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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public

A Fo	r the	2010 ca	alendar year, or tax year begi	nning 01-01-2010 and ending 12-31-20	010		
B Che	eck ıfa	pplicable	C Name of organization THE AMERICAN SOCIETY FOR THE	JE DDEVENTION OF		D Employe	ridentification number
┌ Add	lress cl	hange	CRUELTY TO ANIMALS	TE PREVENTION OF		13-162	3829
┌ Nar	ne cha	inge	Doing Business As ASPCA			E Telephor	ne number
Init		_				_	
Ter			Number and street (or P O box 424 EAST 92ND STREET	ıf maıl ıs not delivered to street address)	Room/suite	(212) 8	76-7700
☐ Am			City or town, state or country, a NEW YORK, NY 101286804	nd ZIP + 4		G Gross reco	eipts \$ 150,893,066
l Abb	nicatio	n pending			•		
			F Name and address of EDWIN SAYRES	principal officer	H(a) Is this	a group return for a	ffiliates? Yes No
			520 EIGHTH AVENUE 7	TH FLOOR	U/h) Are ell	affiliates includ	ed?
			NEW YORK, NY 10018				ed res No ist (see instructions)
				. 		o, attachan ip exemption	
		npt status	V 501(c)(3) J 501(c)() wASPCA ORG	◀ (Insert no)			
					<u> </u>		
			Corporation Trust Associ	ation Other -	L Year of fo	rmation 1866	M State of legal domicile NY
Pa	rt I	Sum	imary				
v			PCA PROVIDES EFFECTIVE	ssion or most significant activities MEANS FOR THE PREVENTION OF C	RUELTY TO AN	IIMALS THR	OUGHOUT THE UNITED
ě							
Governance							
8	,	Check th	his hox 🕶 if the organization	discontinued its operations or dispose	d of more than 2	5% of its ne	t assets
			,	erning body (Part VI, line 1a)		3 /0 0/ 113 113	1
Activities &				erining body (rait v1, inie 1a)		<u> </u>	24
<u>₽</u>						. 4	
À				in calendar year 2010 (Part V, line 2a)		<u> </u>	
ă			mber of volunteers (estimate	• •		6	
				n Part VIII, column (C), line 12 ne from Form 990-T, line 34		7:	
	В	net unie	riated business taxable incom	le Irom Form 990-1, line 34	D.:	7	- 1
		C t		Line 4 h		r Year	Current Year
<u>o</u>	8		- '	, line 1h)	•	101,011,832	' ' '
Rayenue	9			I, line 2g)	•	13,195,464	
₩.	10		·	ımn (A), lines 3, 4, and 7d)	•	-950,734	 ' ' '
	11			A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), l		3,966,106	4,331,767
	12		-			117,222,668	133,094,114
	13			art IX, column (A), lines 1-3)		4,793,365	6,426,739
	14	Benefi	ts paid to or for members (Pa	rt IX, column (A), line 4)		(0
	15			oyee benefits (Part IX, column (A), line	s 5-		
\$		10)				41,194,866	45,500,775
क	16a	Profes	sional fundraising fees (Part	IX, column (A), line 11e)		3,409,219	6,063,144
Expenses	ь	Total fu	ındraısıng expenses (Part IX, columr	(D), line 25) • 25,768,307	_		
	17	Other	expenses (Part IX, column (A	A), lines 11a-11d, 11f-24f)		57,305,260	61,694,512
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	106,702,710	119,685,170
	19	Reven	ue less expenses Subtract lı	ne 18 from line 12		10,519,958	13,408,944
Not Assets or Fund Balances						g of Current 'ear	End of Year
9 g	20	Total	assets (Part X, line 16)			184,893,405	209,564,112
4 B	21	Totall	liabilities (Part X, line 26) .			18,235,237	21,539,710
žĒ	22	Netas	sets or fund balances Subtra	act line 21 from line 20		166,658,168	188,024,402
Par	t II	Sign	ature Block				
	edge	and belie		mined this return, including accompanying ete. Declaration of preparer (other than offi			
		****	**		20	011-10-26	
Sign	ı	I	ature of officer			ate	
Here			A NELSON SVP, CHIEF FINANCIAL OF	FICER			
		 	or print name and title				
		Print/Type preparer's		Preparer's signature	Date	Check if self- employed ▶ □	_ PTIN
Paid			me • KPMG LLP	1	1	,,	Firm's EIN
Prepa		Firm's add	dress 🕨 345 Park Avenue				
Use (Only	5 au	New York, NY 101540102				Phone no ► (212) 758- 9700
			NEW TOLK NEEDINGS				•

May the IRS discuss this return with the preparer shown above? (see instructions)

orm	990	(2010)	1

age 2	
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Pai		t of Program Serv edule O contains a res		lishments Juestion in this Part III .		
1	Briefly describe the	organization's missio	n			
THE		PCA IS THAT THE UN		ENTION OF CRUELTY TO A IS A HUMANE COMMUNI		
2	Did the organization the prior Form 990 o		ant program se	ervices during the year whice		Yes V No
	If "Yes," describe th	ese new services on S	chedule O			
3	=	cease conducting, or	-	nt changes in how it conduc		Yes 🔽 No
4	If "Yes," describe th	ese changes on Sched	dule O			
4	Section 501(c)(3) a	nd 501(c)(4) organiza	tions and secti	ne organization's three large on 4947(a)(1) trusts are re any, for each program servi	quired to report the amour	
4a	(Code) (Expenses \$	28,941,215	ıncludıng grants of \$) (Revenue \$)
	SEE SCHEDULE O		· ·			·
	(Code) (Expenses \$	26,470,593	ıncludıng grants of \$) (Revenue \$	13,500,750)
	SEE SCHEDULE O					
	(Code) (Expenses \$	14,704,417	ıncludıng grants of \$) (Revenue \$)
	SEE SCHEDULE O					
4d	Other program ser	vices (Describe in Sc	hedule O) See	also Additional Data for De	scription	
	(Expenses \$	18,104,804 ın	cluding grants o	of\$ 6,926,740) (Revenue \$)
4e	Total program serv	rice expenses►\$	88.221.02	.9		

art TV	Chec	klist of	f Required	Schedules
	CHEC	KIISL U	Reduire	, Julicuules

	Checkinst of Redail of Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		N o
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	Yes	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	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, 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 term, permanent,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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	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	
	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
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		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? 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 assistance to individuals located outside the U S ? 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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		N o
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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-24d and complete Schedule K. If "No," go to line 25	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) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	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
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule M	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? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
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		N o
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F-	orm 990	(2010)

Dove V	Ctatamanta	Dogordina	Othor	TDC Eiling	e and Tax	Compliance
Part V	Statements	Regarding	Other	TK2 LIIIII	js aliu lax	Compliance

	990 (2010)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check if Schedule O contains a response to any question in this rate v	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			- 110
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
b	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			N -
ь	year?	3a 3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible?			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νο
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities Continue Fortion (AVA) approximations Forting			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
•	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm 99 ((2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Se	ection A. Governing Body and Management		Yes	No
				113
4.	Franchis and the second of the			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
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	
b	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? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			T
10-	Describe and marked have level should be about himself of the control of the cont	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, AR, CA, CO, CT, DE, I IL, IN, KS, KY, LA, ME, MD, MA, M MT, NE, NH, NJ, NM, NY, NC, ND,	I,MN OH,O	, MS , M K , OR ,	10,

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 JULIA NELSON 520 EIGHTH AVENUE 7TH FLOOR

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

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

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

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

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

Check this box if neither the organ	•	elated o	rganı	zatio	on co	ompen	sate	d any current office	r, director, or trust	ee			
(A) Name and Title	(B) Average hours per	Posi	(C) Position (check all that apply)			Position (check all					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
See Additional Data Table													

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

	(A) Name and Title	(B) A verage hours	1	(C) Position (check all that apply)					(D) Reportable compensation from the	(E) Reportable compensatio		(F) Estimate amount of o					
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Key employee Officer Institutional Trustee		Key employee Officei		Highest compensated employee Key employee		organization (W-2/1099-MISC) (W-2/1099-MISC)		organization (W- organization 2/1099-MISC) (W- 2/109		5	compens from t organizati relati organiza	:he on and ed
See A	Addıtıonal Data Table																
1b	Sub-Total			<u></u>	•	•		Þ									
	Total from continuation sheets						 -	<u> </u>	3,518,305		0		132,878				
d 	Total (add lines 1b and 1c). Total number of individuals (incl						- ahovo		, ,		<u> </u>		+32,878				
2	\$100,000 in reportable compen						above	, wiic	received more tha	"							
												Yes	No				
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc.							ee, c	or highest compens	ated employee	3		No				
4	For any individual listed on line organization and related organiz										4	Yes					
5	Did any person listed on line 1a services rendered to the organiz									r individual for •	5	Yes					
S	ection B. Independent Con	tractors															
1	Complete this table for your five		nsatedi	ındep	ende	ent c	ontra	ctors	that received more	than							

\$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Eagle-Com Inc 641 Lexington Avenue 25th Floor NEW YORK, NY 10022	MEDIA SERVICES	9,291,536
Grassroots Campaigns Inc 1888 SHERMAN ST 210 Denver, CO 80203	Fundraising Services	3,486,263
SMS Direct Inc 7540 MASON KING CT MANASSAS, VA 20109	Direct mail services	2,114,787
Sapient Corp PO Box 4886 Boston, MA 02212	Database development	2,775,347
Patton Kiehl 17026 BULL CHURCH ROAD WOODFORD, VA 22580	direct marketing	2,377,120
2 Total number of independent contractors (including but not limited to those listed abov \$100,000 in compensation from the organization ▶65	e) who received more than	

