTERCARE ANIMAL CLINIC 2302 FULTON RD NW

CANTON, OH 44709

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance AMARILLO-PANHANDLE 75-1311215 501(C)3 30.000 SPAY/NEUTER HUMANE SOCIETY INC BOX 30102 AMARILLO, TX 79120

EQUINE

55.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

AMERICAN HORSE COUNCIL

WASHINGTON, DC 20006

FOUNDATION 1616 H ST NW 52-1760034

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 41-0917362 501(C)3 15.500 LIVE RELEASE ANIMAL ALLIES HUMANE

SOCIETY INC 4006 ATRPORT ROAD DULUTH, MN 55811 ANIMAL CARE AND CONTROL 13-3788986 501(C)3 1.354.500 OF NEW YORK CITY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10007

SAFETY NET/SURRENDER 11 PARK PLACE SUITE 805 PREVENTION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 11-6101487 501(C)3 48.000 LIVE RELEASE ANIMAL HAVEN INC 200 CENTRE ST 85-0207652 501(C)3 162.815 LITVE RELEASE

NEW YORK, NY 10013 ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC 615 VIRGINIA ST SE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ALBUQUERQUE, NM 87108

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ANIMAL PROTECTION OF NEW 85-0283292 501(C)3 10,000 EQUINE

| PO BOX 11395<br>ALBUQUERQUE, NM<br>871920395 |            |         |        |  |              |
|--|------------|---------|--------|--|--------------|
| ANIMAL REFUGE LEAGUE OF                      | 01-0212541 | 501(C)3 | 65,000 |  | LIVE RELEASE |

WESTBROOK, ME 04098

GREATER PORTLAND PO BOX 336

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ANIMAL WELFARE 22-1752792 501(C)3 13.797 LIVE RELEASE

ASSOCIATION INC 509 CENTENNIAL BLVD VOORHEES, NJ 08043 ANIMAL WELFARE SOCIETY 23-7018176 501(C)3 60.000 RELOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INC PO BOX 43

WEST KENNEBUNK, ME 04094

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance ANIMALS AND SOCIETY 22-2527462 501(C)3 50.000 OTHER

| INSTITUTE INC<br>2512 CARPENTER RD 202-A<br>ANN ARBOR, MI 48108 | 22 2327 102 | 301(0)3 | 30,000 |  |              |
|---|-------------|---------|--------|--|--------------|
| ARIZONA HUMANE SOCIETY  | 86-0135567  | 501(C)3 | 59,000 |  | ANTI-CRUELTY |

1521 W DOBBINS RD PHOENIX, AZ 850418200

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 56-1444098 501(C)3 6.505 LIVE RELEASE ASHEVILLE HUMANE SOCIETY INC 14 FOREVER FRIEND LN ASHEVILLE, NC 28806 ASSISI ANIMAL CLINICS OF 54-2021941 501(C)3 176.750 FARM ANIMALS

VIRGINIA INC 415 CAMPBELL SW AVE ROANOKE, VA 24016

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ASSOCIATION OF SHELTER 73-1627937 501(C)3 22.500 LIVE RELEASE VETERINARIANS INC 3225 ALPHAWOOD DRIVE APEX. NC 27539 AUBURN VALLEY HUMANE 45-0638467 501(C)3 9.500 LIVE RELEASE

SOCIETY 4910 A STREET SE AUBURN, WA 98092

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance AUGUSTA REGIONAL SPCA INC 23-7089566 501(C)3 17.500 SPAY/NEUTER 33 ARCHERY LANE

LIVE RELEASE

69.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

STAUNTON, VA 24401
BANGOR HUMANE SOCIETY

693 MT HOPE AVE BANGOR, ME 04401 01-0215910

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-1329182 501(C)3 20.000 SPAY/NEUTER BARK AVENUE FOUNDATION

1413 1/2 W KENNETH ROAD
245
GLENDALE, CA 91201

BEAUFORT COUNTY ANIMAL 57-6000311 GOVERNMENTAL 10,000

ANTI-CRUELTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(MUNICI

SHELTER & CONTROL

POST OFFICE DRAWER 1228 BEAUFORT, SC 29901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 25-1064313 501(C)3 10.000 LIVE RELEASE BEAVER COUNTY HUMANE

SOCIETY
3394 BRODHEAD ROAD
ALIQUIPPA, PA 15001

BENTON-FRANKLIN CO 91-0819423 501(C)3 10,600

LIVE RELEASE
HUMANE SOCIETY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1736 E 7TH AVENUE KENNEWICK, WA 99337

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 26-2584285 501(C)3 17,000 BEYOND FENCES INC DISASTER/EMERGENCY

| PO BOX 3259<br>DURHAM, NC 27715 |            |         |        |  |             |
|---------------------------------|------------|---------|--------|--|-------------|
| BLUE MOUNTAIN HUMANE            | 91-0828499 | 501(C)3 | 88,000 |  | SPAY/NEUTER |

7 E GEORGE STREET

WALLA WALLA, WA 99362

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 15-0622327 501(C)3 55.034 LIVE RELEASE BROOME COUNTY HUMANE SOCIETY AND RELIEF

| ASSOCIATION<br>167 CONKLIN AVE<br>BINGHAMTON, NY 13903 |            |                         |        |  |              |
|--|------------|-------------------------|--------|--|--------------|
| BROWARD COUNTY ANIMAL CARE AND ADOPTION                | 59-6000531 | GOVERNMENTAL<br>(MUNICI | 10,000 |  | LIVE RELEASE |

2400 SW 42 ST

FT LAUDERDALE, FL 33312

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 38-1601542 501(C)3 5.500 LIVE RELEASE CAPITAL AREA HUMANE

| SOCIETY<br>7095 W GRAND RIVER AVE<br>LANSING, MI 48906 |            | ·       |        |  |            |
|--|------------|---------|--------|--|------------|
| CAT ADOPTION TEAM                                      | 20-0773189 | 501(C)3 | 10,000 |  | RELOCATION |

14175 SW GALBREATH DR SHERWOOD, OR 97140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CAT DEPOT 20-0217681 501(C)3 7.210 LIVE RELEASE 2542 17TH ST

SARASOTA, FL 34234 CENTRAL NEW YORK CAT 06-1688749 501(C)3 55.000 COALITION INCORPORATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SYRACUSE, NY 13217

SPAY/NEUTER PO BOX 6182

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-3322730 501(C)3 50.000 SPAY/NEUTER CENTRAL NEW YORK SPAY NEUTER ASSISTANCE

CHARLOTTE, NC 28217

| PROGRAM CNY SNAP<br>178 CENTRAL AVENUE<br>CORTLAND, NY 13045     |            |                         |        |  |                                       |
|--|------------|-------------------------|--------|--|---------------------------------------|
| CHARLOTTEMECKLENBURG<br>ANIMAL CARE AND CONTROL<br>8315 BYRUM DR | 52-1333483 | GOVERNMENTAL<br>(MUNICI | 70,000 |  | SAFETY<br>NET/SURRENDER<br>PREVENTION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CHEMUNG COUNTY HUMANE 16-0743999 501(C)3 150.000 SPAY/NEUTER SOCIETY AND SPCA INC 2435 STATE ROUTE 352 ELMIRA. NY 14903

FARM ANIMALS

20.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

74-3215224

CINCINNATI INTERFAITH WORKERS' CENTER 215 E 14 STREET CINCINNATI, OH 45202

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 95-6000733 10.000 LIVE RELEASE CITY OF LONG BEACH ANIMAL GOVERNMENTAL CARE SERVICES (MUNICI 7700 E SPRING STREET 95-6000735 GOVERNMENTAL 200.000 LIVE RELEASE CITY OF LOS ANGELES -DEPARTMENT OF ANIMAL (MUNICI SERVICES

LONG BEACH, CA 90815 221 N FIGUEROA STREET SUITE 600

LOS ANGELES, CA 90012

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-6001846 10.000 LIVE RELEASE CITY OF PASADENA ANIMAL GOVERNMENTAL SHELTER (MUNICI 5150 BURKE ROAD

SHELTER

5150 BURKE ROAD
PASADENA, TX 77504

CITY OF REXBURG ANIMAL
SHELTER

(MUNICI

LIVE RELEASE
(MUNICI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

25 E MAIN ST REXBURG, ID 83440

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-3765360 501(C)3 8.000 CLARKSDALE ANIMAL RESCUE LIVE RELEASE EFFORT & SHELTER 1645 DESOTO AVENUE CLARKSDALE, MS 38614

RELOCATION

51.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

COASTAL HUMANE SOCIETY

190 PLEASANT STREET BRUNSWICK, ME 04011 01-6021200

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7098397 501(C)3 30.000 SAFETY COLORADO STATE NET/SURRENDER PREVENTION

UNIVERSITY FOUNDATION 1680 CAMPUS MAIL FORT COLLINS, CO 80523 COLUMBIA GREENE HUMANE 14-1487056 501(C)3 13.000 EQUINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HUDSON, NY 12534

SOCIETY INC 111 HUMANE SOCIETY ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 93-0919021 501(C)3 10.000 RELOCATION COLUMBIA HUMANE SOCIETY BOX 845 SAINT HELENS, OR 97051 COLUMBUS HUMANE 31-4379492 501(C)3 30,000 ANTI-CRUELTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3015 SCIOTO-DARBY EXECUTIVE COURT HILLIARD, OH 43026

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization ıf applıcable grant cash or assistance or government other) assistance 000000000 501(C)4 25.000 ANTI-CRUELTY COMMITTEE TO PROTECT DOGS INC 2640A MITCHAM DRIVE TALLAHASSEE, FL 32308

COMMUNICATION ALLIANCE 38-3483606 501(C)3 25.000 TO NETWORK THOROUGHBRED EX-RACEHORSES 8619 EDGEWOOD PARK DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EQUINE COMMERCE TOWNSHIP, MI 48382

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 90-0626283 501(C)3 20.000 EQUINE COMMUNICATION ALLIANCE TO NETWORK THOROLICHBRED EV-

| COMPASSION IN WORLD  | 46-1822635 | 501(C)3 | 50,000 |  | FARM ANIMALS |
|--|------------|---------|--------|--|--------------|
| RACEHORSES<br>8619 EDGEWOOD PARK DRIVE<br>COMMERCE TOWNSHIP, MI<br>48382 |            |         |        |  |              |

FARMING 125 EAST TRINTY PLACE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DECATUR, GA 30030

