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DLN: 93493228018892

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)

OMB No 1545-0047

Open to Public

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

		2014						
		2011 calendar year, or tax year beginning 01-01-2011  C Name of organization	and ending 12-31-201	. <u>.</u>	D Employer ider	ntification number		
_	eck if ap dress ch	THE AMERICAN SOCIETY FOR THE PREVENTION OF			13-1623829	9		
_		Doing Business As			E Telephone nui			
_	me char	ASI CA			(212)876-7	700		
Init	ial retur	Number and street (of P O box if mail is not delivere	d to street address) Room/s	uıte	<b>G</b> Gross receipts \$			
Tei	mınated	d 424 EAST 92ND STREET			<b>G</b> 01033 (CCC)pt3 #			
- Am	ended r							
– Api	olication	NEW YORK, NY 101286804						
		<b>F</b> Name and address of principal officer		H(a) In the		£		
		EDWIN SAYRES		affilia	s a group return tes?	「Yes ▼No		
		520 EIGHTH AVENUE NEW YORK, NY 10018						
		NEW FORK, NT 10018		1 ' '	l affiliates include			
· Ta	x-exem	ppt status	1947(a)(1) or		•	(see instructions)		
			1517(4)(1) 01	H(c) Grou	p exemption nur	iliber 🕶		
W	ebsite	∷► WWW ASPCA ORG						
<b>(</b> For	n of org	ganization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨		<b>L</b> Year of for	mation 1866 <b>M</b>	State of legal domicile NY		
Pa	rt I	Summary						
	<b>1</b> E	Briefly describe the organization's mission or most sigi	nificant activities					
-1	<u> </u>	PROVIDES EFFECTIVE MEANS FOR THE PREVENTI	ON OF CRUELTY TO A	NIMALS THRO	UGHOUT THE	UNITED STATES		
soveniance	-							
Ξ	-							
Į.	2 0	Check this box 🔭 if the organization discontinued its	operations or disposed	of more than 2	5% of its net as	sets		
3		Number of voting members of the governing body (Part			3	21		
ő.		Number of independent voting members of the governir			<u> </u>	21		
ACUYIUES &	1	Fotal number of individuals employed in calendar year			5	753		
<u> </u>					6	696		
Ę	1	Fotal number of volunteers (estimate if necessary) . Fotal unrelated business revenue from Part VIII, colur			7a	0 9 6		
		Net unrelated business taxable income from Form 990	` ''		7a   7b	0		
	D '	ver differenced business taxable filcome from Form 990	-1, IIIIe 34	n.i.				
					r Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)			.11,344,562	122,738,187		
eun	9	Program service revenue (Part VIII, line 2g)			13,553,211	14,900,407		
Reveni	10	Investment income (Part VIII, column (A), lines 3, 4			3,864,574	5,166,794		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			4,331,767	5,442,241		
	12	Total revenue—add lines 8 through 11 (must equal P			.33,094,114	148,247,629		
	13	Grants and similar amounts paid (Part IX, column (A			6,426,739	15,050,627		
	14	Benefits paid to or for members (Part IX, column (A)			0	0		
	15	Salaries, other compensation, employee benefits (Pa	,					
8		5-10)			45,500,775	51,231,219		
<u>8</u>	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		6,063,144	2,260,450		
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 30.6$	24,168					
ш	17	Other expenses (Part IX, column (A), lines 11a-11c			61,694,512	76,964,720		
	18	Total expenses Add lines 13-17 (must equal Part I	X, column (A), line 25)	1	.19,685,170	145,507,016		
	19	Revenue less expenses Subtract line 18 from line 1	2		13,408,944	2,740,613		
8 4				Beginning	of Current	End of Year		
net Assets or Fund Balances					ear	End of Year		
300	20	Total assets (Part X, line 16)		2	209,564,112	213,706,112		
Z.	21	Total liabilities (Part X, line 26)			21,539,710	30,794,533		
23	22	Net assets or fund balances Subtract line 21 from li	ne 20	1	.88,024,402	182,911,579		
Pai	rt II	Signature Block						
now		ties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of						
		*****		20	12-08-14			
Sigr	1	Signature of officer			ite			
der (		DR STEVEN HANSEN CHIEF OPERATING OFFICER						
		Type or print name and title						
		Draparate h	Date	Check If	Preparer's taxnav	er identification number		
امام(		Preparer's signature		self-	(see instructions)			
Paid Prop	arer's		employed 🕨	ployed •				
•	arers Only	Firm's name (or yours kPMG LLP f self-employed),			EIN Þ			
,5E (	Only	address, and ZIP + 4 345 Park Avenue						
		New York NV 101540102			Phone no 🕨 (21	.2) 758-9700		

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

_	0	r	n	n	9	9	(	J	(	. 4	-	U	-	L	1	)	