		(2010)					Pa	ge 9
Part	VII	Statement of Reven	ue		(A)	(B)	(c)	(D)
					Total revenue	Related	Unrelated	
						or exempt	business revenue	excluded
						function		from
						revenue		tax under
								sections
								512,
								512, 513, or
				2 706 040				514
岩岩	1a	Federated campaigns	1a	2,796,948				
멸	Ь	Membership dues	. 1b					
Contributions, giffs, grants and other similar amounts	c	Fundraising events	1c	502,513				
<u>ਜ਼ਿ</u> ਲ	d	d Related organizations	. 1d					
<u>∞ E</u>		Government grants (contributions)						
<u> </u>]						ļ	
5 2	f	 All other contributions, gifts, grants similar amounts not included abov 	s, and 1f e	108,045,101				
≣	g	Noncash contributions included in I	ines 1a-1f \$	57,061				
ᅙᄛ	h	Total. Add lines 1a-1f	.		111,344,562			
	+			Business Code				
Ĭ	2~	ANIMAL DOISON CONTROL CENTER) FEEC			6 977 635		
je ve	2a b		X I LES	900000		6,877,625		
eВ			NI IE	900000		4,934,165 1,089,409		
ž,	C		NOE	900000	1,089,409			
Ž,	d	ADOPTION CENTER FEES ANIMAL TRAINING FEES		900000	599,552			
Program Serwoe Revenue	e f	Animal Training FEES All other program service re	venue	_	43,495	,		
a B		An other program service re	vonue		8,965	8,965		
Ě	g	Total. Add lines 2a-2f .			13,553,211			
	3	Investment income (includi	ng dıvıdends, ınterest					
		and other similar amounts)	►		2,401,713			2,401,713
	4	Income from investment of tax-ex	kempt bond proceeds		0			
	5	Royalties	<u> </u>		2,808,986			2,808,986
			(ı) Real	(11) Personal				
	6a	Gross Rents	290,465					
	ь	Less rental expenses	103,460					
	c	Rental income	187,005					
	d	or (loss) Net rental income or (loss)			187,005			187,005
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(ı) Securities	(II) O ther				
	7a	Gross amount	17,990,775	(ii) o tilei				
		from sales of assets other						
		than inventory	46 527 044					
	6	 Less cost or other basis and 	16,527,914					
		sales expenses Gain or (loss)	1,462,861					
					1,462,861			1,462,861
		Net gain or (loss)			1,102,001			1,102,001
пe	Oa	 Gross income from fundraisi (not including 	ng events					
듄		\$502,513						
é		of contributions reported on See Part IV, line 18						
Other Revenue		See Fait IV, ille 10	а	1,292,544				
Ě	Ь	Less direct expenses .	h	527,069				
)		: Net income or (loss) from fu		327,009	765,475			765,475
	-		activities See Part IV, line 19 . a		ŕ			
				ь				
		: Net income or (loss) from ga	_		0			
)a Gross sales of inventory, les						
		returns and allowances .						
			а	690,889				
		Less cost of goods sold .		640,509	_			
	C	: Net income or (loss) from sa	ales of inventory 🟲		50,380	49,863	517	
		Miscellaneous Revenue		Business Code				276 67
	11	LIST SALES		900000				370,638
		b MISCELLANEOUS		900000	149,283			149,283
		с						
		d All other revenue	•					
	,	e Total. Add lines 11a-11d			F10.05			
			•		519,921			
	12	Total revenue. See Instruct	ions		133,094,114		E17	8,145,961
					155,054,114	13,603,074		0,173,301
						Fo	rm 990 (20	110)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,426,739	6,426,739		<u> </u>			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors, trustees, and key employees	4,974,797	4,207,754	317,754	449,289			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0						
7	Other salaries and wages	29,814,351	25,217,404	1,904,327	2,692,620			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,973,733	2,559,882	167,115	246,736			
9	Other employee benefits	4,607,033	3,968,479	246,995	391,559			
10	Payroll taxes	3,130,861	2,692,540	187,852	250,469			
а	Fees for services (non-employees) Management	755,611	210,731	33,052	511,828			
b	Legal	1,257,506	561,506	638,704	57,296			
c	Accounting	702,295	76,785	614,921	10,589			
d	Lobbying	755,764	755,764					
e	Professional fundraising services See Part IV, line 17	6,063,144			6,063,144			
f	Investment management fees	497,003		497,003				
g	Other	3,435,520	2,489,004	77,523	868,993			
12	Advertising and promotion	2,577,940	2,133,149		444,791			
13	Office expenses	1,008,034	892,639	45,208	70,187			
14	Information technology	2,329,627	2,199,452	35,586	94,589			
15	Royalties	0						
16	Occupancy	2,896,078	1,965,735	376,261	554,082			
17	Travel	1,382,806	1,217,689	33,435	131,682			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	587,582	504,387	27,676	55,519			
20	Interest	0						
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	2,839,097	2,545,857	157,210	136,030			
23 24	Other expenses Itemize expenses not covered above (List	476,434	423,274	25,097	28,063			
	miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)							
а		30,875,289	18,722,016		12,153,273			
b	VETERINARY AND MEDICAL SRVS	3,737,108	3,737,108					
С	OPERATING SUPPLIES	3,301,875	2,797,105	44,794	459,976			
d	REPAIRS AND MAINTENANCE	700,042	657,472	19,149	23,421			
е	AUTO EXPENSE	349,625	348,629	527	469			
f	All other expenses	1,229,276	909,929	245,645	73,702			
25	Total functional expenses. Add lines 1 through 24f	119,685,170	88,221,029	5,695,834	25,768,307			
26	Joint costs. Check here ▶							
	organization reported in column (B) joint costs from a	20 202 722	10 021 620		10 452 105			
	combined educational campaign and fundraising solicitation	38,383,733	18,931,628		19,452,105			

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	ı		1,819,183	1	1,354,583
	2	Savings and temporary cash investments			31,771,394	2	34,582,636
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			13,313,612	4	14,558,243
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	mploy	ers, and			
\$		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			331,141	8	311,838
	9	Prepaid expenses and deferred charges			2,969,465	9	2,873,167
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	44,827,783			
	ь	Less accumulated depreciation	10b	16,953,831	26,235,233	10c	27,873,952
	11	Investments—publicly traded securities			66,917,804	11	82,473,790
	12	Investments—other securities See Part IV, line 11		•	21,560,078	12	26,367,103
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			19,975,495	15	19,168,800
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			184,893,405	16	209,564,112
	17	Accounts payable and accrued expenses .			9,092,703	17	11,384,828
	18	Grants payable			707,352	18	847,480
	19	Deferred revenue			1,271,614	19	579,229
	20	Tax-exempt bond liabilities				20	
- S	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			7,163,568	25	8,728,173
	26	Total liabilities. Add lines 17 through 25			18,235,237	26	21,539,710
٠,٠		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plet e l	ines 27			
<u>9</u>		through 29, and lines 33 and 34.					
5	27	Unrestricted net assets			107,111,609	27	128,171,690
ũ	28	Temporarily restricted net assets			37,843,369	28	37,249,799
Assets or Fund Balances	29	Permanently restricted net assets			21,703,190	29	22,602,913
		Organizations that do not follow SFAS 117, check here ► □ allines 30 through 34.	nd con	ıplete			
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other fo	unds			32	
Net	33	Total net assets or fund balances			166,658,168	33	188,024,402
Z	34	Total liabilities and net assets/fund balances			184,893,405	34	209,564,112
	L				I.	I	·

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		133(094,11
2	Total expenses (must equal Part IX, column (A), line 25)	2			585,170
3	Revenue less expenses Subtract line 2 from line 1	3		13,4	108,94
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		166,6	558,16
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7,9	957,29
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		188,0	024,40
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ıssued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	_	

Employer identification number

DLN: 93493301005401

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

THE AMERICAN SOCIETY FOR THE PREVENTION OF

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

CRUELTY TO ANIMALS 13-1623829 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in organization in Name of (ii) (described on col (ı) lısted ın A mount of col (ı) of your col (i) organized supported EIN lines 1 - 9 above your governing support in the US? or IRC section support? organization document? (see Yes instructions)) Yes Yes

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. Ir d	ne organizacion	Talls to quality	under the tests	listed below, pi	ease co	inplete i	art III.)
S	ection A. Public Support							
Cal	endar year (or fiscal year beginning in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
1	membership fees received (Do not include any "unusual	51,103,494	4 64,062,126	111,795,303	101,011,832	111,344,562		439,317,317
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities furnished by a governmental unit to the organization without							
4	charge Total. Add lines 1 through 3	51,103,494	64,062,126	111,795,303	101,011,832	111	.,344,562	439,317,317
5	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							13,661,539
6	amount shown on line 11, column (f) Public Support. Subtract line 5							425,655,778
	from line 4							123,033,770
	ection B. Total Support	T						
Cal	endar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
7	A mounts from line 4	51,103,494	64,062,126	111,795,303	101,011,832	111	,344,562	439,317,317
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	6,166,081	7,085,544	5,389,353	4,678,819	5	,527,533	28,847,330
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,843,046	2,407,104	2,793,348	2,765,619	2	,555,814	12,364,931
11	Total support (Add lines 7 through 10)							480,529,578
12	Gross receipts from related activ	ities, etc (See ins	structions)			12		58,140,705
13	First Five Years If the Form 990 in check this box and stop here	s for the organiza	tion's first, secon	d, thırd, fourth, or	fifth tax year as a	501(c)(3	3) organız	ation, ▶┌
S	ection C. Computation of Po	ublic Support	Percentage					
14	Public Support Percentage for 20	10 (line 6 column	ı (f) dıvıded by lıne	e 11 column (f))		14		88 581 %
15	Public Support Percentage for 20	09 Schedule A, P	art II, line 14			15		91 195 %
16a	33 1/3% support test—2010. If the and stop here. The organization q	_		·	line 14 is 33 1/3%	or more	, check t	his box
b	33 1/3% support test-2009. If the	he organızatıon dı	d not check the bo	ox on line 13 or 1	6a, and line 15 is	3 3 1/3%	or more,	check this_
17a	box and stop here. The organizati 10%-facts-and-circumstances tes is 10% or more, and if the organiz	s t — 2010. If the or zation meets the '	ganızatıon dıd not 'facts and cırcum:	check a box on li stances" test, che	eck this box and s	top here.	Explain	▶ □
b	in Part IV how the organization morganization 10%-facts-and-circumstances tes 15 is 10% or more, and if the org	s t — 2009. If the or	ganızatıon dıd not	check a box on li	ne 13, 16a, 16b,	or 17a ar	nd line	ed ▶□
18	Explain in Part IV how the organization Private Foundation If the organization	zation meets the '	'facts and circums	stances" test The	e organızatıon qua	lıfıes as a	a publicly	► □
	ınstructions							▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493301005401

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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. ► See separate instructions.