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 46-0613245 501(C)3 51,000 EQUINE COPPER HORSE CRUSADE

| 3739 GLENN HWY<br>CAMBRIDGE, OH 43725                        |            |                         |   |  |              |
|--|------------|-------------------------|---|--|--------------|
| CUYAHOGA COUNTY ANIMAL<br>SHELTER<br>9500 SWEET VALLEY DRIVE | 34-6000817 | GOVERNMENTAL<br>(MUNICI | / |  | LIVE RELEASE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

VALLEY VIEW, OH 44070

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1759077 501(C)3 33.000 EQUINE DAYS END FARM HORSE RESCUE INC PO BOX 309 LISBON, MD 21765 **DENISON ANIMAL WELFARE** 46-5190514 501(C)3 8.100 LIVE RELEASE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GROUP INC PO BOX 1330 DENISON, TX 75021

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 84-0405254 501(C)3 110.000 SPAY/NEUTER DENVER DUMB FRIENDS LEAGUE 2080 S OUEBEC ST DENVER, CO 80231

LIVE RELEASE

27.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

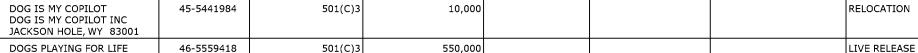
501(C)3

DENVER, CO 80231

DODGE COUNTY HUMANE
SOCIETY INC

N6839 STATE ROAD 26 JUNEAU, WI 53039 39-6126940

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-5441984 501(C)3 10.000 RELOCATION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

728 ROCKY MOUNTAIN PLACE LONGMONT, CO 80504

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance DOWNTOWN DOG RESCUE 46-1958507 501(C)3 24.000 SAFFTY NET/SURRENDER PREVENTION

10941 GARFIELD PLACE SOUTH GATE, CA 90280

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7010 FASY WIND DRIVE 260 AUSTIN, TX 78752

EMANCIPET INC 74-2913624 501(C)3 760,000 SPAY/NEUTER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance FOLITALE DECCLIE AND CE 1027400 EO1/CV2 12 500 LECUTAIR

| ADOPTION FOUNDATION INC<br>P O BOX 1199<br>PALM CITY, FL 34991 | 65-1037400 | 501(C)3 | 12,500 |  | EQUINE |
|--|------------|---------|--------|--|--------|
| EXCELLER FUND INC  | 75-2937532 | 501(C)3 | 15,000 |  | EQUINE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 1422 BATAVIA, IL 60510

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 41-1876072 501(C)3 102.800 LIVE RELEASE FELINE RESCUE INC. 593 FAIRVIEW AVE N

LIVE RELEASE

55,200

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

ST PAUL, MN 55104 FELINES INC

6379 N PAULINA ST CHICAGO, IL 60660 36-2922975

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance FIXNATION 83-0452460 501(C)3 348.700 ISPAY/NEUTER 7680 CLYBOURN AVENUE LOS ANGELES, CA 91352

FLORIDA ANIMAL CONTROL 59-2929688 501(C)6 6.000 ASSOCIATION INC.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LIVE RELEASE PO BOX 211267 ROYAL PALM BEACH, FL 33421

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 36-3172605 501(C)3 50.000 FARM ANIMALS FOOD ANIMAL CONCERNS TRUST

3525 W PETERSON AVE CHICAGO, IL 60659 FOOD BANK FOR NEW YORK 13-3179546 501(C)3 100.000 SAFETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10006

CITY NET/SURRENDER 39 BROADWAY 10TH FLOOR PREVENTION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-6001969 12.500 LIVE RELEASE FORT BEND COUNTY GOVERNMENTAL FORT BEND COUNTY ANIMAL (MUNICI

SERVICES
RICHMOND, TX 77469

FORT COLLINS CAT RESCUE & 20-4969731 501(C)3 10,000

LIVE RELEASE
SPAYNEUTER CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2321 E MULBERRY ST 1 FORT COLLINS, CO 80524

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 47-4798338 501(C)3 15.000 LIVE RELEASE FRESNO HUMANE ANIMAL SERVICES 760 W NIFLSEN AVE FRESNO, CA 93706 FRIENDS OF ANCHORAGE 83-1312622 TAX STATUS PENDING 20.000 LIVE RELEASE

ANIMAL CARE & CONTROL 2451 COPPERWOOD DRIVE ANCHORAGE, AK 99516

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-0131224 501(C)3 10.000 EQUINE FRIENDS OF FERDINAND INDIANA INC

INDIANA INC
C/O SARA BUSBICE
MARTINSVILLE, IN 46151

FRIENDS OF GREEN CHIMNEYS 13-3897106 501(C)3 12,000

ANTI-CRUELTY
400 DOANSBURG ROAD BOX

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

719

BREWSTER, NY 10509

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FRIENDS OF INDIANAPOLIS 32-0099654 501(C)3 10,000 LIVE RELEASE

| INDIANAPOLIS, IN 46250  GEAUGA COUNTY HUMANE                          | 23-7358431 | 501(C)3 | 6,700 |  | LIVE REL |
|---|------------|---------|-------|--|----------|
| ANIMAL CARE AND CONTROL<br>FOUNDATION INC<br>7399 N SHADELAND AVE 117 |            |         |       |  |          |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NOVELTY, OH 44072

RELEASE SOCIETY PO BOX 116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 45-4207332 501(C)3 10.000 GIMME SHELTER ANIMAL LIVE RELEASE RESCUE INC PO BOX 578

FARM ANIMALS

30.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

SAGAPONACK, NY 119620578
GLOBAL ANIMAL PARTNERSHIP

7421 BURNET ROAD AUSTIN. TX 78757 20-2234609

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GLOBAL FEDERATION OF 26-1676217 501(C)3 30.000 EQUINE ANIMAL SANCTUARIES PO BOX 73308 PHOENIX, AZ 85050 01-6011843 501(C)3 83.975 RELOCATION GREATER ANDROSCOGGIN HUMANE SOCIETY

55 STRAWBERRY AVE LEWISTON, ME 042405962

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 93-0467412 501(C)3 7.500 LIVE RELEASE GREENHILL HUMANE SOCIETY 88530 GREEN HILL RD EUGENE, OR 97402

FARM ANIMALS

47.468

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

HAVEN AT SKANDA

4000 MOSLEY ROAD CAZENOVIA, NY 13035 47-4777339

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 99-0073490 501(C)3 78.700 HAWAIIAN HUMANE SOCIETY SPAY/NEUTER 2700 WAIALAE AVE

HONOLULU, HI 968261806 45-4421742 501(C)3 15.000 HEART OF PHOENIX EQUINE RESCUE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HUNTINGTON, WV 25704

EQUINE 3368 PLYMALE BRANCH RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 23-7375919 501(C)3 6.300 LIVE RELEASE HEART OF THE VALLEY HUMANE SOCIETY INC 1549 F CAMERON BRIDGE RD

BOZEMAN, MT 59718

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MOUNT JULIET, TN 37121

HICKORY HILL FARM 81-1270203 501(C)3 11.000 EOUINE PO BOX 1454

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HOMEWARD ANIMAL SHELTER 45-0284164 501(C)3 7.150 LIVE RELEASE INC 1201 28TH AVE N FARGO, ND 58102 HORSE PLUS HUMANE 20-1156396 501(C)3 20.000 EQUINE

SOCIETY PO BOX 485

HOHENWALD, TN 38462

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HORSES WITHOUT HUMANS 82-2321776 501(C)3 6,500 EQUINE

PREVENTION

| RESCUE ORGANIZATION<br>6191 NORTH US HIGHWAY 129<br>BELL, FL 32619 |            |         |        |  |                         |
|--|------------|---------|--------|--|-------------------------|
| HOUSING EQUALITY AND ADVOCACY RESOURCE TEAM                        | 82-5280771 | 501(C)3 | 50,000 |  | SAFETY<br>NET/SURRENDER |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

739 N VENDOME

LOS ANGELES, CA 90026

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 47-5424832 501(C)3 7.500 EQUINE HPF-RESCUE-REHAB-REHOME 250 SOUTH ROAD BRENTWOOD, NH 03833

LIVE RELEASE

14.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

BRENTWOOD, NH 03833
HUMANE SOCIETY - LAKE
COUNTY AREA
PO BOX 1644

POLSON, MT 59860

81-0463465

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 58-1342479 501(C)3 98.559 LIVE RELEASE HUMANE SOCIETY OF CHARLOTTE INC LIVE RELEASE

2700 TOOMEY AVENUE CHARLOTTE, NC 28203 **HUMANE SOCIETY OF** 91-6174768 501(C)3 6.600 COWLITZ COUNTY

PO BOX 172

LONGVIEW, WA 98632

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 16-1344384 501(C)3 6.000 SPAY/NEUTER HUMANE SOCIETY OF

LIVINGSTON COUNTY INC PO BOX 233 AVON. NY 14414 HUMANE SOCIETY OF NORTH 75-1245911 501(C)3 80.000 EQUINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TEXAS 1840 F LANCASTER AVE

FORT WORTH, TX 76103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 41-1417930 501(C)3 5.200 LIVE RELEASE HUMANE SOCIETY OF OTTER TAIL COUNTY

1933 WEST FIR AVENUE FERGUS FALLS, MN 56537 HUMANE SOCIETY OF 59-6014943 501(C)3 15.000 LIVE RELEASE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SARASOTA COUNTY INC 2331 15TH STREET

SARASTOA, FL 34237

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 64-6034439 501(C)3 10.000 LIVE RELEASE HUMANE SOCIETY OF SOUTH MISSISSIPPI 2615 25TH AVENUE SUITE B GULFPORT, MS 39501 HUMANE SOCIETY OF TAMPA 59-0799907 501(C)3 10.000 RELOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BAY INC

3607 N ARMENIA AVE TAMPA, FL 33607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 41-1651603 501(C)3 27.700 LIVE RELEASE HUMANE SOCIETY OF THE LAKES

19665 US HWY 59
DETROIT LAKES, MN 56501

HUMANE SOCIETY OF THE 82-0349958 501(C)3 17,600

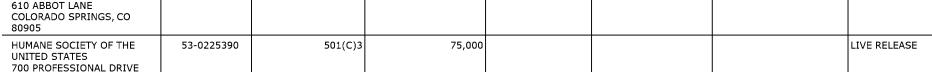
PALOUSE

LIVE RELEASE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 8847 MOSCOW, ID 83843

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 84-0410111 501(C)3 8.000 ANTI-CRUELTY HUMANE SOCIETY OF THE PIKES PEAK REGION 53-0225390 LIVE RELEASE



STE C

GAITHERSBURG, MD 20879

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-0863199 501(C)3 23.025 LIVE RELEASE HUMANE SOCIETY OF VERO BEACH FLA LIVE RELEASE