age	2	
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Par		nt of Program Serv hedule O contains a res				দ
1	Briefly describe th	he organızatıon's mıssıoı	า			
THE		SPCA IS THAT THE UN		ENTION OF CRUELTY TO IS A HUMANE COMMUNI		
2	Did the organization the prior Form 990		ant program se	ervices during the year which		Yes 🗸 No
	If "Yes," describe	these new services on S	chedule O			
3				nt changes in how it conduc		Yes 🔽 No
	If "Yes," describe	these changes on Scheo	lule O			
4	expenses Section	n 501(c)(3) and 501(c)(4	1) organizations	nents for each of its three la s and section 4947(a)(1) to revenue, if any, for each pro	rusts are required to report	
	(Code	) (Expenses \$	30,502,366	ıncludıng grants of \$	) (Revenue \$	)
	MEDIA & COMMUNIC	ATIONS - SEE SCHEDULE O				·
4b	(Code	) (Expenses \$	28,910,948	ıncludıng grants of \$	) (Revenue \$	14,900,407 )
	ANIMAL HEALTH SER	VICES - SEE SCHEDULE O				
4c	(Code	) (Expenses \$	16,584,978	including grants of \$	) (Revenue \$	)
	COMMUNITY OUTREA	ACH - SEE SCHEDULE O				
4d	Other program se	ervices (Describe in Sch	nedule O )			
	(Expenses \$	31,249,913 ind	cluding grants o	of \$ 15,050,627	) (Revenue \$	)
4e	Total program se	rvice expenses +\$	107,248,20	15		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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? If "Yes," complete Schedule D, Part II	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	Yes	
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	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	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, 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	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part II and IV	15	Yes	
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, Part 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	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Pell	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 $\Box$	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 questions 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		
C	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," 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 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 Ma	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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 281			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 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		103	
Lu	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	103	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ja	year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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 or securities	4a		No
h	account)?	1.4		110
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			
	See maductions for iming requirements for Form בייסר ב און די איים בייסר ב בייסר ב בייסר בייסר אווויס ופיסר מוויסר אייסר בייסר בייסר בייסר אייסר מוויסר אייסר מוויסר אייסר מוויסר מוויסר אייסר אייסר מוויסר אייסר מוויסר אייסר מוויסר אייסר מוויסר אייסר מוויסר אייסר מוויסר אייסר			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		ЭD		-
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?	ОВ		
_		7a	V	
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?	/a	Yes	
b	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?	<b>7</b> c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
-	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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	<b>/</b> "		
0	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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year			
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	12-		
	allocated to each state	13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand			
_	13c			
14a	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		

Form 990 (2011) Page **6** Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI 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 . . . . . . . . . . . . . . Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 21 Enter the number of voting members included in line 1a, above, who are 1b 21 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . Νo 6 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? . . . . . . . . . . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed ►AL , AK , AZ , AR , CA , CO , CT , DE , DC , 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
- 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 made these available. Check all that apply 

  ✓ Own website. ✓ Another's website. ✓ Upon request.
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization DONNA-MARI FIELDSA 520 EIGHTH AVENUE NEW YORK, NY 10018 (212) 876-7700

# 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, or 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

(a) Name and Title  A verage hours par week (describe hours for related organizations in Schedule O)  See Additional Data Table  (b) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (c) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee				
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	Positi more unles an	(C) Position (do not chec more than one box, unless person is botl an officer and a				(C) Position (do not check more than one box, unless person is both an officer and a					(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
See Additional Data Table		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former		MISC)	I				
	See Additional Data Table														

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

	<b>(A)</b> Name and Title	(B) Average hours per week (describe hours	unles an	on (d e thai	n on son er a	e bo is bond a stee	x, oth )		Rep comp fro organiz	(D) ortable ensation m the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	on amount of ot d compensati ns from the organization related		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
See A	Addıtıonal Data Table						-							
												$\top$		
												_		
												_		
												_		
	Cub Tabal											_		
1b c	Sub-Total		tion A			<u> </u>		<u>-</u>						
d		<del></del> .						<b>P</b>		3,953,816		0		416,701
2	Total number of individuals (incl \$100,000 of reportable compen						above	) who	o receive	ed more tha	n			
													Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sch						mploy •			t compens	ated employee • • •	3		No
4	For any individual listed on line : organization and related organization individual											4	Yes	
5	Did any person listed on line 1a										or individual for		163	
	services rendered to the organiz	ation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or suci	h per	son .		•	5		No
Se	ection B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nar	(A) ne and business ad	dress							Desci	(B) ription of services		( <b>C</b> Comper	
641 L NEW	E-COM EXINGTON AVENUE 15th FLOOR YORK, NY 10022									MEDIA SERV	ICES		13	,489,827
630 T NEW	NORTH INC HIRD AVENUE 12TH FLR YORK, NY 10017									MEDIA SERV	ICES		6	,786,825
8461 MANA	DIRECT VIRGINIA MEADOWS DRIVE ASSASS, VA 20109									DIRECT MAR	KETING		3	,175,339
1702 WOO	ON KIEHL 6 BULL CHURCH ROAD DFORD, VA 22580									DIRECT MAR	KETING		2	,651,644
	CALMARK GROUP ERPLEX DRIVE									MAILSHOP SI	ERVICES		2	,464,024