Open to Public Inspection

If the organization answered "	res," to Form 990, Part	IV, Line 3, or Form 990-EZ	í, Part V, line 46 (Political	Campaign Activities),
then				

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

	e organization answered "Yes ction 501(c)(4), (5), or (6) organiz	s," to Form 990, Part IV, Line 5 (Prozations Complete Part III	oxy Tax) or Forn	m 990-EZ, Part V, lii	ne 35	a (Pro	xy Tax), th	nen
N a	me of the organization E AMERICAN SOCIETY FOR THE PREVEN UELTY TO ANIMALS	·		Employ			tion numbe	er
Par	t I-A Complete if the ord	ganization is exempt under s	section 501(c				anizatio	n.
1		ganization's direct and indirect politic				_		
2	Political expenditures				-	\$		15,000
3	V olunteer hours							
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c	:)(3).				
1	Enter the amount of any excise	tax incurred by the organization und	er section 4955		Þ	\$		1,500
2	Enter the amount of any excise	tax incurred by organization manage	ers under section	4955	•	\$		0
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?				√ Yes	┌ No
4a	Was a correction made?						✓ Yes	┌ No
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c) except sectio	n 50	1(c)	(3).	
1	Enter the amount directly expe	nded by the filing organization for sec	ction 527 exemp	t function activities	 -	\$		
2	Enter the amount of the filing o	rganızatıon's funds contributed to oth	ner organizations	for section 527				
	exempt funtion activities				F	\$		
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here a	nd on Form 1120	O-POL, line 17b	•	\$		
4	Did the filing organization file F	form 1120-POL for this year?				-	┌ Yes	┌ No
5	organization made payments F amount of political contribution	nd employer identification number (EI For each organization listed, enter the is received that were promptly and di political action committee (PAC) If a	amount paid from	m the filing organiza to a separate politic	tıon's al org	funds anızat	Also ente ion, such a	rthe
	(a) Name	(b) Address	(c) EIN	(d) A mount paid			A mount o	•

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For Denominals Reduction Act Notice of	o the Instructions for Form 990 or 990	F7 -		

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) ar	nd filed Form 5768	(election
	Check If the filing organization belongs to			
<u>B</u>	Check I if the filing organization checked bo Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1 a	Total lobbying expenditures to influence public of	opinion (grass roots lobbying)	103,663	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	803,891	
c	Total lobbying expenditures (add lines 1a and 1	b)	907,554	
d	Other exempt purpose expenditures		84,151,355	
е	Total exempt purpose expenditures (add lines 1	85,058,909		
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expen	Lobbying Expenditures During 4-Year Averaging Period				
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<u>2a</u>	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
_с	Total lobbying expenditures	760,339	776,972	429,422	907,553	2,874,286
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	244,144	207,441	215,324	103,663	770,572

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a)		(b)
		Yes	No	A mount
1	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			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1:			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
POLITICAL ACTIVITY		DURING THE 2010 ELECTION SEASON, THE ASPCA PAID A
DISCLOSURE		CONSULTANT A TOTAL OF \$15,000 TO PROVIDE
		ASSISTANCE TO A CANDIDATE FOR PUBLIC OFFICE TO
		DRAFT AN ANIMAL WELFARE POLICY PLATFORM THE
		PROJECT WAS INITIATED BY THE THEN-CHAIR OF THE
		ASPCA BOARD, WITHOUT AN AWARENESS OF THE TAX
		IMPLICATIONS FOR THE ORGANIZATION THE PROJECT
		WAS NOT DISCUSSED WITH THE FULL BOARD BEFORE
		BEING UNDERTAKEN AND THERE WAS NEVER BOARD
		APPROVAL OF THE PROJECT ONCE THE BOARD WAS MADE
		AWARE OF THE PROJECT AND ITS TAX IMPLICATIONS, IT
		DIRECTED THAT FULL REMEDIAL ACTION BE TAKEN THE
		ASPCA BOARD DEMANDED THAT THE ORGANIZATION
		RECEIVE FULL REPAYMENT OF THE EXPENDITURE FROM
		THE CONSULTANT AND OBTAINED THAT PAYMENT IN
		FULL THE ASPCA HAS ESTABLISHED THE FOLLOWING
		SAFEGUARDS TO PREVENT FUTURE POLITICAL
		EXPENDITURES A) THE FULL BOARD HAS ADOPTED A
		FORMAL WRITTEN POLICY EXPRESSLY PROHIBITING
		BOARD MEMBERS OR EMPLOYEES FROM ENGAGING IN
		POLITICAL ACTIVITY ON BEHALF OF THE ORGANIZATION,
		B) THIS POLICY INCLUDES A REQUIREMENT THAT BOARD
		AND CERTAIN STAFF REVIEW AND ACKNOWLEDGE THEIR
		AGREEMENT TO COMPLY WITH THE POLICY ON AN
		ANNUAL BASIS, AND C) ANNUAL TRAINING ON THE
		POLITICAL ACTIVITY PROHIBITION WILL BE PROVIDED
		TO BOTH BOARD AND STAFF

DLN: 93493301005401

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

	CAN SOCIETY FOR THE PREVENTION OF					
CRUELTY TO		duined Funda on Other Circle -		1623829	Committee	.a.E.L.
Part I	Organizations Maintaining Donor A organization answered "Yes" to Form 9		unas	or Accounts	. Complet	e if th
		(a) Donor advised funds	((b) Funds and o	ther accour	nts
. Total	number at end of year					
Aggre	gate contributions to (during year)					
A ggre	gate grants from (during year)					
A ggre	gate value at end of year					
	ne organization inform all donors and donor advare the organization's property, subject to the	-	nor advı	sed	☐ Yes	┌ No
used	ne organization inform all grantees, donors, and only for charitable purposes and not for the be				┌ Yes	□No
	rring impermissible private benefit Conservation Easements. Complete	o if the organization answered "Ves" t	o Forn	n 990 Part IV		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ose(s) of conservation easements held by the		.0 10111	ii 550, Taiciv	, iiiic 7.	
_ `	reservation of land for public use (e.g., recrea-	<u> </u>	histor	ıcally ımportanı	:Iv land area	3
	rotection of natural habitat	Preservation of a				
ГР	reservation of open space					
•	plete lines 2a-2d if the organization held a qua ment on the last day of the tax year	lified conservation contribution in the form	of a co	onservation		
	•			Held at the	End of the	Year
Total	number of conservation easements		2a			
Total	acreage restricted by conservation easement	s	2b			
Numb	per of conservation easements on a certified hi	storic structure included in (a)	2c			
Numb	per of conservation easements included in (c) a	acquired after 8/17/06	2d			
	per of conservation easements modified, transf exable year 🗠	ferred, released, extinguished, or terminate	ed by th	ne organization	during	
Numb	per of states where property subject to conserv	vation easement is located ►				
	the organization have a written policy regardir cement of the conservation easements it holds		dling of	violations, and	☐ Yes	┌ No
Staff	and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easen	nents d	uring the year 🖡		
A mou	ınt of expenses ıncurred ın monitoring, inspect	ing, and enforcing conservation easement	s during	g the year ► \$ _		
	each conservation easement reported on line h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
balan	rt XIV, describe how the organization reports of ce sheet, and include, if applicable, the text of rganization's accounting for conservation ease	the footnote to the organization's financia				
art III	Organizations Maintaining Collectic Complete if the organization answered		or Otl	her Similar	Assets.	
art, hı	organization elected, as permitted under SFA: istorical treasures, or other similar assets heli de, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch ın fu			,
hıstor	organization elected, as permitted under SFA: rical treasures, or other similar assets held for de the following amounts relating to these item	public exhibition, education, or research i			•	
(i) _{Re}	evenues included in Form 990, Part VIII, line	1		► \$		
(ii) _A	ssets included in Form 990, Part X			► \$		
Ifthe	organization received or held works of art, his ring amounts required to be reported under SFA		or finan			
a Rever	nues included in Form 990, Part VIII, line 1			▶ \$		

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	torio	<u>cal Tre</u>	asures, or C)the	<u>er Similar</u>	Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ie foll	owing the	at are a signific	ant u	ıse of its col	lectio	n	
а	Public exhibition		d	Γ	Loan or	exchange prog	rams	3			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v they	further	the organizatioi	ı's ex	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						d "Y	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for co	ontributio	ons or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	ible	Г			A mo	unt	
c	Beginning balance					Ī	1c				
d	Additions during the year					-	1d				
e	Distributions during the year					ļ	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?			_			Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV								·		·
	rt V Endowment Funds. Complete		n ans	were	d "Yes"	to Form 990	, Pai	rt IV, line :	10.		
	•	(a)Current Year		Prior '		(c)Two Years Bac				e) Four Y	'ears Back
1a	Beginning of year balance	35,555,641		5	,418,864	870,	794				
b	Contributions	10,334,557		30	,050,587	4,548,0	070				
c	Investment earnings or losses	2,751,204			338,766	27,:	L48				
d	Grants or scholarships										
e	Other expenditures for facilities and programs					27,:	L48				
f	Administrative expenses				252,576						
g	End of year balance	48,641,402		35	,555,641	5,418,8	364				
2	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment 🕨	85 000 %									
Ь	Permanent endowment 🕨 15 000 %										
с	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation 1	that a	re held a	and administere	d for	the			
	organization by							г		Yes	No
	(i) unrelated organizations			•			•	<u> </u>	3a(i)		No
	(ii) related organizations						•		3a(ii)	<u> </u>	No
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•					•	[3b		<u> </u>
	t VI Investments—Land, Buildings) Dart V line	10				
Fell	TVI Investments—Land, Buildings	s, and Equipme	III. <u>3</u>			1					
	Description of investment				Cost or otl			(c) Accumul depreciation		(d) Bo	ok value
1a	Land		•			4,440	0,000				4,440,000
b	Buildings		•			14,76:	•	<u> </u>	3,421		8,528,456
c	Leasehold improvements		•			11,850	,426	3,15	8,080		8,692,346
d l	Equipment					10,312	2,304	5,25	2,687		5,059,617
	Other					•	3,176	· · · · · ·	9,643		1,153,533
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B)	, line	10(c).) .			▶		2	7,873,952
								Schedu	ıle D (Form 9	90) 2010

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	ılue
(1)Financial derivatives		occor on a conjugat market re	
(2)Closely-held equity interests			
(3)0 ther			
(A) EQUITY LONG	8,074,942		F
(B) EVENT DRIVEN	3,750,142		F
(C) DISTRESSED DERT	F 276 1F2		_
(C) DISTRESSED DEBT	5,276,152		F
(D) FUND OF FUNDS	4,983,587		F
(E) PRIVATE EQUITY	4,282,280		F
· /	, ,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	26,367,103		
Part VIII Investments—Program Related. See	Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market va	llue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line (a) Descript		(b) Book va	alue
(1) PERPETUAL TRUSTS		(2) 200K V	18,980,563
(2) OTHER ASSETS			188,237
· ·			•
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	<i>`.)</i>		19,168,800
Part X Other Liabilities. See Form 990, Part X,			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
GIFT ANNUITY OBLIGATIONS	3,343,201		
UNFUNDED PENSION OBLIGATIONS	3,886,329		
DEFERRED RENT	1,498,643		
Total (Column (h) charild agrical Form 2000, Part V. 1/2011, 255			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	8,728,173		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	133,094,114
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	119,685,170
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,408,944
4	Net unrealized gains (losses) on investments	4	8,096,157
5	Donated services and use of facilities	5	57,061
6	Investment expenses	6	497,003
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-168,555
9	Total adjustments (net) Add lines 4 - 8	9	8,481,666
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	21,890,610
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	142,137,561
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 57,061		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	9,540,450
3	Subtract line 2e from line 1	3	132,597,111
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 497,003		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	497,003
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	133,094,114
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	120,771,325
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
_ а	Donated services and use of facilities		
Ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	1,583,158
3	Subtract line 2e from line 1	3	119,188,167
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 497,003		
b	Other (Describe in Part XIV) 4b	1	
с	Add lines 4a and 4b	4c	497,003
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	119,685,170