PO BOX 644 VERO BEACH, FL 32961 **HUMANE SOCIETY OF** 81-0290933 501(C)3 16.000 WESTERN MONTANA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5930 HIGHWAY 93 SOUTH MISSOULA, MT 59804

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-0624410 501(C)3 15.000 LIVE RELEASE JACKSONVILLE HUMANE SOCIETY LIVE RELEASE

8464 BEACH BOULEVARD JACKSONVILLE, FL 32216 KENOSHA COUNTY HUMANE 39-0977528 501(C)3 7.600 SOCIETY 7811 60TH AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KENOSHA, WI 53142

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-5883736 501(C)3 28.500 EQUINE KENTUCKY EQUINE HUMANE CENTER INC PO BOX 910124 LEXINGTON, KY 405910124 KENTUCKY HUMANE SOCIETY -61-0463938 501(C)3 64.700 EQUINE ANIMAL RESCUE LEAGUE

1000 LYNDON LANE LOUISVILLE, KY 40222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 91-0728353 501(C)3 6.500 KITSAP HUMANE SOCIETY LIVE RELEASE

9167 DICKEY ROAD NW SILVERDALE, WA 98383 LEA COUNTY HUMANE 85-0247341 501(C)3 9.000 SAFETY SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INET/SURRENDER 700 N GRIMES PREVENTION HOBBS, NM 88240

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 82-0207503 501(C)3 25.000 LIVE RELEASE LEWIS CLARK ANIMAL SHELTER INC 6 SHELTER RD

LEWISTON, ID 835017899

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ATLANTA, GA 30333

LIFELINE ANIMAL PROJECT INC 01-0599278 501(C)3 10.000 LIVE RELEASE PO BOX 15466

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 95-3909782 501(C)3 715,000 RETURN TO OWNER LOS ANGELES COUNTY

| ANIMAL CARE FOUNDATION<br>5898 CHERRY AVENUE<br>LONG BEACH, CA 90805 |            |         |       |  | (RTO)  |
|--|------------|---------|-------|--|--------|
| LOVE THIS HORSE EQUINE<br>RESCUE<br>5049 ESCONDIDO CANYON<br>ROAD    | 81-4434284 | 501(C)3 | 6,000 |  | EQUINE |

ACTON, CA 93510

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-1156562 501(C)3 30.000 MARIN HUMANE SOCIETY LIVE RELEASE 171 BEL MARIN KEYS BLVD

171 BEL MARIN KEYS BLVD
NOVATO, CA 94949

MAYORS ALLIANCE FOR NYCS 73-1653635 501(C)3 100,000

ANIMALS INC 244 FIFTH AVE STE R290

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 100017604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

FARM ANIMALS

| MEOOWZRESQ INC             | 26-3035880 | 501(C)3 | 8,000 |  | LIVE RELEASE |
|----------------------------|------------|---------|-------|--|--------------|
| 960 N TUSTIN AVE SUITE 200 |            |         |       |  |              |
| ORANGE, CA 92867           |            |         |       |  |              |

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

MERCY FOR ANIMALS

8033 SUNSET BLVD LOS ANGELES, CA 90046 54-2076145

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-6000573 260.000 ANTI-CRUELTY MIAMI-DADE COUNTY ANIMAL GOVERNMENTAL SERVICES (MUNICI

3599 NW 79 AVENUE DORAL, FL 33122 38-1358206 501(C)3 7.000 MICHIGAN HUMANE SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

480254509

LIVE RELEASE 30300 TELEGRAPH RD STE 220 BINGHAM FARMS, MI

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MIDATLANTIC HORSE RESCUE 27-3543490 501(C)3 35.000 EQUINE INC

PO BOX 407
CHESAPEAKE CITY, MD 21915

MINNEAPOLIS ANIMAL CARE & 41-6005375 GOVERNMENTAL CONTROL LIVE RELEASE (MUNICI)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

212 17TH AVE N MINNEAPOLIS, MN 55411

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 30-0245020 501(C)3 16.000 SPAY/NEUTER MINN-KOTA PAAWS PEOPLE ADVOCATING ANIMAL WELFARE SERVICES 2125 1ST AVE S RELOCATION

FARGO, ND 58103 501(C)3 10,000 MOBILE SOCIETY FOR 63-0500374 PREVENTION OF CRUELTY TO ANIMALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

620 ZEIGLER CIR W MOBILE, AL 36608

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 14-1338459 501(C)3 108.504 LIVE RELEASE MOHAWK AND HUDSON RIVER HUMANE SOCIETY 3 OAKLAND AVE

DISASTER/EMERGENCY

20.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

MENANDS, NY 12204 MONTANA COMMUNITY

FOUNDATION INC PO BOX 1145 HELENA, MT 59624 81-0450150

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7189562 501(C)3 15.000 SAFETY MT PLEASANT ANIMAL SHELTER INC NET/SURRENDER 194 ROUTE 10 WEST PREVENTION

LIVE RELEASE

194 ROUTE 10 WEST
EAST HANOVER, NJ 07936

NASHVILLE HUMANE 62-0672999 501(C)3 6,600
ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

213 OCEOLA AVE NASHVILLE, TN 37209

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

POPULATION 15508 W BELL ROAD SURPRISE, AZ 85374

| NATIONAL ALLIANCE OF STATE<br>ANIMAL AND AGRICULTURAL<br>EMERGENCY PROGRAMS<br>BOX 1931843 CENTRAL AVE<br>ALBANY, NY 12205 | 26-3487301 | 501(C)3 | 20,000 |  | DISASTER/EMERGENCY |
|--|------------|---------|--------|--|--------------------|
| NATIONAL COUNCIL ON PET  | 84-1237950 | 501(C)3 | 25,000 |  | SPAY/NEUTER        |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance NEW ENGLAND FEDERATION 02-0447142 501(C)3 10.000 LIVE RELEASE OF HUMANE SOCIETIES

ANTI-CRUELTY

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

| 951 BROADWAY ST    |  |
|--------------------|--|
| LOWELL, MA 01854   |  |
| NEW HAMPSHIRE SPCA |  |

104 PORTSMOUTH AVE STRATHAM, NH 03885

02-6000614

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 31-1681380 501(C)3 50.000 EQUINE NEW VOCATION RACEHORSE ADOPTION PROGRAM 3293 WRIGHT RD LAURA, OH 45337

ANTI-CRUELTY

505.952

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GOVERNMENTAL

(MUNICI

13-6400434

NEW YORK POLICE DEPARTMENT

PLAZA ROOM 800

GRANTS UNIT ONE POLICE

NEW YORK, NY 10038

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 82-1433077 501C3 50.000 ANTI-CRUELTY NEW YORK STATE ANIMAL PROTECTION FEDERATION

EDUCATION FUND INC PO BOX 1115 ALBANY, NY 12201 501(C) 3 15,000 OHIO FEDERATED HUMANE 34-1423507

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LIVE RELEASE SOCIETIES PO BOX 21328 COLUMBUS, OH 43221

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 20-8446621 501(C)3 25.000 RELOCATION OKLAHOMA HUMANE SOCIETY

| PO BOX 18471<br>OKLAHOMA CITY, OK 73154 |            | , ,     | ,      |  |             |
|---|------------|---------|--------|--|-------------|
| OKTIBBEHA COUNTY HUMANE                 | 64-0618170 | 501(C)3 | 39,950 |  | SPAY/NEUTER |

PO BOX 297

STARKVILLE, MS 39760

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 39-1312508 501(C) 3 27.000 LIVE RELEASE ONEIDA COUNTY HUMANE SOCIETY INC

| 1852 STEVENS ST<br>RHINELANDER, WI 54501                               |            |         |        |  |             |
|--|------------|---------|--------|--|-------------|
| OPERATION BLANKETS OF<br>LOVE<br>16911 SAN FERNANDO<br>MISSION PMB 187 | 80-0238786 | 501(C)3 | 10,000 |  | SPAY/NEUTER |

GRANADA HILLS, CA 91344

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance OSHKOSH AREA HUMANE 39-1709813 E01/C/3 75 nonl LIVE RELEASE

| SOCIETY INC<br>1925 SHELTER CT<br>OSHKOSH, WI 54901 | 33 1703013 | 301(0)3 | 73,000 |  | LIVE NEED, OE |
|---|------------|---------|--------|--|---------------|
| PEACEFUL KINGDOM                                    | 62-1818180 | 501(C)3 | 30,000 |  | RELOCATION    |

PO BOX 9394 KNOXVILLE, TN 37940

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PENNSYLVANIA SOCIETY FOR 23-1352269 501(C)3 68.089 LIVE RELEASE THE PREVENTION OF CRUELTY

THE PREVENTION OF CRUELTY
TO ANIMALS
350 E ERIE AVENUE
PHILADELPHIA. PA 19134

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANTONIO, TX 78245

350 E ERIE AVENUE
PHILADELPHIA, PA 19134

PETCO FOUNDATION 33-0845930 501(C)3 50,000

LIVE RELEASE
654 RICHLAND HILLS DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 80-0233785 501(C)3 35.000 SAFETY PETS ARE WONDERFUL SUPPORT INC NET/SURRENDER 134 W 29TH STREET PREVENTION

NEW YORK, NY 10001

PHYLLIS KUEHN 81-2015973 501(C)3 155.000 SAFFTY PO BOX 5202 NET/SURRENDER NOVATO, CA 94948 PREVENTION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-0829960 501(C)3 25.000 LIVE RELEASE PRETTY GOOD CAT BOX 432 RELOCATION

LONG BEACH, CA 90803 PROGRESSIVE ANIMAL 91-6073154 501(C)3 12,600 WELFARE SOCIETY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 1037

LYNNWOOD, WA 98046

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-4808220 501(C)3 9.700 LIVE RELEASE RANGE REGIONAL ANIMAL REGENTS OF THE UNIVERSITY 94-6036494 501(C)3 50.000 EQUINE OF CALIFORNIA

RESCUE 11215 HWY 37 HIBBING, MN 55746

1 SHIELDS AVENUE DAVIS, CA 95616

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance REGIONAL ANIMAL SERVICES 91-6001327 GOVERNMENTAL 6,700 LIVE RELEASE

| RERUN INC  | 61-1336739 | 501(C)3 | 25,000 |  | EQUINE |
|--|------------|---------|--------|--|--------|
| OF KING COUNTY<br>21615 64TH AVE S<br>KENT, WA 98032 |            | (MUNICI |        |  |        |

236B WATERS ROAD EAST GREENBUSH, NY 12061

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-1622725 501(C)3 25.000 EQUINE RETIRED RACEHORSE PROJECT LTD 2976 SOLOMONS ISLAND RD

2976 SOLOMONS ISLAND RD EDGEWATER, MD 21037

RI SOCIETY FOR THE 05-0262716 501(C)3 7,500 LIVE RELEASE PREVENTION OF CRUELTY TO ANIMALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

186 AMARAL STREET RIVERSIDE, RI 02915

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 16-6002551 51.600 ROCHESTER ANIMAL GOVERNMENTAL ISPAY/NEUTER SERVICES (MUNICI 184 VERONA STREET

EOUINE

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

ROCHESTER, NY 14608

RVR HORSE RESCUE INC.