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

\$100,000 of compensation from the organization -75

Part v		Statement of Revenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
##	1a	Federated campaigns	1a 3,114,283				
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1b				
o €	c	Fundraising events	<b>1c</b> 475,256				
差岩	d	Related organizations					
% <u>E</u>	e	Government grants (contributions)	<b>1e</b> 342,812				
음동	f	All other contributions, gifts, grants, and	1f 118,805,836	ļ			I I
돌		sımılar amounts not ıncluded above	<u> </u>				
きまる	g	Noncash contributions included in lines 1a-1f \$					
è E	h	Total. Add lines 1a-1f		122,738,187			
O #		Total // da lines 1d 1 / 1		, ,			
e E	_		Business Code				
٧eu	2a	ANIMAL POISON CONTROL CENTER FEES	900000	7,250,546	7,250,546		
윤	b	BERGH ANIMAL HOSPITAL FEES	900000	5,081,979	5,081,979		
-S	C	MOBILE VETERINARY CLINIC REVENUE	900000	1,642,198	1,642,198		
Ž.	d	ADOPTION CENTER FEES	900000	533,154	533,154		
3	e	GLENDALE VETERINARY CLINIC REVENUE	900000	391,012	391,012		
Program Service Revenue	f	All other program service revenue		1,518	1,518		
Š	_	Total. Add lines 2a-2f		14 000 407			-
•	g 3			14,900,407			<del>                                     </del>
		Investment income (including divi and other similar amounts)		2,762,701			2,762,701
	4	Income from investment of tax-exempt b	· · · · · .	0			
	5	Royalties		4,017,262			4,017,262
		(i) Real	(II) Personal				
	6a	Gross rents 281,762					
	ь	Less rental 96,332	2				
	_	expenses Rental income 185,430	1				
	C	or (loss)					
	d	Net rental income or (loss)		185,430			185,430
	_	(i) Securities	(II) Other				
	7a	Gross amount 41,767,861 from sales of					
		assets other than inventory					
	ь	Less cost or 39,363,768	3				
		other basis and sales expenses					
	c	Gain or (loss) 2,404,093	3				
	d	Net gain or (loss)	▶	2,404,093			2,404,093
Other Revenue	8a	Gross income from fundraising events (not including \$ 475,256 of contributions reported on line 1 See Part IV, line 18					
<u>u</u>		Lara dun I	a 1,934,331				
둦	Ь	Less direct expenses Net income or (loss) from fundrais	1,233,800	700,531			700,531
J	c 9a	Gross income from gaming activiti	1 P	, 30,331			, 30,331
		See Part IV, line 19	a				
	ь	Less direct expenses	b				
	c	Net income or (loss) from gaming	activities 🕒	0			
	10a	Gross sales of inventory, less returns and allowances .	a				
	ь	Less cost of goods sold	ь 📗				
	c c	Net income or (loss) from sales of		0		0	ı
		Miscellaneous Revenue	Business Code				
	11a	LIST SALES	900000	349,857			349,857
	ь	MISCELLANEOUS INCOME	900000	189,161			189,161
			·				<del>                                     </del>
	ď	All other revenue	-				<del>                                     </del>
	e e	Total. Add lines 11a-11d					<del>                                     </del>
	12	Total revenue. See Instructions	▶.	539,018			
	ا	. Jean revenue. Jee mistructions	[	148,247,629	14,900,407	0	10,609,035

## Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

C	heck if Schedule O contains a response to any question in this Part IX	<u> </u>			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	15,021,533	15,021,533		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	29,094	29,094		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,981,526	2,483,652	215,682	282,192
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	36,706,934	30,577,377	2,655,363	3,474,194
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,779,411	2,359,211	183,470	236,730
9	Other employee benefits	5,200,712	4,414,454	343,300	442,958
10	Payroll taxes	3,562,636	3,024,026	235,171	303,439
11	Fees for services (non-employees)				
а	Management	397,560	234,239	42,227	121,094
b	Legal	1,571,437	1,088,251	263,661	219,525
C	Accounting	1,113,903	120,977	978,779	14,147
d	Lobbying	93,547	93,547		
e	Professional fundraising See Part IV, line 17	2,260,450			2,260,450
f	Investment management fees	637,354		637,354	
g	Other	8,933,537	6,488,522	247,635	2,197,380
12	Advertising and promotion	20,750,533	11,978,234	127,260	8,645,039
13	Office expenses	1,125,169	958,515	71,046	95,608
14	Information technology	9,253,210	4,671,764	292,141	4,289,305
15	Royalties	0			
16	Occupancy	3,139,779	1,932,193	515,631	691,955
17	Travel	3,439,143	3,167,462	77,870	193,811
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,121,548	926,966	87,462	107,120
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,646,707	3,305,831	200,959	139,917
23	Insurance	499,649	427,788	43,559	28,302
24	Other expenses Itemize expenses not covered above (List 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	OPERATING SUPPLIES	16,431,137	9,485,066	186,210	6,759,861
b	VETERINARY AND MEDICAL SRVS	2,719,692	2,719,692		
c	REPAIRS AND MAINTENANCE	661,476	616,268	25,274	19,934
d	AUTO EXPENSE	438,868	438,129	301	438
е					
f	All other expenses	990,471	685,414	204,288	100,769
25	Total functional expenses. Add lines 1 through 24f	145,507,016	107,248,205	7,634,643	30,624,168
26	<b>Joint costs.</b> Check here ▶ 🔽 If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	44,685,322	22,128,854	311,390	22,245,077
		-			

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,354,583 2,731,009 1 1 34.582.636 2 21.992.343 2 Savings and temporary cash investments . . . . . . . 3 0 3 0 14.558.243 14.177.180 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 7 0 311.838 8 230.161 9 2.873,167 9 2.170.873 Prepaid expenses and deferred charges . . . . . . 10a 48.935.403 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 20,311,870 b Less accumulated depreciation . . . . . 27,873,952 10c 28,623,533 82,473,790 11 100,809,875 11 26,367,103 25,723,227 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 19,168,800 15 17,247,911 15 209,564,112 16 213,706,112 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 11,384,828 17 12,803,824 17 Accounts payable and accrued expenses . 18 847,480 18 5.534.457 19 579,229 19 975,511 20 0 20 Ω ol 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 8,728,173 25 11,480,741 D . . . . 26 26 21,539,710 30,794,533 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 128,171,690 27 126,356,278 Unrestricted net assets . . . . 37,249,799 28 34,666,749 28 Temporarily restricted net assets . . . . . Fund 29 22.602.913 29 21,888,552 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances . . . . . 188.024.402 33 182,911,579 209.564,112 34 Total liabilities and net assets/fund balances . . . . . 34 213,706,112

Par	Check if Schedule O contains a response to any question in this Part XI			. [고			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		148.2	247,629		
2	Total expenses (must equal Part IX, column (A), line 25)	2					
3	Revenue less expenses Subtract line 2 from line 1	3		2,7	740,613		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	188,024,40				
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-7,8	353,436		
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	<b>6</b> 182,911,579				
Par	Check If Schedule O contains a response to any question in this Part XII			୮			
1	Accounting method used to prepare the Form 990			Yes	No		
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			
С	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 in a separate basis, consolidated basis, or both	ssued					
	▼ Separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b				