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SCHEDULE D, PART V		THE ASPCA MAINTAINS AN ENDOWMENT FOR THE PURPOSE OF GENERATING INCOME TO SUPPORT THE ORGANIZATION'S CHARITABLE MISSION THE ORGANIZATION'S ENDOWMENT CONSISTS OF A PORTFOLIO OF ACTIVELY 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, WHILE THE INCOME GENERATED IS USED TO FUND ASPCA PROGRAMS SOME OF THE ENDOWMENT FUNDS MAY HAVE PURPOSE RESTRICTIONS ON THE USE OF THE INCOME
FIN 48		THE ASPCA SUBSCRIBES TO A THRESHOLD OF MORE- LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF INCOME TAX POSITIONS TO BE TAKEN IN A TAX RETURN AS OF DECEMBER 31, 2010, THE ASPCA BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED BUSINESS INCOME TAX LIABILITY, WHICH WOULD HAVE A MATERIAL IMPACT UPON ITS FINANCIAL STATEMENTS
RECONCILIATION OF NET ASSETS	PART IX, LINE 8	UNREALIZED GAIN ON PERPETUAL ASSETS 746,723 PENSION RELATED CHANGES OTHER THAN COST (915,278) ========TOTAL (168,555)
RECONCILIATION OF REVENUES	PART XII, LINE 2D	COST OF GOODS SOLD 640,509 UNREALIZED GAIN ON PERPETUAL TRUST ASSETS 746,723 ====== TOTAL 1,387,232
RECONCILIATION OF EXPENSES	PART XIII, LINE 2D	COST OF GOODS SOLD 640,509 PENSION RELATED CHARGES 915,278 ======= TOTAL 1,555,787

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493301005401

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE F (Form 990)

Department of the Treasury

to Part I

c Totals (add lines 3a and 3b)

Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

	AMEDICAN COCIETY FOR THE	DDEVENTION	0.5			
	AMERICAN SOCIETY FOR THE ELTY TO ANIMALS	PKEVENIION	O F		13-1623829	
	rt I General Informatio "Yes" to Form 990, Pa			ne United States. C		zation answered
	For grantmakers. Does the assistance, the grantees' elice the grants or assistance?	organization r gibility for the	maıntaın record grants or assıs	stance, and the selecti	on criteria used to aw	ard
	For grant makers. Describe in Pa United States	art V the organi	zatıon's procedur	es for monitoring the use	e of grant funds outside t	he
	Activites per Region (Use Part	V ıf addıtıonal s	space is needed))		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	North America			Fundraising		85,833
	Central America and the Caribbean			Investments		18,581,920
	Sub-total Total from continuation sheets					18,667,753
D	i otal nom continuation sneets	1	1	I	1	1

18,667,753

Part	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ☐ Use Part V if additional space is needed.								
	a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nun tax-exempt by	hber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶	
3	Enter total number of other organizations or entities								

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

Part 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 (see instructions for Form 926)	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
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)	굣	Yes	Г	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	ি	Yes	Г	Νo
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	Г	Νo
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 file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2010

information. Identifier	ReturnReference	Explanation
racitimer	Returniterence	Explanation

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As Filed Data -

DLN: 93493301005401

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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. See separate instructions.

Open to Public Inspection

Name of the organization THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number

13-1623829

Part I	Fundraising Activities.	Complete if the o	rganization answered	l "Yes" to Fori	m 990. Part I	V. line 17

- 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 e-mail solicitations

Solicitation of government grants

Phone solicitations

Special fundraising events

- In-person solicitations
- 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?

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 Form 990-EZ filers are not required to complete this table

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
TELEFUND	tele marketer		Νo	2,822,607	844,939	1,977,678
DONOR SERVICES GROUP	tele marketer		Νo	4,530,922	1,050,940	3,479,982
INFOCISION	tele marketer		Νo	592,617	615,932	-23,315
GRASSROOTS CAMPAIGNS INC	canvassing		No	3,287,106	3,486,263	-199,157
DIRECT ADVANTAGE MARKETING	TELE MARKETER		No	81,631	65,070	16,561
Total			.	11,314,883	6,063,144	5,251,749

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

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

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1 Bergh Ball (event type)	(b) Event #2 H.A.L. Event (event type)	(c) O ther Events 7 (total number)	(d) Total Events (Add col (a) through col (c))
E C	1	Gross receipts	980,117	289,026	525,913	1,795,056
Revenue	2	Less Charitable contributions	368,408	101,260	32,845	502,513
	3	Gross income (line 1 minus line 2)	611,709	187,766	493,068	1,292,543
	4	Cash prizes				
မာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages				
Direct	8	Entertainment				
Δ	9	Other direct expenses .	229,117	120,668	177,284	527,069
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	527,069
	11	Net income summary Combine li				765,474
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	ganızatıon answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
9 9	2	Cash prizes				
Expenses	3	Non-cash prizes				
ă т	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Γ Yes % Γ No	┌ Yes % ┌ No	┌ Yes %	
	7	Direct expense summary Add line	s 2 through 5 ın column (d)	•	
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac	h of these states?		· Fyes FNo
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	\$ \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par			r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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Schedule I

(Form 990)

DLN: 93493301005401

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990 **Inspection** Internal Revenue Service Employer identification number Name of the organization THE AMERICAN SOCIETY FOR THE PREVENTION OF 13-1623829 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant valuation non-cash assistance or assistance cash or government ıf applıcable assistance (book, FMV, appraisal, other) See Additional Data Table

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "	Yes" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.			,	,

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
			-		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
GRANTS		ASPCA GRANTS PROVIDE SUPPORT TO A VARIETY OF U S -BASED NON-PROFIT ANIMAL WELFARE
		ORGANIZATIONS THROUGH CASH AWARDS, SPONSORSHIPS, EXECUTIVE AND TECHNICAL ASSISTANCE, AND
		TRAINING THE ASPCA DOES NOT ACCEPT UNSOLICITED GRANT PROPOSALS BY MAIL, ELECTRONICALLY, OR IN
		ANY OTHER FORMAT BESIDES SUBMITTING A LETTER OF INQUIRY THROUGH ITS WEBSITE THE ASPCA
		CAREFULLY CONSIDERS A NUMBER OF FACTORS IN OUR GRANT REVIEW PROCESS AMONG THOSE FACTORS IS
		AN ORGANIZATION'S ABILITY TO DEMONSTRATE ITS STABILITY AND PROFESSIONALISM ORGANIZATIONS WHO
		CAN DEMONSTRATE THE FOLLOWING QUALIFICATIONS IN THEIR APPLICATIONS ARE IN THE BEST POSITION TO
		RECEIVE FUNDING FROM THE ASPCA IN A TIMELY MANNER - ACCESS TO OTHER SOURCES OF FUNDING - ACTIVE
		FUNDRAISING EFFORTS - COLLABORATION WITH OTHER ANIMAL WELFARE ORGANIZATIONS - UP-TO-DATE AND
		ACCURATE WEBSITE THE ASPCA'S FUNDING PRIORITIES INCLUDE GRANTS FOR THE FOLLOWING PURPOSES -
		ANTI-CRUELTY EFFORTS - EMERGENCY AND DISASTER RESPONSE AND PREPAREDNESS - EQUINE PROJECTS -
		SHELTER AND SPAY/NEUTER PROGRAMS FUNDING RESTRICTIONS THE ASPCA GENERALLY WILL NOT SUPPORT -
		ORGANIZATIONS WHOSE MISSION IS UNRELATED TO ANIMAL WELFARE - MULTI-YEAR GRANTS IN EXCESS OF
		THREE (3) YEARS - INDIVIDUALS, PRIVATE FOUNDATIONS, ENDOWMENTS, CHURCHES OR RELIGIOUS PROGRAMS,
		FRATERNAL, SOCIAL OR LABOR ORGANIZATIONS - GRANTS TO GROUPS WITH UNUSUALLY HIGH FUND RAISING
		OR ADMINISTRATIVE EXPENSES - POLITICAL PARTIES, CANDIDATES, OR LOBBYING ACTIVITIES - TRAVEL FUNDS
		FOR TOURS, EXHIBITIONS OR TRIPS BY INDIVIDUALS OR SPECIAL INTEREST GROUPS - ORGANIZATIONS THAT
		DISCRIMINATE BECAUSE OF RACE, COLOR, RELIGION, SEXUAL ORIENTATION, NATIONAL ORIGIN, OR ANY AREAS
		COVERED BY ANY APPLICABLE FEDERAL, STATE, OR LOCAL LAWS - ORGANIZATIONS BASED OUTSIDE THE
		UNITED STATES - INDIVIDUAL ANIMALS - START-UP ORGANIZATIONS THE ASPCA CONDUCTS REGULAR
		REVIEWS OF OUR APPLICANTS' NON-PROFIT STATUS REQUESTS FROM ORGANIZATIONS WHICH LOSE THEIR
		NON-PROFIT STATUS FOR ANY REASON WILL NOT BE CONSIDERED FOR FUNDING GENERALLY, GRANTEES ARE
		EXPECTED TO REPORT BACK TO THE ASPCA WITH RESPECT TO THE USE OF THE GRANT FUNDS FOR THE
		PURPOSES REQUESTED

Software ID: Software Version:

EIN: 13-1623829

Name: THE AMERICAN SOCIETY FOR THE PREVENTION OF

CRUELTY TO ANIMALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
TEN LIVES CLUB INCPO BOX 253 NORTH,NY 14110	16-1611221	501(c)(3)	5,075				See Schedule O	
FELINE FREEDOM COALITION INC901 RED COAT RUN MOUNT,SC 29464	20-8338766	501(c)(3)	5,306				See Schedule O	
RICHMOND ANIMAL WELFARE FOUNDATION RICHMOND AC&C1600 CHAMBERLAYNE AVENUE RICHMOND,VA 23222	54-2017201	501(c)(3)	5,341				See Schedule O	
DEMING ANIMAL GUARDIANSPO BOX 1275 DEMING,NM 88031	01-0776195	501(c)(3)	5,500				See Schedule O	
KCSPCA SOCIETY FOR THE PREVENTION OF CRUELTY 32 SHELTER CIRCLE CAMDEN, DE 19934	51-6018851	501(c)(3)	6,000				See Schedule O	
THE GABRIEL FOUNDATION1025 ACOMA STREET DENVER,CO 80204	84-1396085	501(c)(3)	6,000				See Schedule O	
WILDHORSE RANCH RESCUE INC11811 S LINDSAY RD GILBERT,AZ 85296	86-0996647	501(c)(3)	6,000				See Schedule O	
BEDFORD STUYVESANT VETERINARY CLINIC418 TOMPKINS AVENUE BROOKLYN,NY 11216	35-2182893		6,114				See Schedule O	
LIC PET TRANSPORT INC 10 EAST 39TH STREET NEW YORK, NY 10016	27-0969883		6,132				See Schedule O	
ANIMAL KIND VETERINARY HOSPITAL365 7TH AVENUE BROOKLYN,NY 11215	11-3300265		6,555				See Schedule O	
AUGUSTA REGIONAL SPCA INCP O BOX 2014 STAUNTON,VA 24402	23-7089566	501(c)(3)	7,000				See Schedule O	
HUMANE SOCIETY OF THE PIKES PEAK REGION610 ABBOTT LANE COLORADO, CO 80905	84-0410111	501(c)(3)	7,000				See Schedule O	