12611 HAYES CLAN RD RIVERVIEW, FL 33579 45-1536701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 39-1381967 501(C)3 6,600 LIVE RELEASE SAUK COUNTY HUMANE

| GEATTI E ADEA ESITAIS DEGGIIS               | 01 0011051 | E04 (C) 2 | 70.050 |  | 1 T) (E DEL |
|---|------------|-----------|--------|--|-------------|
| SOCIETY<br>618 LINN ST<br>BARABOO, WI 53913 |            |           |        |  |             |

SHORELINE, WA 98133

ILIVE RELEASE SEATTLE AREA FELINE RESCUEI 91-2041961 501(C)3| 79.2501 14717 AURORA AVE N

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-3490671 501(C)3 8.800 RELOCATION SECOND CHANCE ANIMAL

SERVICES INC 111 YOUNG ROAD EAST BROOKFIELD, MA 01515 SHELTER ANIMALS COUNT 46-2215168 501(C)3 100.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MONTCLAIR, NJ 07042

LIVE RELEASE 41 WATCHUNG PLAZA SUITE 393

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 06-1697719 501(C)3 45.500 SPAY/NEUTER SHELTER OUTREACH SERVICES 78 DODGE RD ITHACA, NY 14850 SHELTER TRANSPORT ANIMAL 45-4258426 501(C)3 20.000 RELOCATION

RESCUE TEAM (START) PO BOX 4792

VALLEY VILLAGE, CA 91617

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 000000000 9.500 SISKIYOU COUNTY GOVERNMENTAL DISASTER/EMERGENCY DEPARTMENT OF (MUNICI)

| AGRICULTURE 525 SOUTH FOOTHILL DR YREKA, CA 96097 |            | (MONTEL |       |  |            |
|---|------------|---------|-------|--|------------|
| SKYWATCH BIRD RESCUE AND                          | 27-2818014 | 501(C)3 | 6,000 |  | ANTI-CRUEL |

CASTLE HAYNE, NC 28429

ELTY CONSERVATION CENTER 3600 LYNN AVENUE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-5175430 501(C)3 30.000 LIVE RELEASE SNAKE RIVER ANIMAL SHELTER INC

| PO BOX 51741<br>IDAHO FALLS, ID 83405   |            |         |        |  |             |
|---|------------|---------|--------|--|-------------|
| SPAY AND NEUTER INITIATIVE<br>PROGRAM<br>2925 GULF FREEWAY SOUTH<br>STE B 109 | 81-2630297 | 501(C)3 | 90,000 |  | SPAY/NEUTER |

LEAGUE CITY, TX 77573

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 55-0852853 501(C)3 153.325 SPAY AND NEUTER SYRACUSE ISPAY/NEUTER (SANS) 2616 FRIF BLVD FAST

SYRACUSE, NY 13224 26-2679583 501(C)3 37.700 ISPAY/NEUTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SPAY NEUTER IDAHO PETS INC 1785 W CHERRY LN

MERIDIAN, ID 83642

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance SPCA OF TEXAS 75-1216660 501(C)3 50.000 SAFETY 2400 LONE STAR DR NET/SURRENDER

89.010

PREVENTION

SPAY/NEUTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

DALLAS, TX 75212

PO BOX 6247 SPOKANE, WA 99217

SPOKANE HUMANE SOCIETY

91-0565011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 23-7357706 501(C)3 200.000 SAFETY ST CROIX ANIMAL WELFARE CENTER INC NET/SURRENDER

RR 2 BOX 9250 PREVENTION KINGSHILL, VI 00850

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MADISON, NJ 07940

ST HUBERT'S GIRALDA 22-1627726 501(C)3 45.000 LIVE RELEASE PO BOX 159

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 15-0551485 501(C)3 12.250 LIVE RELEASE STEVENS-SWAN-HUMANE-SOCIETY OF ONEIDA COUNTY 5664 HORATIO STREET UTICA. NY 13502

ANTI-CRUELTY

5.708

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GOVERNMENTAL

(MUNICI

STOKES COUNTY ANIMAL

1999 SIZEMORE ROAD GERMANTON, NC 27019

SHELTER

56-6000340

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 31-1717528 501(C)3 25.000 LIVE RELEASE TEXAS ANIMAL SHELTER

COALITION PO BOX 6551 MCKINNEY.TX 75071 THE ANIMAL FOUNDATION 88-0144253 501(C)3 7.850 LIVE RELEASE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

655 N MOJAVE RD LAS VEGAS, NV 89101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 13-3269965 501(C)3 74.367 SPAY/NEUTER THE ANIMAL RIGHTS ALLIANCE INC 42 ACKERMAN ROAD

42 ACKERMAN ROAD
WARWICK, NY 10990

THE ASSOCIATION FOR
ANIMAL WELFARE
ADVANCEMENT
15508 W BELL ROADSUITE
101 - 613

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SURPRISE, AZ 85374

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 39-0973879 501(C)3 20,775 SPAY/NEUTER THE HUMANE SOCIETY OF COLITHEDAY WISCONSTN INC

SAUNDERSTOWN, RI 02874

| 222 S ARCH STREET JANESVILLE, WI 53548                                     |            |         |        |  |        |
|--|------------|---------|--------|--|--------|
| THE SANTANA CENTER FOR EQUINE EDUCATION AND OUTREACH 1459 BOSTON NECK ROAD | 11-3734734 | 501(C)3 | 10,000 |  | EQUINE |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance THIS OLD HORSE INC. 45-4234611 501(C)3 16.000 EOUINE

| 13926 60TH STREET SOUTH<br>AFTON, MN 55001     |            |         | ,      |  |        |
|--|------------|---------|--------|--|--------|
| THOROUGHBRED AFTERCARE ALLIANCE FOUNDATION INC | 45-4783644 | 501(C)3 | 25,000 |  | EQUINE |

821 CORPORATE DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LEXINGTON, KY 40503

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

SPAY/NEUTER

|                               |            |        |  | 1 |             |
|-------------------------------|------------|--------|--|---|-------------|
| TLC PETSNIP<br>1701 E GARY RD | 61-1647971 | 40,600 |  |   | SPAY/NEUTER |
| 1701 E GART RD                |            |        |  |   |             |
| LAKELAND, FL 33801            |            |        |  |   |             |

55,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

TOMPKINS COUNTY SPCA

1640 HANSHAW ROAD ITHACA, NY 14850

15-0624378

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7449686 501(C)3 6.500 LIVE RELEASE TRI-COUNTY HUMANE

SOCIETY 735 8TH ST NE ST CLOUD, MN 56302 TRUE AND FAITHFUL PET 47-1681488 501(C)3 10.000 LIVE RELEASE RESCUE MISSION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1505 TAMIAMI TRAIL S 405 VENICE, FL 34285

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TRUSTEES OF TUFTS COLLEGE 04-2103634 501(C)3 60.803 SAFETY 169 HOLLAND STREET NET/SURRENDER PREVENTION 59-0974739 501(C)3 75.000 ANTI-CRUELTY

SOMERVILLE, MA 02144 UNIVERSITY OF FLORIDA FOUNDATION INC 1938 WEST UNIVERSITY AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GAINESVILLE, FL 32603

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 45-3749303 501(C)3 45.000 LIVE RELEASE WAGS AND WALKS

ISPAY/NEUTER

8721 SANTA MONICA BLVD
344
WEST HOLLYWOOD, CA 90069
WAGS PET CLINIC INC 82-1808037 501(C)3 87,500
SPA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5420 WEBB RD TAMPA, FL 33615

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WANDERERS REST HUMANE 16-1191312 501(C)3 40,400 LIVE RELEASE

| WASHINGTON COUNTY  | 71-6003197 | GOVERNMENTAL | 10,000 |  | RELOCAT |
|--|------------|--------------|--------|--|---------|
| PO BOX 535 7138<br>SUTHERLAND DRIVE<br>CANASTOTA, NY 13032 |            |              |        |  |         |
| l ASSOCIATION INC l  |            |              |        |  |         |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FAYETTEVILLE, AR 72701

NOITA ANIMAL SHELTER (MUNICI 801 W CLYDESDALE DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7009054 501(C)3 20.000 LIVE RELEASE WASHINGTON COUNTY HUMANE SOCIETY INC 3650 HIGHWAY 60 SLINGER, WI 53086

LIVE RELEASE

298.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

53-0219724

WASHINGTON HUMANE

71 OGLETHORPE ST NW WASHINGTON, DC 20011

SOCIETY

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WENATCHEE VALLEY HUMANE 91-0838299 501(C)3 91,800 LIVE RELEASE

| PO BOX 55 WENATCHEE, WA 98807   |            |                         |        |  |             |
|---|------------|-------------------------|--------|--|-------------|
| WESTMINSTER POLICE DEPT<br>ANIMAL CONTROL UNIT<br>8200 WESTMINSTER BLVD<br>BLDG 5 | 95-6005897 | GOVERNMENTAL<br>(MUNICI | 10,000 |  | SPAY/NEUTER |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WESTMINSTER, CA 92683

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 39-0810533 501(C)3 250.000 LIVE RELEASE WISCONSIN HUMANE SOCIETY 4500 WISCONSIN AVENUE MILWAUKEE, WI 53208

SPAY/NEUTER

12,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)3

WYOMING COUNTY SPCA

PO BOX 269 ATTICA, NY 14011 22-2365422

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-3128166 501(C)3 20.000 RELOCATION ZIGGY AND FRIENDS CAT RESCUE 1038 S ROBERTSON BLVD LOS ANGELES, CA 90035 PREVENT CRUELTY 82-2669758 200.000 FARM ANIMALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CALIFORNIA