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As Filed Data -

DLN: 93493228018892

OMB No 1545-0047

Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

THE A	MERIC	ne organi AN SOCIET ANIMALS		REVENTION OF			•			dent if icatio	n numbe	r
			on for Dr	blic Charity Cta	**** / A II				13-16238			
	rt I			Iblic Charity Sta te foundation becaus		•				structions		
1	n gain			ion of churches, or a					·			
2	<u>'</u>			d in <b>section 170(b)(1</b>				/( <b>-</b> /( <b>-</b> /( <b>-</b> /( <b>-</b> /				
3	<u>'</u>			operative hospital se				n 170/h\/1\	(A)(iii)			
4	<u>'</u>			h organization opera						1)/A)/iii) F	nter the	
7	'			ity, and state	tea in conjun	ction with a	nospital desc	inbed in <b>sec</b>	tion 170(b)(	I)(A)(III). L	inter the	
5	Γ	_	•	perated for the benefi (A)(iv). (Complete P	=	or universit	y owned or o	perated by a	government	al unit desc	ribed in	
6	Г			r local government o		al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).			
7	<u> </u>	An org descril	anızatıon th oed ın	at normally receives	a substantia					om the gen	eral publi	C
	_			(A)(vi) (Complete P								
8	<u> </u>			described in <b>section</b>								
9	J			at normally receives								)SS
				rities related to its e								
		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 <b>section 509(a)(2).</b> (Complete Part III)										
40	_		•	-	•			•	•			
10	<u> </u>			ganized and operated							<b>.</b>	
11	ı	one or the box	more public	ganized and operated ly supported organiz ibes the type of supp <b>b</b> Type I	ations descr orting organ	ıbed ın sectı ı <u>za</u> tıon and o	on 509(a)(1)	or section ! s 11e throug	509(a)(2) Se gh 11h	ee <b>section 5</b>		. Check
е	Γ	other t section	han foundat n 509(a)(2)		her than one	or more pub	licly support	ed organızat	ions describe	ed in section	n 509(a)	(1) or
f g		check	thıs box	received a written do						II supporti	ng organi	zation,
			ng persons?									<del></del>
				rectly or indirectly c	•		_	persons des	cribed in (ii)		Yes	No
				governing body of th			ition?			11g		+
		• •	•	er of a person descri	• •		h 2			11g		+
		• •		lled entity of a perso						11g(	(111)	
h 		Provid	tne followi	ng information about	the supporte	ed organizati	ion(s)		1			
(i) Nam suppo organiz		e of (ii) orted EIN		(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning	organızatı col (ı) of	(v) (u notify the nization in (i) of your (i) organized in the U S?		on in anized	A mo	<b>vii)</b> ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No		

Total

Support Schedule for Organizations Described in IRC 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.)

S	ection A. Public Support	<del>,</del>	'		, ,		•	
Cale	<b>endar year</b> (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 20	11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	64,062,12	6 111,795,303	101,011,832	111,344,562	122,	738,187	510,952,010
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	64,062,12	6 111,795,303	101,011,832	111,344,562	122,	738,187	510,952,010
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 amount shown on line 11, column							12,198,327
6	(f) Public Support. Subtract line 5							498,753,683
<u> </u>	from line 4 ection B. Total Support							· · · · ·
	endar year (or fiscal year	(-) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(-) 20		(6) Tatal
_	beginning in)	(a) 2007		` '		(e) 20		(f) Total
7 8	A mounts from line 4 Gross income from interest,	64,062,126	111,795,303	101,011,832	111,344,562	122,	738,187	510,952,010
0	dividends, payments received on securities loans, rents, royalties and income from similar sources	7,085,544	5,389,353	4,678,819	5,527,533	7,	061,725	29,742,974
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	2,407,104	2,793,348	2,765,619	2,555,814	2,	473,349	12,995,234
11	<b>Total support</b> (Add lines 7 through 10)							553,690,218
12	Gross receipts from related activi	ities, etc (See in	structions )	•	•	12		64,307,721
13	First Five Years If the Form 990 is check this box and stop here	s for the organıza	tion's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3	) organı	zation,
	ection C. Computation of Pu							
14	Public Support Percentage for 20			11 column (f))		14		90 078 %
15	Public Support Percentage for 20	•				15		88 581 %
16a	<b>33 1/3% support test—2011.</b> If the and <b>stop here.</b> The organization q				line 14 is 33 1/3%	6 or more,	. check t	this box ►✓
Ь	<b>33 1/3% support test—2010.</b> If the				5a, and line 15 is	33 1/3% 0	or more,	
17-	box and <b>stop here.</b> The organizati				12 16 16	h 1	1.4	<b>►</b> □
L/a	10%-facts-and-circumstances tes is 10% or more, and if the organia							
	ın Part IV how the organization m							_
h	organization 10%-facts-and-circumstances tes	st—2010. If the or	ganization did not	check a boy on lu	ne 13,16a 16b a	or 17a an	d line	<b>►</b> I
_	15 is 10% or more, and if the org	anızatıon meets t	he "facts and circi	ımstances" test,	check this box ar	id <b>stop he</b>	re.	
18	Explain in Part IV how the organize supported organization  Private Foundation If the organize				-			<b>/ ▶</b> □
	instructions		20	. , , , = : 3 •	,			<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493228018892

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.

f the organization answered "Yes,"	to Form 990, Part IV, Line	e 3, or Form 990-EZ, Part V,	, line 46 (Political Campaign A	ctivities),
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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ 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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Employer identification number

13-1623829

- in opposition to candidates for public office in Part IV Political expenditures
- Volunteer hours

# Part I-B Complete if the organization is exempt under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527
- exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

☐ Yes

┌ Yes

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none. enter -0-

Sc	hedule C	(Fo	rm 990 or 990-EZ) 2011		Page 2
E	art II- <i>l</i>	4	Complete if the organization is exempt under section $501(c)(3)$ and fi under section $501(h)$ ).	led Form 5768	(election
A	Check	Γ	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group expenses, and share of excess lobbying expenditures)	oup member's name	, address, EIN
<u>B</u>	Check		ıf the filing organization checked box A and "limited control" provisions apply		
			Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or insurred.)	<b>(a)</b> Fılıng O rganızatıon's	<b>(b)</b> Affiliated Group