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Par (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NO MORE HOMELESS PETS IN HILLSBOROUGH COUNTY17633 GUNN HWY 180 TAMPA,FL 33556	20-0875455	501(c)(3)	7,000				See Schedule O
PUTNAM COUNTY DOG POUND245 E MAIN STREET OTTAWA,OH 45875	34-6401116	OTTAWA	7,000				See Schedule O
SPCA OFTEXAS2400 LONE STAR DR DALLAS,TX 75212	75-1216660	501(c)(3)	7,000				See Schedule O
NEW ROCHELLE HUMANE SOCIETY70 PORTMAN ROAD NEW ROCHELLE, NY 10801	13-1740009	501(c)(3)	7,290				See Schedule O
THE SCIENCE AND CONSERVATION CENTER INC2100 SOUTH SHILOH ROAD BILLINGS,MT 59106	81-0539631	501(c)(3)	7,500				See Schedule O
HAPPY TAILS PET SANCTUARY6001 FOLSOM BLVD SACRAMENTO,CA 95819	68-0317260	501(c)(3)	7,708				See Schedule O
FRIENDS OF GREEN CHIMNEYS400 DOANSBURG ROAD BOX 719 BREWSTER,NY 10509	13-3897106	501(c)(3)	7,900				See Schedule O
ST BERNARD PARISH ANIMAL CONTROL5455 EAST JUDGE PEREZ DRIVE VIOLET,LA 70092	72-6001193	VIOLET	8,000				See Schedule O
UNIVERSITY OF FLORIDA 4800 SW 35TH DRIVE GAINESVILLE,FL 32608	59-6002052	FLORIDA	8,000				See Schedule O
STRATFORD ANIMAL CONTROL9 FROG POND LANE STRATFORD,CT 06614	50-0991000	STRATFORD	8,586				See Schedule O
ANIMAL BALANCE1920 BLAKE ST BERKELEY, CA 94704	68-0630714	501(c)(3)	10,000				See Schedule O
ANIMAL PEOPLE INCPO BOX 960 CLINTON, WA 98236	14-1752216	501(c)(3)	10,000				See Schedule O

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL RESCUE FOUNDATION INCPO BOX 538 THOMASTON,CT 06787	23-7107868	501(c)(3)	10,000				See Schedule O
COOK COUNTY118 N CLARK ST CHICAGO,IL 60602	36-6006541	CHICAGO	10,000				See Schedule O
DELAWARE HUMANE ASSOCIATION701 A STREET WILMINGTON, DE 19801	51-0082499	501(c)(3)	10,000				See Schedule O
DUTCHESS COUNTY SPCA INC612 VIOLET AVE HYDE PARK,NY 12538	14-1340058	501(c)(3)	10,000				See Schedule O
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN,NY 14891	51-0292919	501(c)(3)	10,000				See Schedule O
GOOD MEWS ANIMAL FOUNDATION INC736 JOHNSON FERRY RD MARIETTA, GA 30068	58-1790828	501(c)(3)	10,000				See Schedule O
HABITAT FOR HORSES INC PO BOX 213 HITCHCOCK,TX 77563	76-0586024	501(c)(3)	10,000				See Schedule O
JASON DEBUS HEIGL FOUNDATION3500 W OLIVE AVE STE 1190 BURBANK,CA 91505	27-0187750	501(c)(3)	10,000				See Schedule O
LIBERTY HUMANE SOCIETY INC235 JERSEY CITY BLVD JERSEY CITY,NJ 07305	22-3585263	501(c)(3)	10,000				See Schedule O
NEW HAMPSHIRE ANIMAL DISASTER RESPONSE TEAMPO BOX 2971 CONCORD,NH 03302	11-3813009	501(c)(3)	10,000				See Schedule O
NOAH'S ARK ANIMAL WELFARE ASSOCIATION INC1915 ROUTE 46 WEST LEDGEWOOD,NJ 07852	22-6089276	501(c)(3)	10,000				See Schedule O
RICHMOND SPCA2519 HERMITAGE ROAD RICHMOND,VA 23220	54-0506328	501(c)(3)	10,000				See Schedule O

Form 990,Schedule I, Part	t 11, Grants and	Other Assistance	to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF ANIMAL WELFARE ADMINISTRATORS15508 W BELL ROAD SURPRISE, AZ 85374	41-1618666	501(c)(6)	10,000				See Schedule O
SPARTANBURG HUMANE SOCIETY150 DEXTER RD SPARTANBURG,SC 29303	57-0481019	501(c)(3)	10,000				See Schedule O
SPCA TAMPA BAY9099 130TH AVE NORTH LARGO,FL 33773	59-0715928	501(c)(3)	10,000				See Schedule O
STATE OF MASSACHUSETTS ANIMAL RESPONSE TEAM163 LAKESIDE AVENUE MARLBORO,MA 01752	30-0550560	501(c)(3)	10,000				See Schedule O
THE CAT NETWORK INCPO BOX 347228 MIAMI,FL 33234	65-0597008	501(c)(3)	10,000				See Schedule O
WAYSIDE WAIFS INC3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	44-0605374	501(c)(3)	10,000				See Schedule O
YOUTH ALTERNATIVES INGRAHAM50 LYDIA LANE SOUTH,ME 04106	01-0316041	501(c)(3)	10,000				See Schedule O
NEBRASKA HUMANE SOCIETY8929 FORT ST OMAHA,NE 68134	47-0378997	501(c)(3)	10,500				See Schedule O
CHARLESTON ANIMAL SOCIETY2455 REMOUNT RD CHARLESTON,SC 29406	57-6021863	501(c)(3)	10,850				See Schedule O
ASHEVILLE HUMANE SOCIETY14 FOREVER FRIEND LN ASHEVILLE,NC 28806	56-1444098	501(c)(3)	12,550				See Schedule O
ULSTER COUNTY SPCA 20 WIEDY RD KINGSTON, NY 12401	14-1422082	501(c)(3)	13,909				See Schedule O
GLOBAL FEDERATION OF ANIMAL SANCTUARIESPO BOX 32294 WASHINGTON, DC 20007	26-1676217	501(c)(3)	15,000				See Schedule O

Form 990,Schedule I, Pari	t 11, Grants and	Otner Assistance	to Governments a	and Organizations	in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPTON CLASSIC HORSE SHOW INCPO BOX 3013 BRIDGEHAMPTON, NY 11932	11-2597077	501(c)(3)	15,000				See Schedule O
HUMANE SOCIETY PREVENTION OF CRUELTY TO ANIMALS121 HUMANE LANE COLUMBIA,SC 29209	57-0407367	501(c)(3)	15,000				See Schedule O
HUMANE SOCIETY OF THE UNITED STATESPO BOX 87598 MONTGOMER, MD 20886	53-0225390	501(c)(3)	15,000				See Schedule O
MT PLEASANT ANIMAL SHELTER INC194 ROUTE 10 WEST EAST HANOVER,NJ 07936	23-7189562	501(c)(3)	15,000				See Schedule O
TEXAS VETERINARY MEDICAL FOUNDATION 8104 EXCHANGE DR AUSTIN,TX 78754	74-1983485	501(c)(3)	15,000				See Schedule O
NYC VETERINARY SPECIALISTS - MANHATTAN410 WEST 55TH STREET NEW YORK,NY 10019	84-1682742		15,253				See Schedule O
CITY OF CLEVELAND KENNEL2690 WEST 7TH STREET CLEVELAND,OH 44113	34-6000616	CLEVELAND	15,400				See Schedule O
ATLANTA HUMANE SOCIETY & SPCA981 HOWELL MILL ROAD NW ATLANTA,GA 30318	58-0685900	501(c)(3)	16,000				See Schedule O
PUERTO RICO ANIMAL WELFARE SOCIETY INC PAWSBOX 10228 BO BAJURAS ISABELA,PR 00662	66-0588444	501(c)(3)	16,000				See Schedule O
SPOKANE HUMANE SOCIETY6607 N HAVANA SPOKANE,WA 99217	91-0565011	501(c)(3)	16,000				See Schedule O
LIFESAVERS INC23809 E AVENUE J LANCASTER,CA 93535	95-4631906	501(c)(3)	17,000				See Schedule O
NASHVILLE HUMANE ASSOCIATION213 OCEOLA AVE NASHVILLE,TN 37209	62-0672999	501(c)(3)	19,000				See Schedule O

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
PETCO FOUNDATION9125 REHCO ROAD SAN DIEGO,CA 92121	33-0845930	501(c)(3)	20,000				See Schedule O	
LEE COUNTY DOMESTIC ANIMAL SERVICES5600 BANNER DRIVE FORT MYERS,FL 33912	59-6000702	FORT MYERS	22,000				See Schedule O	
MIAMI-DADE ANIMAL SERVICES7401 NW 74TH STREET MIAMI,FL 33166	59-6000573	MIAMI	23,750				See Schedule O	
GREY2K USA EDUCATION FUNDPOBOX 440142 SOMERVILLE, MA 02144	04-3553133	501(c)(3)	25,000				See Schedule O	
SYRACUSE INVITATIONAL SPORTHORSE TOURNAMENT2 RICHARDS ROAD CAZENOVIA,NY 13035	36-4525351	501(c)(3)	25,000				See Schedule O	
TONY LA RUSSA'S ANIMAL RESCUE FOUNDATIONPO BOX 30215 WALNUT,CA 94598	68-0240341	501(c)(3)	25,000				See Schedule O	
SPOKANIMAL CAR E710 N NAPA ST SPOKANE, WA 99202	91-1223929	501(c)(3)	26,602				See Schedule O	
TALLAHASSEE LEON COMMUNITY ANIMAL SERVICE CENTER1125 EASTERWOOD DRIVE TALLAHASSEE,FL 32311	59-6000435	TALLAHASSEE	28,000				See Schedule O	
KENTUCKY HUMANE SOCIETY241 STEEDLY DRIVE LOUISVILLE,KY 40214	61-0463938	501(c)(3)	28,500				See Schedule O	
HUMANE SOCIETY OF GREATER MIAMI & DADE COUNTY16101 W DIXIE HIGHWAY NORTH,FL 33160	59-0711176	501(c)(3)	29,292				See Schedule O	
DAYS END FARM HORSE RESCUE INCPO BOX 309 LISBON,MD 21765	52-1759077	501(c)(3)	30,000				See Schedule O	
MIDATLANTIC HORSE RESCUE INCPO BOX 407 CHESAPEAKE,MD 21915	27-3543490	501(c)(3)	34,000				See Schedule O	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIE COUNTY SPCA205 ENSMINGER ROAD TONAWANDA,NY 14150	16-0425315	501(c)(3)	38,952				See Schedule O
ANIMALS & SOCIETY INSTITUTE2512 CARPENTER RD 201 A2 ANN ARBOR, MI 48108	22-2527462	501(c)(3)	40,000				See Schedule O
CALIFORNIA EQUINE RETIREMENT FOUNDATION34033 KOODEN ROAD WINCHESTER, CA 92596	95-4058016	501(c)(3)	50,000				See Schedule O
HUMANE FARM ANIMAL CAREPO BOX 727 HERNDON,VA 20172	47-0910622	501(c)(3)	50,000				See Schedule O
KENTUCKY EQUINE HUMANE CENTER INCPO BOX 910124 LEXINGTON,KY 40591	20-5883736	501(c)(3)	50,000				See Schedule O
OLD FRIENDS INC1841 PAYNES DEPOT ROAD GEORGETOWN,KY 40324	20-0049798	501(c)(3)	50,000				See Schedule O
AUSTIN HUMANE SOCIETY 124 W ANDERSON LN AUSTIN,TX 78752	74-6013665	501(c)(3)	53,225				See Schedule O
PET SAVERSPO BOX 11555 SPOKANE,WA 99211	91-1741239	501(c)(3)	53,250				See Schedule O
SHELBY HUMANE SOCIETY 381 MCDOW ROAD COLUMBIANA,AL 35051	63-0817987	501(c)(3)	58,441				See Schedule O
WORLD SOCIETY FOR THE PROTECTION OF ANIMALS 89 SOUTH ST STE 201 BOSTON, MA 02111	04-2718182	501(c)(3)	60,000				See Schedule O
EMANCIPETPO BOX 6396 AUSTIN,TX 78762	74-2913624	501(c)(3)	63,362				See Schedule O
CLEVELAND ANIMAL PROTECTIVE LEAGUE1729 WILLEY AVE CLEVELAND,OH 44113	34-0714644	501(c)(3)	64,060				See Schedule O