119 NORTH FAIRFAX AVE LOS ANGELES, CA 90036

| efil  | e GRAPHIC pr                                | int - DO NOT PROCESS A  | s Filed Data              | a -   | DLN: 934                | 9331       | 2002   | 339  |  |
|-------|---|---|---------------------------|---|-------------------------|------------|--------|------|--|
| Sch   | edule J                                     | Cor   | npensati                  | on Information  | OM                      | IB No      | 1545-( | 0047 |  |
| (For  | n 990)                                      | For certain Officers  | , Directors, T            | rustees, Key Employees, and Hig   | hest                    |            |        |      |  |
|       |   | ► Complete if the organ   | Compensa<br>nization answ | ited Employees<br>ered "Yes" on Form 990, Part IV,  | . line 23.              | 2018       |        |      |  |
|       | 31 -  |   | ▶ Attach                  | to Form 990. instructions and the latest inform   |                         |            | to Pul |      |  |
| •     | tment of the Treasury<br>al Revenue Service | ► Go to <u>www.irs.qov/</u>   | <u>гогтээо</u> тог        | instructions and the latest inform  | nation.                 |            | ectio  |      |  |
|       | ne of the organiza                          |   |                           |   | Employer identificat    | ion nu     | ımber  |      |  |
|       | CRUELTY TO ANIMAL                           | Y FOR THE PREVENTION<br>S   |                           |   | 13-1623829              |            |        |      |  |
| Pa    | rt I Questio                                | ons Regarding Compensation  | on                        |   |                         |            |        |      |  |
|       |   |   |                           |   |                         |            | Yes    | No   |  |
| 1a    |   |   |                           | the following to or for a person lister<br>y relevant information regarding thes  |                         |            |        |      |  |
|       |   | or charter travel   |                           | Housing allowance or residence for  | •                       |            |        |      |  |
|       |   | companions  | 님                         | Payments for business use of persoi   |                         |            |        |      |  |
|       |   | nification and gross-up payments  | H                         | Health or social club dues or initiation  |                         |            |        |      |  |
|       | □ Discretion                                | ary spending account  | Ш                         | Personal services (e g , maid, chauf  | reur, cher)             |            |        |      |  |
| b     |   | xes in line 1a are checked, did the<br>all of the expenses described above  |                           | ollow a written policy regarding paym<br>plete Part III to explain  | nent or reimbursement   | <b>1</b> b |        |      |  |
| 2     |   |   |                           | or allowing expenses incurred by all<br>r, regarding the items checked in line  | . 1?                    | 2          |        |      |  |
|       | directors, truste                           | es, officers, including the CEO/Exe   | ecutive Director          | r, regarding the Items checked in line  | e la?                   |            |        |      |  |
| 3     |   |   |                           | d to establish the compensation of the  | ne                      |            |        |      |  |
|       | _   | EO/Executive Director Check all the<br>d organization to establish competed |                           | OCCOPY TO SELECTION OF THE SELECTION OF | n Part III              |            |        |      |  |
|       | ✓ Compensa                                  |   |                           | Western and assessed assessed   |                         |            |        |      |  |
|       |   | ation committee<br>ent compensation consultant                              | ✓                         | Written employment contract Compensation survey or study  |                         |            |        |      |  |
|       |   | of other organizations  | <b>₹</b>                  | Approval by the board or compensa   | tion committee          |            |        |      |  |
|       |   | -   |                           |   |                         |            |        |      |  |
| 4     | During the year, related organiza           |   | 0, Part VII, Se           | ction A, line 1a, with respect to the fi  | iling organization or a |            |        |      |  |
| а     | _   | ance payment or change-of-contro  | l payment?                |   |                         | 4a         |        | No   |  |
| ь     |   | r receive payment from, a supplem   |                           | fied retirement plan?   |                         | 4b         |        | No   |  |
| c     | •   | r receive payment from, an equity   | •                         | •   |                         | 4c         |        | No   |  |
|       | If "Yes" to any o                           | of lines 4a-c, list the persons and p                                       | rovide the app            | licable amounts for each item in Part   | : III                   |            |        |      |  |
|       | Only E01/a)/2                               | ), 501(c)(4), and 501(c)(29) o  | izationo                  | must samplete lines E 0   |                         |            |        |      |  |
| 5     |   |   | _                         | the organization pay or accrue any  |                         |            |        |      |  |
| •     |   | ontingent on the revenues of  |                           | ine organization pay or accrac any  |                         |            |        |      |  |
| а     | The organization                            | 1?  |                           |   |                         | 5a         |        | No   |  |
| b     | Any related orga                            |   |                           |   |                         | 5b         |        | No   |  |
|       | •   | 5a or 5b, describe in Part III  |                           |   |                         |            |        |      |  |
| 6     |   | ed on Form 990, Part VII, Section A<br>contingent on the net earnings of    | A, line 1a, did t         | the organization pay or accrue any  |                         |            |        |      |  |
| а     | The organization                            | 1?  |                           |   |                         | 6a         |        | No   |  |
| b     | Any related orga                            |   |                           |   |                         | 6b         |        | No   |  |
|       | •   | 6a or 6b, describe in Part III  |                           |   |                         |            |        |      |  |
| 7     |   | ed on Form 990, Part VII, Section A<br>escribed in lines 5 and 6? If "Yes," |                           | the organization provide any nonfixed<br>rt III   | d                       | 7          | Yes    |      |  |
| 8     | subject to the in                           |   |                           | red pursuant to a contract that was<br>section 53 4958-4(a)(3)? If "Yes," de  | escribe                 |            |        |      |  |
|       | ın Part III                                 |   |                           |   |                         | 8          |        | No   |  |
| 9     | If "Yes" on line 8 53 4958-6(c)?            | 8, did the organization also follow   | the rebuttable            | presumption procedure described in  | Regulations section     | 9          |        |      |  |
| For I | ``  | iction Act Notice, see the Instri   | uctions for Fo            | rm 990 Cat No 5   | 0053T <b>Schedule 1</b> |            | , 990) | 2018 |  |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

| Part II Officers, Directors, Trustees, Key Employees, and Ting   |                          |   |   |                       |                                 |                   |  |
|--|--------------------------|---|---|-----------------------|---------------------------------|-------------------|--|
| For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990 | 0, Part VII              |   |   |                       |                                 |                   |  |
| Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot  | <u>al amount of Fo</u> r | <u>rm 990, Part VII, Se</u>               | ≥ction A, line 1a, a                      | pplicable column (ر   | <u>ン) and (E) amour</u>         | nts for that indi | vidual   |
| (A) Name and Title   | (B) Breal                | compensation and othe                     |   | and other             | ( <b>D)</b> Nontaxable benefits | columns           | <b>(F)</b><br>Compensation in                              |
|  | (i) Base<br>compensation | (ii)<br>Bonus & incentive<br>compensation | (iii) Other<br>reportable<br>compensation | deferred compensation |                                 | (B)(ı)-(D)        | column (B)<br>reported as<br>deferred on prior<br>Form 990 |
| See Additional Data Table  |                          |   |   |                       |                                 | •                 |  |
|  | 1                        | 1   | 1   |                       | 1                               | I                 | 1  |
|  |                          |   |   |                       |                                 |                   | !  |
|  |                          |   |   |                       |                                 |                   |  |
|  |                          |   |   |                       |                                 |                   |  |
|  |                          |   |   |                       |                                 |                   |  |
|  |                          |   |   |                       |                                 |                   |  |
|  |                          |   |   |                       |                                 |                   |  |
|  |                          |   |   | +                     |                                 |                   |  |
|  |                          |   |   |                       |                                 |                   |  |
|  |                          |   |   |                       |                                 |                   |  |
|  | +                        |   |   | +                     |                                 |                   |  |
|  |                          |   |   | +                     |                                 |                   |  |
| 1-   |                          |   |   | +                     |                                 |                   |  |
| 1  |                          |   |   |                       |                                 |                   |  |
|  |                          |   |   |                       |                                 |                   |  |
|  |                          |   |   |                       |                                 |                   |  |
|  |                          |   |   |                       |                                 |                   |  |

| Schedule J (Form 990) 2018               | Page <b>3</b>   |  |  |  |  |
|--|---|--|--|--|--|
| Part III Supplemental Information        |   |  |  |  |  |
| Provide the information, explanation, or | descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information   |  |  |  |  |
| Return Reference                         | Explanation   |  |  |  |  |
| · ·                                      | THE FOLLOWING EMPLOYEES RECEIVED DISCRETIONARY, NON-FIXED PAYMENTS THAT ARE REPORTED IN SCHEDULE J, PART II, COLUMN B(II) THE DISCRETIONARY NON-FIXED PAYMENTS ARE DETERMINED BASED ON THE PERFORMANCE EVALUATION PROCESS MATTHEW BERSHADKER \$200,000 TODD HENDRICKS \$25,000 ELIZABETH ESTROFF \$15,000 SARAH LEVIN GOODSTINE \$10,000 STACY WOLF \$10,000 BERT TROUGHTON \$10,000 STEPHEN J MUSSO \$ |  |  |  |  |

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(1)

323,323

313,408

313,839

294,045

280,673

275,126

265,095

269,962

249,865

248,531

229,645

228,364

#### Software ID:

25,000

15,000

10,000

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8,726

**Software Version:** 

EIN: 13-1623829

Name: THE AMERICAN SOCIETY FOR THE PREVENTION

OF CRUELTY TO ANIMALS

22,000

22,000

22,000

22,000

18,762

22,000

21,487

15,688

21,178

20,221

17,644

18,768

30,651

33,003

35,257

14,202

11,218

23,570

28,784

34,677

24,820

16,414

13,554

24,243

401,526

384,653

381,582

333,674

321,685

342,150

315,904

321,137

308,153

286,403

262,001

280,508

0

| Form 990, Scheaule J               | -orm 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees |                       |   |   |                                |                |                      |   |  |
|------------------------------------|---|-----------------------|---|---|--------------------------------|----------------|----------------------|---|--|
| (A) Name and Title                 |   | (B) Breakdown         | of W-2 and/or 1099-MIS                    | C compensation                            | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation in                                     |  |
|                                    |   | (i) Base Compensation | (ii)<br>Bonus & incentive<br>compensation | (iii)<br>Other reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(ı)-(D)           | column (B)<br>reported as deferred on<br>prior Form 990 |  |
| MATTHEW BERSHADKER PRESIDENT & CEO | (1)   | 511,587               | 200,000                                   | 810                                       | 22,000                         | 35,129         | 769,526              | 0   |  |
| (1                                 | II)   | 0                     | 0   | 0   | 0                              | 0              | 0                    | 0   |  |