	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals
.a	Total lobbying expenditures to influence public o	38,556		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	340,935	
c	Total lobbying expenditures (add lines 1a and 1	o)	379,491	
d	d Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines 1	c and 1d)	107,248,205	
f	Lobbying nontaxable amount Enter the amount to columns	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		
g	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-		
	Subtract line 1 ffrom line 1 c. If zero or local anta	ļ .	1	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

_		
_	Yes	No

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.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total		
2a	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	776,972	429,422	907,553	379,491	2,493,438		
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000		
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f_	Grassroots lobbying expenditures	207,441	215,324	103,663	38,556	564,984		

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(	a)	(	b)
		Yes	No	Am	ount
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?				
е	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	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es 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?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
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			
b	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 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493228018892

OMB No 1545-0047

**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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	ne of the organization AMERICAN SOCIETY FOR THE PREVENTION OF	Employer identification number						
	ELTY TO ANIMALS		13-1623829					
Pa	Organizations Maintaining Donor A organization answered "Yes" to Form 99		unds or Accounts. Complete					
		(a) Donor advised funds	(b) Funds and other accounts	3				
L	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	$\ensuremath{Did}$ the organization inform all donors and donor adv funds are the organization's property, subject to the			- No				
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber		ny other purpose	- <sub>NI-</sub>				
200	conferring impermissible private benefit  Conservation Easements. Complete	.f.the augustical security and lives!! As	<u> </u>	No				
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	rganization (check all that apply) ion or pleasure) Preservation of an Preservation of a c	n historically importantly land area certified historic structure					
	easement on the last day of the tax year	Г	Uald at the Find of the Va					
_	Total number of conservation easements	-	Held at the End of the Ye	ear				
a	Total acreage restricted by conservation easements		2a 2b					
b	Number of conservation easements on a certified his							
c d	Number of conservation easements included in (c) a	` `	2c 2d					
3	Number of conservation easements modified, transfethe taxable year ▶		ed by the organization during					
4	Number of states where property subject to conserv		<u> </u>					
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds			- No				
5	Staff and volunteer hours devoted to monitoring, inspection of the state of the st	pecting and enforcing conservation easem	nents during the year ►					
7	A mount of expenses incurred in monitoring, inspective \$	ng, and enforcing conservation easements	s during the year					
В	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec		- No				
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial						
ar	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, ( "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.					
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire and the second	l for public exhibition, education or researc	ch in furtherance of public service,					
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$					
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$					
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		· -					
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$					

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	easures, or O	<u>the</u>	<u>r Similar As</u>	sset	<b>5</b> (coi	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing th	nat are a significa	nt u	ise of its collec	tion		
а	▼ Public exhibition		d	$\sqcap$	Loan o	r exchange progi	ams	i.			
b	Scholarly research		e	$\Gamma$	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the organization	's ex	kempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	<b>⊢</b> γ.	es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						d "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontrıbut	ions or other ass	ets	not	<b>┌ Y</b>	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able	Г		l a.	moun		
c	Reginning helenge						10	A	noun		
c d	Additions during the year						1c 1d				
e	Additions during the year						1a 1e				
_	Distributions during the year					-	1e 1f				
f	Ending balance					L	TL				
2a	Did the organization include an amount on Fo	•	e 21?						<b>⊢</b> Υ	es	│ No
	If "Yes," explain the arrangement in Part XIV				1 1157	" 000					
Pai	t V Endowment Funds. Complete	(a)Current Year		)Prior \		to Form 990, (c)Two Years Back		rt IV, IINE 10. I)Three Years Bacl		Four V	ears Back
1a	Beginning of year balance	48,641,402	(5		,555,641	5,418,86	<del></del>	870,79		our re	cars back
b	Contributions	6,459			,334,557	30,050,58		4,548,07	-		
c	Investment earnings or losses	359,571			,751,204	338,76		27,14	+		
d	Grants or scholarships	,			, ,	, , , , , , , , , , , , , , , , , , ,	+	•			
e	Other expenditures for facilities and programs	2,398,349						27,14	8		
f	Administrative expenses					252,57	6				
q	End of year balance	46,609,083		48	,641,402	35,555,64	1	5,418,86	4		
2	Provide the estimated percentage of the yea	r end balance held :	as		1				<u> </u>		
а	Board designated or quasi-endowment	84 240 %									
ь	Permanent endowment ► 15 050 %										
c	Term endowment ► 0 710 %										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	and administere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations							3a	(i)		Νo
	(ii) related organizations							<u>3a</u>			N o
	If "Yes" to 3a(II), are the related organizatio	•					•	3	b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X	, line 10	0.		Ι			
	Description of property				ost or other nvestment) (b)Cost or other basis (other) (c) Accumulated depreciation (			i (	(d) Book value		
<b>1</b> a	_and					4,440	,000			4	,440,000
b i	Buildings		•			14,761	,877	6,571,0	79	8	3,190,798
<b>c</b> l	_easehold improvements					12,157	,228	3,859,6	38	8	3,297,540
d i	Equipment					11,796	,233	7,058,79	94	4	,737,439
е (	Other	<u></u>	•			5,780	,065	2,822,30	)9	2	2,957,756
Tota	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	nn (B)	), line	10(c).)				$\top$	28	3,623,533
	· · · ·	·						Schedule	D (Fo		