Form 990,Schedule I, Part	•		to dovernments a	and Organizations	I	les	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR CONTRACEPTION IN CATS AND DOGS14245 NW BELLE CT PORTLAND,OR 97229	41-2185841	501(c)(3)	75,000				See Schedule O
PET HELPERS INC1447 FOLLY RD CHARLESTON,SC 29412	57-0802283	501(c)(3)	75,000				See Schedule O
REGENTS OF THE UNIVERSITY OF CALIFORNIAUNIVERSITY OF CALIFORNIA DAVIS DAVIS,CA 95616	94-6036494	501(c)(3)	75,000				See Schedule O
HUMANE SOCIETY OF TAMPA3607 N ARMENIA AVE TAMPA,FL 33607	59-0799907	501(c)(3)	79,820				See Schedule O
CANTER COMMUNICATION ALLIANCE THOROUGHBRED 8619 EDGEWOOD PARK DRIVE COMMERCE,MI 48382	38-3483606	501(c)(3)	90,000				See Schedule O
NY FOR CLEAN LIVEABLE AND SAFE STREETS INC 1120 AVENUE OF THE AMERICAS NEW YORK, NY 10109	26-3207326	501(c)(4)	100,000				See Schedule O
TOBY WELLS FOUNDATION DBA BLUE APPLE RANCH 17083 OLD COACH ROAD POWAY,CA 92064	33-0946827	501(c)(3)	100,000				See Schedule O
LOUISIANA SPCA1700 MARDI GRAS BLVD NEW ORLEANS,LA 70114	72-0471368	501(c)(3)	112,000				See Schedule O
HUMANE SOCIETY OF BOULDER VALLEY2323 55TH STREET BOULDER,CO 80301	84-0152768	501(c)(3)	117,000				See Schedule O
HUMANE NET INCPO BOX 714 SUMMERVILLE, SC 29485	56-2079206	501(c)(3)	124,451				See Schedule O
SEAN CASEY ANIMAL RESCUE153 E 3RD ST BROOKLYN,NY 11218	35-2244558	501(c)(3)	149,500				See Schedule O
THOROUGHBRED RETIREMENT FOUNDATION PO BOX 3387 SARATOGA,NY 12866	13-3132741	501(c)(3)	175,000				See Schedule O

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST HUBERTS GIRALDA575 WOODLAND AVE MADISON,NJ 07940	22-1627726	501(c)(3)	176,000				See Schedule O
CENTRAL OKLAHOMA HUMANE SOCIETY9300 N MAY AVENUE SUITE OKLAHOMA CITY, OK 73120	20-8446621	501(c)(3)	202,100				See Schedule O
UNIVERSITY OF FLORIDA FOUNDATION2015 SW 16TH AVENUE GAINESVILLE,FL 32610	59-0974739	FLORIDA	233,896				See Schedule O
SACRAMENTO SPCA6201 FLORIN PERKINS ROAD SACRAMENTO,CA 95828	94-1312343	501(c)(3)	286,500				See Schedule O
ANIMAL CARE & CONTROL OF NEW YORK CITY11 PARK PLACE SUITE 805 NEW YORK, NY 10007	13-3788986	5 501(c)(3)	377,681				See Schedule O
HUMANE ALLIANCE25 HERITAGE DRIVE ASHEVILLE,NC 28806	56-1856805	501(c)(3)	444,244				See Schedule O
MISSOURIANS FOR THE PROTECTION OF DOGSPO BOX 300176 ST LOUIS, MO 63130	27-1423987	7 501(c)(4)	500,000				See Schedule O
MAYOR'S ALLIANCE FOR NYC'S ANIMALS244 FIFTH AVE STE R290 NEW YORK, NY 10001	73-1653635	501(c)(3)	1,115,000				See Schedule O

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DLN: 93493301005401

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number

13-1623829

- 0	Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	,,,,,,,,,			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization	on		
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
ь	Any related organization?	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		
	· ·			

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

Mote. The sum of columns (b)	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ast squarene applica	2.0 03.4mm (D) 01 0014	(2) amounts on ro	550, 1 dit v 11, illie 1	- w		
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) EDWIN SAYRES	(ı) (ıı)	399,543 0	100,000	10,922	31,850	13,510	555,824 0	
(2) JULIA NELSON	(ı) (ıı)	208,455 0		856	8,115	6,534	223,960	
(3) STEVEN HANSEN	(ı) (ıı)	273,524 0		51,073	31,850	1,512	357,959 0	
(4) ELIZABETH ESTROFF	(ı) (ıı)	146,733 0				12,999	159,732 0	
(5) JAMES SCHEMBARI	(ı) (ıı)	131,633 0	_	25,273	3,793	10,400	171,099 0	
(6) LOUISE MURRAY	(ı) (ıı)	204,784 0	6,000		16,405	12,460	239,649	
(7) GAIL S BUCHWALD	(ı) (ıı)	151,209 0		114	12,112	6,539	169,974 0	
(8) STACY WOLF	(ı) (ıı)	141,748 0	2,000	16,230	12,963	6,825	179,766 0	
(9) LEE MURRAY	(ı) (ıı)	179,688 0		2,326	23,441	1,353	206,808	
(10) STEPHEN MUSSO	(ı) (ıı)	227,433 0		856	29,980	12,187	270,456 0	
(11) MELISSA NORDEN	(ı) (ıı)	184,583 0		320	13,114	6,479	204,496 0	
(12) MATT BERSHADKER	(ı) (ıı)	180,226 0		367	14,453	6,700	201,746	
(13) TO DD HENDRICKS	(ı) (ıı)	211,731 0	21,000	192	14,448	12,228	259,599 0	
(14) JULIE MORRIS	(ı) (ıı)	188,291 0		561	30,486	6,330	225,668 0	
(15) JULIO CARBONELL	(ı) (ıı)	207,152 0		1,600	16,854	12,435	238,040	
(16) STEPHEN ZA WISTO WSKI	(ı) (ıı)	240,285 0		1,600	32,500	12,021	286,405 0	
								de 1 (Ferm 000) 3010

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization THE AMERICAN SOCIETY FOR THE PREVENTION OF **Employer identification number** CRUELTY TO ANIMALS 13-1623829

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining of amounts		contribut	ion
1	Art—Works of art			-9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
9000	is							
6	Cars and other vehicles .							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded	X	42	375,808	cost or sale price			
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ▶ ()							
	O ther ▶()							
27	O ther ►()							
28	O ther ▶ ()							
29	Number of Forms 8283 received by				29			
	for which the organization complete	u FOIIII c	5265, Part IV, Donee ACKII	owiedgement			Yes	No
30a	During the year, did the organizatio	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		163	110
	must hold for at least three years fr			on, and which is not require	d to be used			
	for exempt purposes for the entire h	nolding p	eriod?			30a		No
b	If "Yes," describe the arrangement	ın Part I	I					
31	Does the organization have a gift ac					31	Yes	
32a	Does the organization hire or use the contributions?	nırd partı • • •	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report re	venuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							
- F	Privacy Act and Paperwork Peduction Ac	+ Notice	see the Instructions for Form	n 000 Cat No. 512271	Schedule	M /For	000	2010

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493301005401

OMBNo 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS Employer identification number

13-1623829

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4A		COMMUNICATIONS COMMUNICATIONS INCLUDES ACTIVITIES TO CREATE PUBLIC AWARENESS OF ANIMAL-RELATED ISSUES PRINT, BROADCAST AND ONLINE MEDIA EXPOSURE INCREASED 88% IN 2010 COMPARED TO 2009 THIS TRANSLATED INTO MANY OPPORTUNITIES FOR MEMBERS OF THE PUBLIC, LEGISLATORS AND DONORS TO SEE OR HEAR THE ASPCA'S HUMANE MESSAGES MAJOR PRESS COVERAGE IN 2010 INCLUDED AN EIGHT-PAGE FEATURE IN THE NEW YORK TIMES SUNDAY MAGAZINE ON THE ASPCA'S ANTI-CRUELTY EFFORTS THE STORY QUOTED SEVERAL ASPCA EXPERTS AND FOCUSED ON THE LINK BETWEEN ANIMAL CRUELTY AND VIOLENCE ALSO INCLUDED IN COMMUNICATIONS IS THE COST OF EDUCATIONAL AND INFORMATIONAL MATERIAL RELATED TO ANIMAL MATTERS INCLUDED IN OUR MANY DIRECT RESPONSE COMMUNICATIONS TO MEMBERS AND THE PUBLIC