552

1,242

486

3,427

1,032

11,454

538

810

3,564

1,237

1,158

9,133

| (A) 110 |  |
|---------|--|
|         |  |
|         |  |
| MATTHEW |  |

TODD HENDRICKS

SVP, DEVELOPMENT

ELIZABETH ESTROFF

SVP, OPERATIONS & STRATEGY JULIE MORRIS

SVP, COMMUNITY OUTREACH STACY WOLF

**ENGAGEMENT** BERT TROUGHTON

SVP, SHELTER & VETERINARY SERVICES

BEVERLY JONES

J'MAI GAYLE

FACILITIES P NANCY PERRY

SVP, COMMUNICATIONS

SARAH LEVIN GOODSTINE

SVP, POLICY RESPONSE &

SVP, CHIEF LEGAL OFFICER

EVP. CAPITAL PROJECTS &

DIRECTOR, SURGERY

STEPHEN J MUSSO

SVP, GOVERNMENT RELATIONS

CAMILLE DECLEMENTI

SVP, ASPCA ANIMAL HOŚPITAL

RANDALL LOCKWOOD

SVP, ANTI-CRUELTY SPECIAL PROJECTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493312002339 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 13-1623829 Part I Types of Property (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests Books and publications Clothing and household . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Χ 190 4,645,828 QUOTE PRICE Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . 21 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 858,647 COST 25 Other ▶ ( Χ 9 GIFTS IN KIND ) 26 Other ▶ ( \_\_\_ 28 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II 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 Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

| Schedule M (Form 990) (2018) | Page 2   |
|------------------------------|--|
| Part II Supplemental Info    |  |
|                              | ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information. |
| Return Reference             | Explanation  |
|                              | Schedule M (Form 990) (2018)   |

| efile GRAPHIC  | C print   | - DO NOT PRO   | CESS   | As Filed Data -  |   | DLN:  | 93493312002339  |
|--|---|--|--|--|---|---|---|
| SCHEDULE O Form 990 or 990- EZ)  Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Separtment of the Treasury  Pepartment of the Treasury |   |  |  | OMB No 1545-0047  2018  Open to Public Inspection  |   |   |   |
| Namel Betherofgan<br>THE AMERICAN SOCIE<br>OF CRUELTY TO ANIM<br>990 Schedule (  | ETY FOR<br>1ALS   |  | ormatio  | n  |   | Employer identi<br>13-1623829   | fication number   |
| Return<br>Reference  |   |  |  |  | Explanation   |   |   |
| PART III, LÎNE<br>4A,<br>DESCRIPTION<br>OF PROGRAM<br>SERVICE<br>-CONTINUED  | ASHEV<br>PART PROFE<br>PRACT<br>NETW<br>ANIMA<br>PROVI<br>NORTI<br>WISCO<br>STATE<br>SHELT<br>ANIMA<br>OF ITS<br>ADDRI<br>AWAR<br>TOPIC<br>CAPAC<br>PROVI | VILLE, NORTH CA OF THE STATE A ESSIONALS, INCL FICES AND GENTI ORK OF SPAY/NE LIS ACROSS THE IDES CONSULTAT HWESTERN STAT DNSIN IT WORKS ES, WITH THE GO/ TER AND COMMUI LIS IN THE REGIC S VULNERABLE AF ESS LONG-TERM DED 264 GRANTS S SUCH AS BOAF CITY FOR CARE, A IDED OVER 40 ON | ROLINA, SNA ALS UDING S LE ANIM, UTER CI COUNTF TIONS, TI ES ALA: TO STR. AL OF EN NITY OU' N'S SHE NIMAL PC CHALLE TO TALLE TO DEVE ADOPTIC I-SITE TF | WORKING WITH MC TAFF FROM SPAYIN AL-HANDLING TECH LINICS FOSTERED A RAINING AND GRAN SKA, IDAHO, MINNE ATEGICALLY IDENT ISURING A MEASUF TREACH SERVICES LTERS AND SURRO DPULATIONS, WHILL NGES SINCE 2015, NG NEARLY \$3 MILL LOPMENT AND STR IN PROGRAMS, SPA RAININGS TO ORGA | NCE (ASNA) PERFORMED 25, ORE THAN 65 ANIMAL WELFARETERINARIANS, VETERINARY IEUTER CLINICS NATIONWIDINIQUES CUMULATIVELY, THAND TRAINED BY ASNA SERVITIER SHELTER INITIATIVE (NOTE TO ANIMAL WELFARE AGE SOTA, MONTANA, NORTH DAINEY AND PARTNER WITH ORGO ABLE, SUSTAINABLE AND ACT IT SEEKS TO IMPROVE THE UNDING COMMUNITIES BY A SIMULTANEOUSLY COLLECTHE NTSI HAS ENGAGED WITHON THE NTSI HAS PROVIDE ATEGIC PLANNING, ANIMAL FY/NEUTER CLINICS AND SAN NIZATIONS COVERING COALION AND SPAY/NEUTER OUTE | RE GROUPS ACR  / STUDENTS AND E, IN SPAY/NEUT ROUGHOUT THE ED OVER 1 1 MILI ITSI) IS AN ASPCA ENCIES IN SEVEN KOTA, WASHING BANIZATIONS IN TO VANCED CAPAC QUALITY OF LIFE DDRESSING THE TING AND ANALY THO OVER 170 ORG HOUSING AND EN HOUSING AND EN ITATION THE TE. TION BUILDING, (1) | OSS THE WESTERN VETERINARY ER BEST YEAR, THE LION COMPANION A PROGRAM THAT I MIDWESTERN AND TON AND THESE SEVEN ITY TO PROVIDE FOR COMPANION IMMEDIATE NEEDS ZING DATA TO GANIZATIONS AND ISULTATIONS ON IRICHMENT, AM ALSO HAS |

| Return<br>Reference  | Explanation  |
|--|--|
| FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE -CONTINUED | IOWA PUPPY MILL IN NOVEMBER, THE WORTH COUNTY SHERIFF'S OFFICE ASKED FOR THE ASPCA'S ASSISTANCE IN REMOVING 170 "FEARFUL AND UNDER SOCIALIZED" SAMOYED DOGS FROM FILTHY AND OVERCROWDED KENNELS THAT PROVIDED MINIMAL PROTECTION FROM THE ELEMENTS NATIONAL AND REGIONAL OUTLETS INCLUDING THE ASSOCIATED PRESS, TEEN VOGUE, THE DES MOINES REGISTER, THE GAZETTE, AND KCRG, COVERED THE ASPCA'S EFFORTS CALIFORNIA WILDFIRES AT THE REQUEST OF LAKE COUNTY ANIMAL CARE AND CONTROL IN AUGUST, THE ASPCA WAS CALLED TO ASSIST IN THE RESCUE OF NEARLY 50 ANIMALS DISPLACED BY WILDFIRES IN CALIFORNIA LOCAL MEDIA OUTLETS SAN FRANCISCO GATE, THE SAN FRANCISCO CHRONICLE, THE PRESS DEMOCRAT AND LAKE COUNTY NEWS REPORTED HOW THE ASPCA ASSISTED WITH ANIMAL EVACUATIONS DURING THE WILDFIRES IN Q4. THE ASPCA ASSISTED LOCAL GROUPS IN CALIFORNIA BY CARING FOR MORE THAN 2,500 ANIMALS IMPACTED BY WILDFIRES IN NORTHERN AND SOUTHERN CALIFORNIA IN EARLY NOVEMBER, THE ASPCA ASSISTED THE LOS ANGELES COUNTY DEPARTMENT OF ANIMAL CARE AND CONTROL AND THE BUTTE COUNTY ANIMAL CONTROL WITH EMERGENCY SHELTERING AND ONGOING CARE FOR DISPLACED ANIMALS REGIONAL MEDIA OUTLETS COVERING THE ASPCA'S EFFORTS TO RESCUE AND CARE FOR ANIMALS AFFECTED BY THE WILDFIRE INCLUDED NBC LOS ANGELES, KPTV, AND KTXL NATIONAL OUTLET LOOK TO THE STARS FEATURED ACTRESS ASHLEY GREEN'S ACTIVE PARTICIPATION IN OUR ON-SCENE WILDFIRE RESCUE EFFORTS IN NORTHERN CALIFORNIA HURRICANES IN OCTOBER, AHEAD OF HURRICANE MICHAEL, NBC NEWS SHARED EMERGENCY PREPARATION TIPS, INCLUDING THE ASPCA'S RECOMMENDATION THAT PET OWNERS HAVE PET EMERGENCY KITS WHEN HURRICANE MICHAEL LANDED, THE ASPCA'S SETONE WILDFIRE RESCUE EFFORTS IN NORTHERN CALIFORNIA HURRICANE MICHAEL LANDED, THE ASPCA'S SETONE DAY EMERGENCY SHELTER AT THE HUMANE SOCIETY OF BAY COUNTY AND DEPLOYED THEIR SEARCH AND RESCUE UNIT TO HELP REUNITE LOST PETS WITH THEIR OWNERS IN THE WEEKS FOLLOWING THE HURRICANE, THE ASPCA ASSISTED IN THE RESCUE AND CARE OF MORE THAN 600 CATS AND DOGS NATIONAL AND REGIONAL MEDIA OUTLETS REPORTED ON THE ASPCA'S E |

| Return<br>Reference  | Explanation  |
|--|--|
| FORM 990,<br>PART III, LINE<br>4C,<br>DESCRIPTION<br>OF PROGRAM<br>SERVICE<br>-CONTINUED | WORKING TO KEEP PEOPLE AND PETS TOGETHER THE ASPCA SUCCESSFULLY LOBBIED FOR THE PASSAGE OF THE PROTECTING ANIMALS WITH SHELTER ACT, WHICH ENSURES THAT VICTIMS OF DOMESTIC VIOLENCE AND THEIR PETS CAN STAY TOGETHER IN TIMES OF CRISIS BY AUTHORIZING GRANTS FOR EMERGENCY A SSISTANCE AND HOUSING GR ALSO ASSISTED THE LOCALLY BASED CITIZENS AGAINST BREED-SPECIFIC LEGISLATION (BSL) IN EDUCATING THE CITIZENS OF SPRINGFIELD, MISSOURI, ABOUT THE DANGERS OF BSL AND IN WAGING A GROUND CAMPAIGN TO SUCCESSFULLY REPEAL SPRINGFIELD'S PIT BULL BAN GR ALSO WORKED TO GET THE LA CITY COUNCIL'S SUPPORT TO CREATE MORE PET-FRIENDLY HOUSING, HELPING MORE FAMILIES AND PETS STAY TOGETHER IN ADDITION, A NEW LAW IN CALIFORNIA WILL INC REASE ACCESS TO VET CARE BY AUTHORIZING THE STATE'S VETERINARIANS TO RECEIVE CONTINUING ED UCATION CREDITS FOR TIME VOLUNTEERED PROVIDING FREE SPAY/NEUTER SERVICES ANIMAL CRUELTY THE ASPCA SUCCESSFULLY LOBBIED FOR PASSAGE OF THE PARITY IN ANIMAL CRUELTY ENFORCEMENT ACT, WHICH BANS COCKFIGHTING IN U S TERRITORIES BY CLOSING THE LOOPHOLES THAT HAD PREVENTED THE FULL FEDERAL PROHIBITION OF THIS HEINOUS CRIME THE INDIANA STATE LEGISLATURE RECOGNIZ ED THE LINK BETWEEN DOMESTIC VIOLENCE AND ANIMAL ABUSE AND WORKED WITH THE ASPCA TO PASS A LAW PERMITTING PROTECTIVE SERVICE WORKERS TO REPORT SUSPECTED ANIMAL ABUSE THE ASPCA CON TINUED ITS EFFORTS TO ELIMINATE INHUMANE PRACTICES ON FARMS AND ENSURE MORE TRANSPARENCY I N AGRICULTURE THE FARM ANIMAL WELFARE TEAM COLLABORATED WITH FOOD COMPANIES AND INSTITUTI ONS TO SECURE COMMITMENTS TO SETTER PRACTICES, EXPANDED ITS CONSUMER EDUCATION CAMPAIGN AR OUND FOOD LABELS, AND ENGAGED IN ADVOCACY AT THE LOCAL, STATE AND FEDERAL LEVELS FOR A MORE HUMANE FARMING SYSTEM ACCOMPLISHMENTS IN 2018 INCLUDE - HELPING 56 FOOD COMPANIES AND INSTITUT! ONS TO SECURE COMMITMENTS TO SETTER PRACTICES, EXPANDED ITS CONSUMER EDUCATION TO PASS PROPOSITION 12 - THE NATION'S STRONGEST FARM ANIMAL PROTECTION LAW - IN CALIFORNIA VOTERS OVERWHELMINGLY APPR OVED THE BAN ON CRUEL CONFINEMENT OF MORE THE |