Part VIII Investments—Other Securities. Se	e Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of the of year market value
(2)Closely-held equity interests		
(3)Other		
(A) EQUITY LONG	7,327,057	F_
(B) DISTRESSED DEBT	6,520,743	F
(C) FUND OF FUNDS	4,898,929	F
(D) PRIVATE EQUITY	5,433,939	F
(E) FUND OF FUNDS - PRIVATE EQUITY	1,542,559	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>▶</b> 25,723,227	
Part VIII Investments—Program Related. S	See Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X,	line 15.	
(a) Desc	cription	(b) Book value
(1) BENEFICIAL INTEREST		17,247,911
		<u> </u>
		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col.(B) lin		▶ 17,247,911
Part X Other Liabilities. See Form 990, Par  (a) Description of Liability		
	(b) A mount	
Federal Income Taxes	2 000 211	
GIFT ANNUITY OBLIGATIONS UNFUNDED PENSION OBLIGATIONS	3,808,211 5,876,125	
DEFERRED RENT	1,796,405	
	=	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	11.400.741	
( Soldini ( D) Should Equal Form 550, Fart A, Cor ( D) line 25 )	<b>▶</b> 11,480,741	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	148,247,629
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	145,507,016
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,740,613
4	Net unrealized gains (losses) on investments	4	-4,640,562
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	-3,212,874
9	Total adjustments (net) Add lines 4 - 8	9	-7,853,436
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-5,112,823
Par	<b>TXII</b> 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	143,020,327
2	Amounts 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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-4,589,948
3	Subtract line <b>2e</b> from line <b>1</b>	3	147,610,275
4	Amounts 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 637,354		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	637,354
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	148,247,629
	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	per	
1	statements	1	148,133,150
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,263,488
3	Subtract line <b>2e</b> from line <b>1</b>	3	144,869,662
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 637,354		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	637,354
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	145,507,016
Pa	Tt 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 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

Identifier	Return Reference	Explanation
PUBLIC EXHIBITION OF ARTIFACTS	PART III	THE ASPCA POSSESSES A COLLECTION OF ARTIFACTS LARGELY CONSISTING OF HISTORIC DOCUMENTS, MANY OF WHICH ARE ON DISPLAY AT THE ASPCA HEADQUARTERS IN NEW YORK CITY THE ORGANIZATION DOES NOT CAPITALIZE THIS COLLECTION TWENTY OF THESE ARTIFACTS, APPRAISED AT \$196,600, ARE ON LOAN TO THE INTERNATIONAL MUSEUM OF THE HORSE IN KENTUCKY, AN UNRELATED ORGANIZATION, FROM SEPTEMBER 21, 2010 TO OCTOBER 15, 2014 THESE ARTIFACTS ARE ON DISPLAY TO EDUCATE THE PUBLIC BY RAISING EQUINE AWARENESS
ENDO WMENT	PART V LINE 4	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 PRINICPAL 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 INCOME
FIN 48	PART X LINE 2	THE ASPCA SUBSCRIBES TO A THRESHOLD OF MORE- LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF INCOME TAX POSTIONS TO BE TAKEN IN A TAX RETURN AS OF DECEMBER 31, 2011, 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 THEREFORE, NO DISCLOSURE OF INCOME TAX UNCERTAINTIES WAS REQUIRED IN THE ASPCA FINANCIAL STATEMENTS
RECONCILIATION OF NET ASSETS	PART XI LINE 8	UNREALIZED GAIN ON PERPETUAL ASSETS \$(2,492,054) PENSION RELATED CHANGES OTHER THAN COST \$(720,820) ========TOTAL (3,212,874)
RECONCILIATION OF REVENUE	PART XII, LINE 2D	SPECIAL EVENT DONATED SERVICES EXPENSE OF \$(135,840)
RECONCILIATION OF EXPENSES	PART XIII LINES 2D	PENSION-RELATED CHARGES OTHER THAN NET PERIODIC PENSION COST \$(2,492,054)

# Software ID: Software Version:

**EIN:** 13-1623829

Name: THE AMERICAN SOCIETY FOR THE PREVENTION OF

**CRUELTY TO ANIMALS** 

#### Form 990, Special Condition Description:

### **Special Condition Description**

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

(A)	(B)		,	C)				(D)	(E)	(F)
Name and Title	Average hours per		ition that a	(che	y)		ı	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
MARY JO WHITE CHAIR	1 0	Х		х				0	0	0
JAMES L NEDERLANDER JR FIRST VICE CHAIR	1 0	Х		х				0	0	0
TIM WRAY SECOND VICE CHAIR	1 0	Х		х				0	0	0
FREDRICK GRADIN TREASURER	1 0	х		х				0	0	0
FRANKLIN MAISANO SECRETARY	1 0	х		х				0	0	0
CINDY ADAMS DIRECTOR	1 0	Х						0	0	0
THOMAS M BELDEN DIRECTOR	1 0	Х						0	0	0
ALEXANDRA G BISHOP DIRECTOR	1 0	Х						0	0	0
ARRIANA BOARDMAN DIRECTOR	1 0	Х						0	0	0
J ELIZABETH BRADHAM DIRECTOR	1 0	Х						0	0	0
JONATHAN D FARKAS 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
TRACY MAITLAND DIRECTOR	1 0	Х						0	0	0
JEFF PFEIFLE DIRECTOR	1 0	Х						0	0	0
HELEN SC PILKINGTON DIRECTOR MARTIN PURIS	1 0	Х						0	0	0
DIRECTOR	10	Х						0	0	0
SALLY SPOONER DIRECTOR FREDERICK TANNE	1 0							0	0	0
DIRECTOR CATHY WALLACH	1 0							0	0	0
DIRECTOR GURDON METZ	1 0	Х						0	0	0
DIRECTOR UNTIL JUNE 24, 2011 MARSHA REINES PERELMAN	1 0							0	0	0
DIRECTOR UNTIL JUNE 21, 2011 BRYAN WEINER	1 0							0		0
DIRECTOR UNTIL JULY 21, 2011 EDWIN SAYRES	1 0							0		0
PRESIDENT AND CEO	40 0			X				566,064	0	48,521