ldentifier Return Referenc	Explanation e
FORM 990, PART III, LINE 4B	ANIMAL HEALTH SERVICES ANIMAL HEALTH SERVICES INCLUDES THE BERGH MEMORIAL ANIMAL HOSPITAL IN NEW YORK CITY, THE ASPCA MOBILE SPAY/NEUTER PROGRAM WITH FIVE MOBILE VETERINARY CLINICS PROVIDING SPAY/NEUTER SURGERIES IN UNDERSERVED AREAS OF THE FIVE BOROUGHS OF NEW YORK CITY, THE ANIMAL POISON CONTROL CENTER (APCC) A 24-HOUR TELEPHONE HOTLINE IN URBANA, ILLINOIS FOR EMERGENCY ANIMAL TOXICOLOGY TREATMENT, ANIMAL BEHAVIOR AND SHELTER VETERINARY SERVICES IN 2010, ASPCA VETERINARIANS SAW MORE THAN 24,000 PATIENTS INCLUDING 10,000 NEW PATIENTS AT BERGH HOSPITAL OVER 1,340 PETS OF SPECIAL NEEDS CLIENTS RECEIVED FREE MEDICAL CARE THROUGH THE TROOPER FUND, AN INCREASE OF 27% OVER 2009 DURING THE YEAR, THE ASPCA LAUNCHED OPERATION PIT, WHICH HELPED STERILIZE MORE THAN 230 PIT BULLS IN THE MOBILE CLINICS MORE THAN 30,000 SPAY/NEUTER SURGERIES WERE PERFORMED APCC HANDLED OVER 205,000 CASES WHICH HELPED SAVE THE LIVES OF 124,000 ANIMALS IN 2010 APCC HAS A TOTAL OF 13 BOARD-CERTIFIED VETERINARY TOXICOLOGISTS-MORE THAN ANY OTHER SINGLE ORGANIZATION IN THE UNITED STATES ASPCA COUNSELING SERVICES HANDLED OVER 3200 CALLS IN 2010 THROUGH A 24-HOUR TOLL-FREE NATIONAL PET LOSS HOTLINE PROVIDING CRISIS INTERVENTION FOR PET OWNERS ANTICIPATING THE LOSS OF THEIR PET OR ALREADY GRIEVING FROM SUCH LOSS

ldentifier Return Reference	Explanation
FORM 990, PART III, LINE 4C	COMMUNITY OUTREACH COMMUNITY OUTREACH INCLUDES A STATE-OF -THE ART ANIMAL ADOPTIONS CENTER IN NEW YORK CITY AND EXTENSIVE OUTREACH, EDUCATION, AND TRAINING PROGRAMS IN COMMUNITIES THROUGHOUT THE UNITED STATES DURING 2010, TOTAL ADOPTIONS MADE FROM THE APCA ADOPTION CENTER AND THE ASPCA MOBILE ADOPTION CENTER FOUND HOMES FOR 3,545 ANIMALS THE ASPCA ADOPTION CENTER ALSO TOOK IN 1,600 ANIMALS FROM ANIMAL CARE & CONTROL OF NEW YORK CITY, THE LARGEST NUMBER OF ANIMALS TO BE TRANSFERRED TO A SINGLE AGENCY AND AN INCREASE OF 61% FROM 2009 DURING 2010 ASPCA CONTINUED EFFORTS WITH ITS COMMUNITY PARTNERS IN SUPPORT OF ANIMAL WELFARE AND EDUCATION, RESULTING IN MEASURABLE AND SUSTAINABLE INCREASES IN ADOPTIONS, IMPROVED SAVE RATES OF ANIMALS MOST AT RISK IN SHELTERS, AND ANIMAL CRUELTY PREVENTION THROUGH ASPCAPRO ORG OUR WEBSITE WITH INFORMATION FROM OUR NATIONALLY RECOGNIZED PROGRAMS AND EXPERTS, WE REACHED PROFESSIONALS WITH WEB PAGES AND DOWNLOADABLE MATERIALS INCLUDING EXPERT ADVICE ON ADOPTION, FOSTER CARE, FIGHTING CRUELTY AND ANIMAL ABUSE THE VETERINARY OUTREACH DEPARTMENT TAUGHT CLASSES ON SHELTER MEDICINE IN 49 VENUES TO MORE THAN 3500 INDIVIDUALS VETERINARY AND ANIMAL WELFARE PROFESSIONALS DURING 2010, THE ASPCA LAUNCHED THE ASPCA \$100K CHALLENGE, AIMED AT INSPIRING LOCAL SHELTERS TO FIND INNOVATIVE WAYS TO SAVE LIVES 43 SHELTERS COMPLETED THE CHALLENGE, SAVING 48,779 CATS IN 3 MONTHS, AN INCREASE OF 7,362 OVER THE SAME PERIOD FOR THE PRIOR YEAR

Identifier Return Reference	Explanation
FORM 990, PART III, LINE 4D	ANTI-CRUELTY DURING 2010, THE ASPCA HUMANE LAW ENFORCEMENT DEPARTMENT IN NEW YORK CITY INVESTIGATED 3,700 REPORTED CASES OF ANIMAL CRUELTY RESULTING IN 54 ANIMAL CRUELTY ARRESTS THE DEPARTMENT RESPONDED TO 42,000 TELEPHONE AND E-MAIL INQUIRIES FROM THE PUBLIC THE ASPCA MOBILE ANIMAL CSI UNIT TRAVELED THOUSANDS OF MILES TO INVESTIGATE NUMEROUS EGREGIOUS ACTS OF ANIMAL CRUELTY IN 2010, THE ASPCA OFFICIALLY CREATED THE ASPCA FIELD INVESTIGATIONS AND RESPONSE (FIR) TEAM THE FIR TEAM IS A GROUP OF 10 CERTIFIED RESPONDERS, SUPPORTED BY TRAINED VOLUNTEERS AND CONSULTANTS THE ASPCA FIR TEAM ENGAGED IN 27 FULL SCALE DEPLOYMENTS AS WELL AS MORE THAN 120 INVESTIGATIONS AND CONSULTATIONS IN 2010, THE TEAM RESCUED THOUSANDS OF ANIMALS AND IMPROVED THE LIVING CONDITIONS FOR THOUSANDS MORE IN 2010, THE ASPCA CREATED THE ASPCA SHELTER RESPONSE PARTNER PROGRAM, TO ESTABLISH RELATIONSHIPS WITH SHELTERS AND RESCUE GROUPS ACROSS THE COUNTY THE ASPCA HAS PARTNERSHIPS ACROSS THE COUNTRY DURING 2010, THE ASPCA CRACKED DOWN ON TENS OF THOUSANDS OF PEOPLE WHO ARE INVOLVED IN ILLEGAL ANIMAL FIGHTING THIS LED TO THE LAUNCE OF CANINE CODIS, A DATABASE THAT WILL HELP THE INVESTIGATION AND PROSECUTION OF DOG-FIGHTING CASES

ldentifier	Return Reference	Explanation
FORM 990, PART IV, LINE 2		ASPCA IS NOT REQUIRED TO COMPLETE SCHEDULE B FOR THE YEAR ENDED 12/31/2010 BECAUSE, PURSUANT TO THE FORM 990 AND 990 SCHEDULE B INSTRUCTIONS, NO ONE CONTRIBUTOR DONATED, IN THE AGGREGATE, AN AMOUNT GREATER THAN 2% OF THE TOTAL CONTRIBUTIONS RECEIVED BY THE ORGANIZATION DURING THE YEAR

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 6		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 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 \$20 OR MORE TO THE ASPCA IS DEEMED A "MEMBER"

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11		THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE DRAFT OF THE FORM 990 IS REVIEWED BY SENIOR MANAGEMENT, AS WELL AS LEGAL COUNSEL, AND A COPY IS CIRCULATED TO THE FULL BOARD OF TRUSTEES PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12C		ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES COMPLETE A WRITTEN CONFLICT OF INTEREST QUESTIONNAIRE AND DECLARATION ANNUALLY WHICH IS REVIEWED BY THE CORPORATE COUNSEL AND, WHERE NECESSARY, THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS

THE EXECUTIVE COMMITTEE OF THE ASPCA BOARD IS THE COMPENSATION-SETTING BODY THAT REVIEWS AND APPROVES THE COMPENSATION OF CERTAIN SENIOR MEMBERS OF THE ASPCA STAFF THE PRESIDENT/CEO MAKES RECOMMENDATIONS TO THE COMMITTEE REGARDING THE TOTAL COMPENSATION OF THE STAFF LISTED BELOW (WITH THE EXCEPTION OF HIS/HER OWN) THE COMMITTEE REVIEWS AND APPROVES, ON AN ANNUAL BASIS, THE COMPENSATION OF THE FOLLOWING STAFF MEMBERS - PRESIDENT/CEO - CHIEF FINANCIAL OFFICER - CURRENT KEY EMPLOYEES (EARNING OVER \$150,000 AND HAVING SIGNIFICANT ORGANIZATIONAL RESPONSIBILITIES) A STAFF COMMITTEE CONSISTING OF THE HUMAN RESOURCES OFFICER, CHIEF FINANCIAL OFFICER AND MANAGER OF COMPENSATION AND BENEFITS OBTAINS APPROPRIATE COMPARABILITY DATA FOR THE POSITIONS UNDER REVIEW AND PROVIDES SUCH DATA TO THE EXECUTIVE COMMITTEE SUCH COMPARABILITY DATA IS BASED ON INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, AND/OR OUTSIDE COMPENSATION STUDIES BY INDEPENDENT EXPERTS THE COMMITTEE REVIEWS THE COMPARABILITY DATA, DELIBERATES, AND VOTES ON WHETHER TO APPROVE THE COMPENSATION THE PERSON WHOSE COMPENSATION IS UNDER REVIEW DOES NOT PARTICIPATE IN THE DELIBERATIONS, EXCEPT THAT SUCH PERSON MAY ANSWER QUESTIONS THAT WILL HELP THE COMMITTEE IN ITS DELIBERATIONS THE COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH THE APPROVAL OF THE COMPENSATION INCLUDING 1 THE TERMS OF THE APPROVED COMPENSATION AND THE DATE APPROVED OF MEMBERS OF THE COMMITTEE WHO WERE PRESENT DURING DISCUSSION OF THE COMPENSATION AND THOSE WHO VOTED ON IT, 3 THE COMPARABILITY DATA THAT WAS RELIED ON BY THE COMMITTEE AND HOW SLICH DATA WAS OBTAINED, AND A ANY ACTIONS	Identifier	Return Reference	Explanation
TAKEN BY A MEMBER OF THE COMMITTEE HAVING A CONFLICT OF INTEREST THE COMMITTEE MUST THEN APPROVE THE DOCUMENTATION WITHIN A REASONABLE PERIOD OF TIME AFTER ITS PREPARATION	PART VI,		APPROVES THE COMPENSATION OF CERTAIN SENIOR MEMBERS OF THE ASPCA STAFF THE PRESIDENT/CEO MAKES RECOMMENDATIONS TO THE COMMITTEE REGARDING THE TOTAL COMPENSATION OF THE STAFF LISTED BELOW (WITH THE EXCEPTION OF HIS/HER OWN) THE COMMITTEE REVIEWS AND APPROVES, ON AN ANNUAL BASIS, THE COMPENSATION OF THE FOLLOWING STAFF MEMBERS - PRESIDENT/CEO - CHIEF FINANCIAL OFFICER - CURRENT KEY EMPLOYEES (EARNING OVER \$150,000 AND HAVING SIGNIFICANT ORGANIZATIONAL RESPONSIBILITIES) A STAFF COMMITTEE CONSISTING OF THE HUMAN RESOURCES OFFICER, CHIEF FINANCIAL OFFICER AND MANAGER OF COMPENSATION AND BENEFITS OBTAINS APPROPRIATE COMPARABILITY DATA FOR THE POSITIONS UNDER REVIEW AND PROVIDES SUCH DATA TO THE EXECUTIVE COMMITTEE SUCH COMPARABILITY DATA IS BASED ON INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, AND/OR OUTSIDE COMPENSATION STUDIES BY INDEPENDENT EXPERTS THE COMMITTEE REVIEWS THE COMPARABILITY DATA, DELIBERATES, AND VOTES ON WHETHER TO APPROVE THE COMPENSATION THE PERSON WHOSE COMPENSATION IS UNDER REVIEW DOES NOT PARTICIPATE IN THE DELIBERATIONS, EXCEPT THAT SUCH PERSON MAY ANSWER QUESTIONS THAT WILL HELP THE COMMITTEE IN ITS DELIBERATIONS, EXCEPT THAT SUCH PERSON MAY ANSWER QUESTIONS THAT WILL HELP THE COMMITTEE IN ITS DELIBERATIONS. THE COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH THE APPROVED OF THE COMPENSATION INCLUDING 1 THE TERMS OF THE APPROVED COMPENSATION AND THE DATE APPROVED, 2 THE NAMES OF MEMBERS OF THE COMMITTEE WHO WERE PRESENT DURING DISCUSSION OF THE COMPENSATION AND THOSE WHO VOTED ON IT, 3 THE COMPARABILITY DATA THAT WAS RELIED ON BY THE COMMITTEE AND HOW SUCH DATA WAS OBTAINED, AND 4 ANY ACTIONS TAKEN BY A MEMBER OF THE COMMITTEE HAVING A CONFLICT OF INTEREST THE COMMITTEE MUST THEN