WELFARE GROUPS IN 2018

Return

| Reference      |   |
|----------------|---|
| FORM 990,      | IED ANIMAL PRODUCTS AND/OR REDUCE OVERALL CONSUMPTION OF ANIMAL PRODUCTS COLLECTIVELY, TH ESE     |
| PART III, LINE | POLICIES AFFECT MILLIONS OF MEALS ANNUALLY - MORE THAN 17,500 SUPPORTERS JOINED THE F ACTORY FARM |
| 4C,            | DETOX, A WEEK-LONG CONSUMER CHALLENGE TO AVOID FACTORY FARMED PRODUCTS AND REP LACE THEM          |
| DESCRIPTION    | WITH WELFARE-CERTIFIED OR PLANT-BASED ALTERNATIVES THROUGH ITS EQUINE WELFARE D EPARTMENT, IN     |
| OF PROGRAM     | 2018, THE ASPCA REVAMPED ITS HELP A HORSE HOME CONTEST TO FOCUS ON FINDING G OOD HOMES FOR        |
| SERVICE        | HORSES OVER A TWO-MONTH PERIOD, PARTICIPATING SHELTERS AND RESCUE GROUPS AD OPTED OUT OVER        |
| -CONTINUED     | 1,000 EQUINES AND RAISED OVER \$2 2 MILLION IN DONATIONS FOR THEIR ORGANIZAT IONS ASPCA GRANTS    |
|                | TOWARD ADOPTIONS, SAFETY NET PROGRAMS AND EQUINE VICTIMS OF CRUELTY WER E PROVIDED TO 56 EQUINE   |

Explanation

Return

| THE ASPCA HAS TWO CATEGORIES OF MEMBERS, "GOVERNING MEMBERS AND "MEMBERS", BUT ONLY GOVERNING MEMBERS HAVE VOTING RIGHTS THE ASPCA'S "GOVERNING MEMBERS" CONSIST OF THOSE PERSONS WHO ARE CURRENTLY SERVING AS MEMBERS OF THE BOARD OF DIRECTORS ONLY GOVERNING MEMBERS HAVE THE RIGHT TO ELECT THE MEMBERS OF THE BOARD OF DIRECTORS UNDER THE ASPCA'S BY-LAWS THE ASPCA'S "MEMBERS" CONSIST OF ONE OR MORE MEMBERSHIP CATEGORIES (E.G., CHAMPIONS, BENEFACTORS, SPONSORS, ASSOCIATES, FRIENDS, JUNIORS, ETC.) AS MAY BE ESTABLISHED FROM TIME TO TIME BY THE BOARD OF DIRECTORS WITH THE EXCEPTION OF THOSE MEMBERS WHO ARE ALSO GOVERNING MEMBERS, NO "MEMBER" HAS THE RIGHT TO VOTE ON THE ELECTION OF DIRECTORS TO THE BOARD OF DIRECTORS ANY CONTRIBUTOR OVER AGE 18 WHO MAKES A DONATION OF \$25 OR MORE TO THE ASPCA IS DEEMED A "MEMBER" |
|---|
|   |

Explanation

990 Schedule O, Supplemental Information

| Reference  | Explanation   |
|------------|---|
|            | THE FORM 990 WAS PREPARED BY A NATIONALLY-RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. THE DRAFT OF THE FORM 990 IS REVIEWED BY SENIOR MANAGEMENT, |
| SECTION B, | LEGAL COUNSEL, AS WELL AS THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS A COPY IS CIRCULATED TO   |
| LINE 11B   | THE FULL BOARD OF DIRECTORS PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE   |

990 Schedule O, Supplemental Information

Return Explanation

Dafaranca

| Reference  |   |
|------------|---|
| FORM 990,  | ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES COMPLETE A WRITTEN CONFLICT OF INTEREST QUESTIONNAIRE |
| PART VI,   | AND DECLARATION ANNUALLY THE SECRETARY OF THE ASPCA PROVIDES COPIES OF ALL COMPLETED            |
| SECTION B, | DISCLOSURE STATEMENTS TO THE CHAIR OF THE AUDIT COMMITTEE AND TO THE CHIEF LEGAL OFFICER ANY    |
| LINE 12C   | POTENTIAL CONFLICTS ARE ADDED TO RECORDS MAINTAINED BY THE ASPCA'S LEGAL DEPARTMENT             |

| 990 | Schedu | le 0, 9 | Suppl | lementa | l Infor | mation |
|-----|--------|---------|-------|---------|---------|--------|
|     |        |         |       |         |         |        |

| Return<br>Reference                            | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | THE AUDIT COMMITTEE OF THE ASPCA BOARD IS THE AUTHORIZED COMPENSATION-SETTING BODY THAT RE VIEWS AND APPROVES THE COMPENSATION OF THE "DISQUALIFIED PERSONS" OF THE ASPCA THE ASPCA ENGAGES AN INDEPENDENT COMPENSATION EXPERT TO CONDUCT A COMPENSATION STUDY TO ASSESS THE REASONABLENESS OF EACH "DISQUALIFIED PERSONS" TOTAL COMPENSATION IN ACCORDANCE WITH THE RE BUTTABLE PRESUMPTION "SAFE HARBOR" PROVISIONS OF SECTION 4958 OF THE INTERNAL REVENUE CODE THE COMPENSATION EXPERT ASSESSES THE REASONABLENESS OF EACH PERSON'S TOTAL COMPENSATION BASED ON COMPARABILITY DATA FOR THE POSITIONS UNDER REVIEW AND PROVIDES SUCH DATA AND ANAL YSIS TO THE AUDIT COMMITTEE FOR ITS REVIEW THE COMPARABILITY DATA IS DRAWN FROM INDUSTRY SURVEYS AND DATA SOURCES FOR COMPARABILE POSITIONS IN ORGANIZATIONS OF SIMILAR SCOPE, OPERA TING BUDGET, AND TYPE WITH RESPECT TO "DISQUALIFIED PERSONS" OTHER THAN THE PRESIDENT & C EO, THE AUDIT COMMITTEE REVIEWS THE COMPENSATION EXPERT'S STUDY AND COMPARABILITY DATA AND THE PRESIDENT & CEO'S ANALYSIS OF EACH INDIVIDUAL'S PERFORMANCE, DELIBERATES, AND VOTES ON WHETHER TO APPROVE THE TOTAL COMPENSATION RECOMMENDATION PROPOSED BY THE PRESIDENT & CEO THE PERSON WHOSE COMPENSATION IS UNDER REVIEW IS NOT PRESENT AND DOES NOT PARTICIPATE IN THE DELIBERATIONS, EXCEPT THAT SUCH PERSON MAY ANSWER QUESTIONS THAT WILL HELP THE COMMITTEE IN THE DELIBERATIONS WITH RESPECT TO THE PRESIDENT & CEO, THE AUDIT COMMITTEE REVIEWS THE COMPENSATION EXPERT'S STUDY AND COMPARABILITY DATA AND THE EXECUTIVE COMMITTEE'S ANAL YSIS OF THE PRESIDENT & CEO'S PERFORMANCE, DELIBERATES, AND VOTES ON A RECOMMENDATION ON THE PRESIDENT & CEO'S PERFORMANCE, DELIBERATES, AND VOTES ON A RECOMMENDATION ON THE PRESIDENT & CEO'S PERFORMANCE, DELIBERATES, AND VOTES ON A RECOMMENDATION ON THE PRESIDENT & CEO'S PERFORMANCE, DELIBERATES, AND VOTES ON A RECOMMENDATION AND THE PRESIDENT & CEO'S PERFORMANCE, DELIBERATION S OF THE FULL BOARD OF DIRECTORS THE FULL BOARD OF DIRECTORS ASSESSES THE AUD IT COMMITTEE'S REVIEW OF HIS COMPENSATION NOR THE FULL BO |

Return Explanation

FORM 990, PART VI, SECTION B, LINE 15

D - 4.....

| Reference  | Explanation  |
|------------|--|
| FORM 990,  | AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, CERTIFICATE OF INCORPORATION AND BY-    |
| PART VI,   | LAWS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH CHARITABLE REGISTRATION             |
| SECTION C, | REQUIREMENTS IN OVER 40 STATES THE ASPCA MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A |
| LINE 19    | COPY AT ITS PLACE OF BUSINESS AND PLACING A COPY ON ITS WEBSITE THE FORM 990 IS ALSO PUBLISHED ON  |
|            | THE INTERNET AT WWW GUIDESTAR ORG  |

Funlandian

Return Explanation

| INCICICIOC |   |
|------------|---|
| FORM 990,  | BENEFICIAL INTEREST IN TRUSTS HELD BY OTHERS -2,527,180 LOSS ON SETTLEMENT AND CURTAILMENT OF |
| PART XI,   | DEFINED BENEFITS PENSION PLAN -8,208,682 PENSION LIABILITY ADJUSTMENT 9,214,114               |
| LINE 9     |   |

Return Explanation
Reference

FORM 990, PART IV, WITH THE FORM 990 AND 990 SCHEDULE B INSTRUCTIONS, BECAUSE NO ONE CONTRIBUTOR DONATED, IN THE AGGREGATE, AN AMOUNT GREATER THAN 2% OF THE TOTAL CONTRIBUTIONS RECEIVED BY THE ORGANIZATION DURING THE YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

▶ Attach to Form 990.