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

(A) (B) (C) (D) (E) (F)												
<b>(A)</b> Name and Title	(B) Average		ition	(che		Ш		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated		
	hours per		that	apply				compensation from the	compensation from related	amount of other compensation		
	week	Highest compensated employee Key employee Officel Institutional Trustee Individual trustee or clirector		Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations				
JULIA NELSON CFO	400			х				215,861	0	7,266		
STEVEN HANSEN COO	40 0			х				407,710	0	34,870		
ELIZABETH ESTROFF SVP-MEDIA AND COMMUNICATIONS	40 0				х			239,750	0	14,817		
LEROY MURRAY SVP-HUMAN RESOURCE	40 0				х			199,592	0	29,955		
STEPHEN MUSSO EVP-CAP PROJ	40 0				х			238,338	0	47,537		
MELISSA NORDEN SVP-CHIEF OF STAFF	400				х			214,655	0	18,505		
MATTHEW BERSHADKER SVP-ANTI CRUELTY	400				х			204,129	0	21,098		
TODD HENDRICKS SVP-DEV/CORP MKTNG	400				х			238,348	0	22,682		
JULIE MORRIS SVP-COMMUNITY OUTREACH	40 0				х			220,768	0	23,583		
JULIO CARBONELL SR VP-CIO	400				х			215,550	0	28,699		
LOUISE MURRAY VP OF BERGH ANIMAL HOSPITAL	400					Х		228,219	0	18,208		
STEPHEN ZAWISTOWSKI EVP-NATIONAL PROGRAM	40 0					Х		202,893	0	8,765		
SEAN O'CONNOR VP, SPECIAL GIVING	40 0					Х		192,576	0	19,874		
RANDALL LOCKWOOD SVP-FORENSIC SCI AND ACP	40 0					Х		192,352	0	45,528		
STEVEN B FROEHLICH VP, DEV , MEMBERSHIP	40 0					х		177,011	0	26,793		

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As Filed Data -

DLN: 93493228018892

OMB No 1545-0047

Open to Public **Inspection** 

### **SCHEDULE F** (Form 990)

Department of the Treasury 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

	AMERICAN SOCIETY FOR TH	E DDEV/ENTION	ΩE		Employer identi	i leacton namber							
	ELTY TO ANIMALS	LFKLVLNIION	01		13-1623829								
Pa	rt I General Information "Yes" to Form 990, P			<b>he United States.</b> C	omplete if the organiza	ation answered							
1	For grantmakers. Does the			ds to substantiate the	amount of the grants o	or							
	assistance, the grantees' e		_										
	the grants or assistance? .					✓ Yes							
2	For grantmakers. Describe in F United States	art V the organi	zatıon's procedu	res for monitoring the us	e of grant funds outside th	e							
3	Activites per Region (Use Part V if additional space is needed )												
	<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region of independent contractors	region (by type) (e g ,	(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	0	1		COMMUNITY OUTREACH SVC	119,38							
	Central America and the Caribbean			Investments		12,962,23							
	North America			Grantmakıng		29,09							
	n												
_						12.110.70							
За	Sub-total	C	) 1			13,110,70							

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

to Part I

13,110,709

Pa	Part IV, l	ine 15, for any	sistance to Orga y recipient who red space is needed.	inizations or Entitions or Entitions or Entitions or Entitions (Entition \$5,	<b>es Outside the Un</b> 000. Check this box	ited States. Comp of no one recipient	lete if the organiza received more thai	tion answered "Yes" n \$5,000	to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	1	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			North America	PRO GRAM SUPPORT	27,094	CHECK			
2	Enter total nur tax-exempt by	nber of recipie the IRS, or f	ent organizations loor which the grant	sted above that are ree or counsel has pro	recognized as charit ovided a section 501	les by the foreign c L(c)(3) equivalency	ountry, recognized letter	as . ►	2
3	Enter total nur	mber of other	organızatıons or e	ntities					(Farre 000) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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			<u> </u>	<u> </u>		<del>                                     </del>	1
						1	dula E (Earre 000) 2011

# 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)	Γ	Yes	<b>F</b>	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	্	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)	<u> </u>	Yes	Γ	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)	<u> ~</u>	Yes	Γ	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)	<u> ~</u>	Yes	Γ	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	দ	Νo

Schedule F (Form 990) 2011

Identifier	ReturnReference	ections) required in Part I, line 2, and any  Explanation
		<u>.</u>

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As Filed Data -

DLN: 93493228018892

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

# **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.

Internal Revenue Service	Attach to Form 990 or Form 990-EZ. P See separate instructions.	Inspection		
Name of the organization	Employer identification number			
THE AMERICAN SOCIETY FOR THE PREVENTION OF				
CRUELTY TO ANIMALS	13-1623829			
Part I Fundraisin	ng Activities. Complete if the organization answered "Yes" to Form	n 990, Part IV, line 17.		

- Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants ✓ Internet and e-mail solicitations Phone solicitations a 

  √ 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?