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19		AUDITED FINANCIAL STATEMENTS, CHARTER AND BY-LAWS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH CHARITABLE REGISTRATION REQUIREMENTS IN OVER 40 STATES THE CONFLICT OF INTEREST POLICY IS NOT A PUBLIC DOCUMENT THE TAXPAYER MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND PLACING A COPY ON ITS WEBSITE THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW GUIDESTAR ORG

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5		OTHER CHANGES IN NET ASSETS UNREALIZED GAIN ON INVESTMENTS 8,096,155 DONATIONS IN-KIND 29,690 UNREALIZED GAIN, PERPETUAL TRUST 746,723 PENSION RELATED CHARGES (915,278) ====================================

ldentifier	Return Reference	Explanation
SCHEDULE G, PART II		THE ASPCA REPORTS ALL EXPENDITURES RELATED TO ITS SPECIAL EVENT FUNCTIONS AS "OTHER DIRECT EXPENSES" ON SCHEDULE G, PART II, LINE 9 ALL COSTS OF RUNNING THESE SPECIAL EVENTS ARE USUALLY INVOICED AS ONE FEE BY THE VENDOR, SO THAT THE RENTAL, FOOD AND OTHER COSTS ARE INEXTRICABLY BUNDLED AND FURTHER CATEGORIZATION ON SCHEDULE G, PART II IS IMPOSSIBLE

Identifier	Return Reference	Explanation
Identifier SCHEDULE I, PART II, COLUMN H		TENLIMES CLUB, NO, CARE FOR CATS RESOLED FROM LINE, 2010 ELK COUNTY, PA CRUE, TY CASE-FEI, NE FREDORD MODITION NO. 5 STANLESS STEEL ANCIES FOR FEMAL CATS AND TENAL HITTEN ADDRIVEN. PROCRAM-ADDRIVEN AND ARREST POLINEST NO. NEW TOWN ON THE MODITION OF THE PROCRAM-ADDRIVEN AND ARREST POLINEST NO. NEW TOWN ON THE MODITION OF THE PROCRAM-ADDRIVEN AND ARREST POLINEST NO. NEW TOWN ON THE MODITION OF THE PROCRAM-ADDRIVEN AND ARREST POLINEST NO. NEW TOWN ON THE MODITION OF THE PROCRAM-ADDRIVEN AND ARREST POLINEST NO. 19 STANLESS AND ARREST POLINESS AND ARREST POLINESS AND ARREST HE DEVELOPED AND ARREST POLINESS AND ARREST HE SOURCE AND ARREST HE DEVELOPED AND ARREST HE SOURCE AND A
		UNIVERSITY OF FLORIDA FOUNDATION, MADDIE'S SHELTER MEDICINE CONFERENCE SPONSORSHIP - SACRAMENTO SPCA, FRESH START CAT ASSISTANCE PROGRAM FOR FINANCIALLY DISADVANTAGED PET OWNERS -ANIMAL CARE & CONTROL OF NEW YORK CITY, ASPCA TROOPER FUND FOR MEDICAL CARE AT AC&C -HUMANE ALLIANCE, GIS SOFTWARE TO TARGET S/N -MISSOURIANS FOR THE PROTECTION OF DOGS, MISSOURIANS FOR THE PROTECTION OF DOGS PUPPY MILL BALLOT INITIATIVE -MAYOR'S ALLIANCE FOR NYC'S ANIMALS, SALARY SUPPORT FOR NYC ANIMAL CARE & CONTROL MEDICAL DIRECTOR

Software ID: Software Version:

EIN: 13-1623829

Name: THE AMERICAN SOCIETY FOR THE PREVENTION OF

CRUELTY TO ANIMALS

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

(A) Name and Title	(B) (C) A verage Position (check all that apply)							(D) (E) Reportable Reportable compensation	Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
CINDY ADAMS DIRECTOR	1 0	Х						О	0	0
THOMAS M BELDEN	1 0	Х						0	0	0
TREASURER ALEXANDRA G BISHOP	1 0							Ŭ.		
DIRECTOR	1 0	Х						0	0	0
ARRIANA BOARDMAN DIRECTOR	1 0	Х						0	0	0
J ELIZABETH BRADHAM VICE-CHAIRMAN	1 0	Х						0	0	0
JONATHAN D FARKAS DIRECTOR	1 0	Х						0	0	0
FREDRICK GRADIN DIRECTOR	1 0	Х						0	0	0
DODIE GUMAER DIRECTOR	1 0	Х						0	0	0
LINDA L LAMBERT DIRECTOR	1 0	Х						0	0	0
RANDY LEVINE DIRECTOR	1 0	Х						0	0	0
FRANKLIN MAISANO DIRECTOR	1 0	Х						0	0	0
TRACY MAITLAND DIRECTOR	1 0	Х						0	0	0
GURDON H METZ DIRECTOR	1 0	Х						0	0	0
JAMES L NEDERLANDER JR DIRECTOR	1 0	Х						0	0	0
MARSHA REINES PERELMAN CHAIRMAN	1 0	Х						0	0	0
JEFF PFEIFLE DIRECTOR	1 0	Х						0	0	0
HELEN SC PILKINGTON DIRECTOR	1 0	Х						0	0	0
MARTIN PURIS DIRECTOR	1 0	Х						0	0	0
SALLY SPOONER DIRECTOR	1 0	Х						0	0	0
FREDERICK TANNE DIRECTOR	1 0	Х						0	0	0
CATHY WALLACH SECRETARY	1 0	Х						0	0	0
BRYAN WIENER DIRECTOR	1 0	Х						0	0	0
MARY JO WHITE DIRECTOR	1 0	Х						0	0	0
TIM WRAY DIRECTOR	1 0	Х						0	0	0
JOAN C HENDRICKS VMD PHD DIRECTOR	1 0	Х						0	0	0

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
EDWIN SAYRES PRESIDENT AND CEO	40 0			х				510,464	0	45,360
JULIA NELSON CFO	40 0			х				209,311	0	14,650
STEVEN HANSEN COO	40 0			х				324,597	0	33,362
LOUISE MURRAY DIRECTOR OF MEDICINE	40 0				х			210,784	0	28,865
GAIL S BUCHWALD SR VP OF ADOPTIONS	40 0				х			151,323	0	18,651
STACY WOLF VP-HLF	40 0				х			159,978	0	19,789
LEE MURRAY VP-HUMAN RESOURCE	40 0				х			182,014	0	24,794
STEPHEN MUSSO EVP-CAP PROJ	40 0				x			228,289	0	42,167
MELISSA NORDEN SR VP-CHIEF OF STAFF	40 0				х			184,903	0	19,593
MATT BERSHADKER SR VP-ANTI CRUELTY	40 0				х			180,593	0	21,153
TODD HENDRICKS SR VP-DEV/CORP MKTNG	40 0				х			232,923	0	26,676
JULIE MORRIS SR VP-CO	40 0				х			188,852	0	36,816
JULIO CARBONELL SR VP-CIO	40 0				х			208,751	0	29,289
STEPHEN ZAWISTOWSKI EX VP-NATIONAL PROGRAM	40 0				х			241,884	0	44,521
ELIZABETH ESTROFF VP-PUBLIC RELATION	40 0					Х		146,733	0	12,999
JAMES SCHEMBARI VP-CONTROLLER	40 0					х		156,906	0	14,193

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services				
(Code ANTI-CRUELTY P) (Expenses \$ ROGRAM - SEE ABOVE	10,787,891	including grants of \$) (Revenue \$)
(Code) (Expenses \$	7,316,913	ıncludıng grants of \$	6,926,740) (Revenue \$)

Software ID: Software Version:

EIN: 13-1623829

Name: THE AMERICAN SOCIETY FOR THE PREVENTION OF

CRUELTY TO ANIMALS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Part	Highest Compensated Employees						
(A) Name	(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation			
EDWIN SAYRES ((100,000	10,922	31,850	13,510	555,824 0	
JULIA NELSON ((856	8,115	6,534	223,960	
STEVEN HANSEN ((1			51,073	31,850	1,512	357,959 0	
ELIZABETH ESTROFF ((3			12,999	159,732 0	
JAMES SCHEMBARI ((3	25,273	3,793	10,400	171,099 0	
LOUISE MURRAY ((6,000		16,405	12,460	239,649	
GAIL S BUCHWALD ((114	12,112	6,539	169,974 0	
STACY WOLF (2,000	16,230	12,963	6,825	179,766 0	
LEE MURRAY (2,326	23,441	1,353	206,808	
STEPHEN MUSSO ((3	856	29,980	12,187	270,456 0	
MELISSA NORDEN ((3	320	13,114	6,479	204,496 0	
MATT BERSHADKER ((367	14,453	6,700	201,746 0	
TODD HENDRICKS ((21,000	192	14,448	12,228	259,599 0	
JULIE MORRIS ((561	30,486	6,330	225,668 0	
JULIO CARBONELL ((1,600	16,854	12,435	238,040	
STEPHEN (I			1,600	32,500	12,021	286,405 0	