OMB No 1545-0047 2018

DLN: 93493312002339

Open to Public Inspection

| Name of the organization THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS                          |                        |                            |          |  |             |                  | -       | l <mark>oyer identif</mark><br>523829 | ication | number                            |                           |                                      |
|---|------------------------|----------------------------|----------|--|-------------|------------------|---------|---------------------------------------|---------|-----------------------------------|---------------------------|--------------------------------------|
| Part I Identification of Disregarded Entities Complete If   | the organi             | zation answei              | red "Yes | on Form !                                  | 990, Part   | IV, line 3       | 3.      |                                       |         |                                   |                           |                                      |
| (a)  Name, address, and EIN (if applicable) of disregarded entity   |                        | <b>(b)</b><br>Primary acti | vity     | (c)<br>Legal domic<br>or foreign           | cile (state | (d)<br>Total inc | ome     | <b>(e)</b><br>End-of-year as          | ssets   | Direct co                         | f)<br>ontrolling<br>tity  |                                      |
|   |                        |                            |          |  |             |                  |         |                                       |         |                                   |                           |                                      |
|   |                        |                            |          |  |             |                  |         |                                       |         |                                   |                           |                                      |
|   |                        |                            |          |  |             |                  |         |                                       |         |                                   |                           |                                      |
| Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year. | <b>ns</b> Comple       | te if the orgar            | nization | answered "                                 | 'Yes" on F  | orm 990,         | Part IV | , line 34 be                          | cause   | it had one or                     | more                      |                                      |
| (a)<br>Name, address, and EIN of related organization   | Prima                  | (b)<br>ary activity        | Legal do | <b>(c)</b><br>micile (state<br>gn country) | Exempt Co   | )<br>de section  |         | (e)<br>harity status<br>on 501(c)(3)) | Dii     | (f)<br>rect controlling<br>entity | Section<br>(13) co<br>ent | g)<br>n 512(b)<br>ontrolled<br>tity? |
| (1)ASPCA VETERINARY SERVICES OF NORTH CAROLINA PC 25 HERITAGE DR ASHVILLE, NC 28806 47-3987701                  | VETERINAR<br>THE ASPCA | Y SERVICES TO<br>IN NC     |          | NC   | 501(C)(3)   |                  | LINE 7  |                                       | ASPCA   |                                   | Yes                       | No                                   |
|   |                        |                            |          |  |             |                  |         |                                       |         |                                   |                           |                                      |
|   |                        |                            |          |  |             |                  |         |                                       |         |                                   |                           |                                      |
|   |                        |                            |          |  |             |                  |         |                                       |         |                                   |                           |                                      |
| For Paperwork Reduction Act Notice, see the Instructions for Form   | 990.                   |                            | Ca       | t No 50135                                 | 5Y          |                  |         |                                       | Sche    | edule R (Form                     | 990) 2                    | 018                                  |

| (a)  Name, address, and EIN of related organization                            |                          | <b>(b)</b><br>Primary<br>activity |   | (d)<br>Direct<br>controlling<br>entity | (e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514) | l, total incom                      |                                       |         |                                    | (i)<br>Code V-U<br>amount in<br>20 of<br>Schedule k<br>(Form 106 | oox ma<br>pa      | (j)<br>neral or<br>naging<br>rtner? |  | itage                  |
|--|--------------------------|-----------------------------------|---|--|---|-------------------------------------|---------------------------------------|---------|------------------------------------|--|-------------------|-------------------------------------|--|------------------------|
|  |                          |                                   |   |  | 314)  |                                     |                                       | Yes     | No                                 | 1  | Ye                | s No                                | 1                                      |                        |
|  |                          |                                   |   |  |   |                                     |                                       |         |                                    |  |                   |                                     |  |                        |
|  |                          |                                   |   |  |   |                                     |                                       |         |                                    |  |                   |                                     |  |                        |
|  |                          |                                   |   |  |   |                                     |                                       |         |                                    |  |                   |                                     |  |                        |
|  |                          |                                   |   |  |   |                                     |                                       |         |                                    |  |                   |                                     |  |                        |
|  |                          |                                   |   |  |   |                                     |                                       |         |                                    |  |                   |                                     |  |                        |
|  |                          |                                   |   |  |   |                                     |                                       |         |                                    |  |                   | +                                   |  |                        |
|  |                          |                                   |   |  |   |                                     |                                       |         |                                    |  |                   |                                     |  |                        |
| IV Identification of Related Organizated because it had one or more related or |                          |                                   |   |  |   | ization ans                         | wered "Yes                            | " on Fo | orm 99                             | 90, Part I   | V, lın            | e 34                                |  | _                      |
|  |                          | s a corporation                   | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling Typentity (C of   | (e)                                 | wered "Yes  (f) Share of total income | Share   | (g)<br>e of end-<br>year<br>assets | of- Pe   | V, lin (h) centag | e                                   | (i)<br>Section 5<br>(13) continuentity | 512(b<br>trolled<br>y? |
| because it had one or more related of  (a)  Name, address, and EIN of          | erganizations treated as | s a corporation                   | on or trus<br>(c)<br>egal<br>micile               | st during th                           | (d) controlling Typentity (C of   | (e)<br>pe of entity<br>orp, S corp, | (f)<br>Share of total                 | Share   | (g)<br>e of end-<br>year           | of- Pe   | (h)               | e                                   | Section 5<br>(13) cont<br>entity       | 512(b<br>trolled       |
| because it had one or more related of  (a)  Name, address, and EIN of          | erganizations treated as | s a corporation                   | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling Typentity (C of   | (e)<br>pe of entity<br>orp, S corp, | (f)<br>Share of total                 | Share   | (g)<br>e of end-<br>year           | of- Pe   | (h)               | e                                   | Section 5<br>(13) cont<br>entity       | 512(b<br>trolled<br>y? |
| because it had one or more related of  (a)  Name, address, and EIN of          | erganizations treated as | s a corporation                   | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling Typentity (C of   | (e)<br>pe of entity<br>orp, S corp, | (f)<br>Share of total                 | Share   | (g)<br>e of end-<br>year           | of- Pe   | (h)               | e                                   | Section 5<br>(13) cont<br>entity       | 512(b<br>trolled<br>y? |
| because it had one or more related of  (a)  Name, address, and EIN of          | erganizations treated as | s a corporation                   | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling Typentity (C of   | (e)<br>pe of entity<br>orp, S corp, | (f)<br>Share of total                 | Share   | (g)<br>e of end-<br>year           | of- Pe   | (h)               | e                                   | Section 5<br>(13) cont<br>entity       | 512(b<br>trolled<br>y? |
| because it had one or more related of  (a)  Name, address, and EIN of          | erganizations treated as | s a corporation                   | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling Typentity (C of   | (e)<br>pe of entity<br>orp, S corp, | (f)<br>Share of total                 | Share   | (g)<br>e of end-<br>year           | of- Pe   | (h)               | e                                   | Section 5<br>(13) cont<br>entity       | 512(b<br>trolled<br>y? |

| Jene | Mile K (1 01111 330) 2010   |            | га  | ye <b>J</b> |
|------|---|------------|-----|-------------|
| Pa   | Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.                      |            |     |             |
|      | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  |            | Yes | No          |
| 10   | uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |            |     |             |
| а    | Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity  | 1a         |     | No          |
| b    | Gift, grant, or capital contribution to related organization(s)   | <b>1</b> b |     | No          |
| С    | Gift, grant, or capital contribution from related organization(s)   | 1c         |     | No          |
| d    | Loans or loan guarantees to or for related organization(s)  | 1d         |     | No          |
| е    | Loans or loan guarantees by related organization(s)   | 1e         |     | No          |
| f    | Dividends from related organization(s)  | <b>1</b> f |     | No          |
| g    | Sale of assets to related organization(s)   | <b>1</b> g |     | No          |
| h    | Purchase of assets from related organization(s)   | 1h         |     | No          |
| i    | Exchange of assets with related organization(s)   | <b>1</b> i |     | No          |
| j    | Lease of facilities, equipment, or other assets to related organization(s)  | 1j         |     | No          |
|      |   |            |     |             |
| k    | Lease of facilities, equipment, or other assets from related organization(s)  | 1k         |     | No          |

Dage 3

No

No No

No

No

1m 1n Yes

1o | Yes

1r

1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

|   |   |            | 1   | 1  |
|---|---|------------|-----|----|
| c | <b>d</b> Loans or loan guarantees to or for related organization(s)                             | 1d         |     | No |
| • | e Loans or loan guarantees by related organization(s)   | 1e         |     | No |
| f | f Dividends from related organization(s)  | 1f         |     | No |
| ç | g Sale of assets to related organization(s)   | 1g         |     | No |
| ŀ | h Purchase of assets from related organization(s)   | 1h         |     | No |
| i | Exchange of assets with related organization(s)   | 1i         |     | No |
| j | j Lease of facilities, equipment, or other assets to related organization(s)                    | <b>1</b> j |     | No |
| ı | k Lease of facilities, equipment, or other assets from related organization(s)                  | 1k         |     | No |
|   | Performance of certifice or membership or fundraising solicitations for related organization(s) | 11         | Yes |    |

(b)

Transaction

type (a-s)

(c)

Amount involved

209,949

171,772

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

(1)ASPCA VETERINARY SERVICES OF NORTH CAROLINA PC

(2)ASPCA VETERINARY SERVICES OF NORTH CAROLINA PC

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| was not a related organization. See mistractions regarding exclusion |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|--|--------------------------------|---|---------------|-----|--------------|------------------------------------|--|-----|----|---|-----------|---------------|--------------------------------|
| (a)<br>Name, address, and EIN of entity                              | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | sections 512- |     | ganizations? | (f)<br>Share of<br>total<br>Income | (g)<br>Share of<br>end-of-year<br>assets |     | _  | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) |           | or<br>ig<br>? | (k)<br>Percentage<br>ownership |
|  |                                |   | 514)          | Yes | No           |                                    |  | Yes | No |   | Yes       | No            |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                |   |               |     |              |                                    |  |     |    |   |           |               |                                |
|  |                                | · · · · · · · · · · · · · · · · · · ·         |               |     |              |                                    |  |     |    | Schedul   | e R (Forn | n 99          | 0) 2018                        |