**b** 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

- (ii) Activity (i) Name and address of (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No TELEFUND TELE MARKETER Νo 2,067,680 475.268 1,592,412 DONOR SERVICES GROUP tele marketer Νo 4,126,682 762,775 3,363,908 INFOCISION tele marketer Νo 313,909 438,579 -124,670 GRASSROOTS CAMPAIGNS canvassing 123,368 148,505 -25,138 Nο INC 1,539,995 ECHO TELE MARKETER 1,221,361 Nο 318,634 SHARE GROUP TELE MARKETER Νo 191,727 116,689 78.038 8.363.361 2,260,450 6.105.911
- List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

Pai	t II	Fundraising Events. Com more than \$15,000 on Form					
			(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events	
			BERGH BALL (event type)	HUMANE AWARDS (event type)	5 (total number)	(Add col <b>(a)</b> through col <b>(c)</b> )	
Revenue	1	Gross receipts	1,151,025	344,621	913,941	2,409,587	
	2	Less Charitable contributions	323,625	118,521	33,110	475,256	
	3	Gross income (line 1 minus line 2)	827,400	226,100	880,831	1,934,331	
	4	Cash prizes					
မှာ	5	Non-cash prizes					
Expenses	6	Rent/facility costs					
	7	Food and beverages					
Direct	8	Entertainment					
莅	9	Other direct expenses .	56,000	152,361	1,025,439	1,233,800	
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n (d)		(1,233,800)	
	11	Net income summary Combine III	nes 3 and 10 in column (	d)	•	700,531	
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
	1	Gross revenue					
s ee	2	Cash prizes					
xpenses	3	Non-cash prizes					
ш	4	Rent/facility costs					
Direct	5	Other direct expenses					
	6	Volunteer labor	┌ Yes	☐ Yes	┌ Yes		
	7 Direct expense summary Add lines 2 through 5 in column (d)						
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶</u>		
9 a b	Enter the state(s) in which the organization operates gaming activities  Is the organization licensed to operate gaming activities in each of these states?						
10a b		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?					

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>		
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity						
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No		
13	Indicate the percentage of gamii	ag activity operated in		1 1			
a				13a			
b							
14		f the person who prepares the organiza		<u> </u>			
	Name ►						
	Address ►						
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?						
		ed by the third party 🟲 \$					
С	If "Yes," enter name and address	S					
	Name 🟲						
	Address ►						
16	Gaming manager information						
	Name 🟲						
	Gaming manager compensation I	<b>\$</b> \$					
	Description of services provided ▶						
17 a		Employee er state law to make charitable distribu		· · ·	– No		
b	Enter the amount of distributions		<del>-</del>				
_		activities during the tax year > \$		hadala C /			
Par	t IV Complete this part to proceed instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see			
	Identifier	ReturnReference	Explana	tion			
		•	•				

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Schedule I

(Form 990)

**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.

OMB No 1545-0047

DLN: 93493228018892

Department of the Treasury ► Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number 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. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . 257

(a)Type of grant or assistance	( <b>b)</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 infor	mation.
Identifier	Return Reference	Evolanation	

 Identifier
 Return Reference
 Explanation

 GRANT MAKING
 SEE SCHEDULE 0

Schedule I (Form 990) 2011

Software ID: **Software Version:** 

**EIN:** 13-1623829

Name: THE AMERICAN SOCIETY FOR THE PREVENTION OF

**Return to Form** 

CRUELTY TO ANIMALS

Form 990,Schedule 1	, Part II, Gra	ants and Oth	er Assistand	e to Govern	ments and C	Organizations	in the United Sta
(a) Name and address of organization or government	<b>(b)</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
ABC ANIMAL HOSPITAL532 EAST 14TH STREET NEW YORK,NY 10009	13- 4014479		9,087				PROJECT SUPPORT
ACADEMY OF VETERINARY NUTRITION TECHNICIANS INC 28276 HOMESTEAD ROAD WAMEGO,KS 66547		501(C)(3)	7,500				PROJECT SUPPORT
ALACHUA COUNTY ANIMAL SERVICES 3400 NE 53RD AVE GAINESVILLE, FL 32609	59- 6000501	ALACHUA COUNTY	10,000				PROJECT SUPPORT
ALLEN COUNTY SPCA 4914 HANNA STREET FORT WAYNE, NY 46806	35- 6042135	501(C)(3)	6,624				PROJECT SUPPORT
ALLIANCE FOR CONTRACEPTION IN CATS & DOGS14245 NW BELLE CT PORTLAND, OR 982298202	41- 2185841	501(C)(3)	145,000				PROJECT SUPPORT
ALTERNATIVES CONGRESS TRUST 2100 L STREET WASHINGTON, DC 20037	52- 2294193	501(C)(3)	15,000				PROJECT SUPPORT
AMERICAN COLLEGE OF ANIMAL WELFARE 1717 PHILO RD STE 36 URBANA,IL 61802	90- 0779862	501(c)(3)	10,000				PROJECT SUPPORT
AMERICAN ROTTWEILER CLUB DISASTER COMMITTEE419 MORRIS ROAD FT WRIGHT, KY 41011	23- 7351416	501(C)(3)	10,000				PROJECT SUPPORT
AMERICAN WILD HORSE PRESERVATION CAMPAIGNPO BOX 1048 HILLSBOROUGH, NC 27278	06- 1484961	501(C)(3)	18,000				PROJECT SUPPORT
ANGEL ACRES HORSE HAVEN RESCUE INC PO BOX 62 GLENVILLE, PA 17329	13- 4271553	501(C)(3)	23,000				PROJECT SUPPORT
ANIMAL ALLIES HUMANE SOCIETY 4006 AIRPORT ROAD DULUTH,MN 55811	41- 0917362	501(C)(3)	20,000				PROJECT SUPPORT
ANIMAL CARE & CONTROL OF NYC11 PARK PLACE SUITE 805 NEW YORK, NY 100072839	13- 3788986	501(C)(3)	254,991				PROJECT SUPPORT
ANIMAL CARE TRUST DBA MCKAMEY ANIMAL CENTER4500 N ACCESS ROAD CHATTANOOGA,TN 37415	01- 0824858	501(C)(3)	28,500				PROJECT SUPPORT
ANIMAL FRIENDS562 CAMP HORNE ROAD PITTSBURGH, PA 15237	25- 0951565	501(C)(3)	8,500				PROJECT SUPPORT
ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC615 VIRGINIA ST SE ALBUQUERQUE, NM 87108	85- 0207652	501(C)(3)	7,215				PROJECT SUPPORT
ANIMAL HUMANE SOCIETY845 MEADOW LANE GOLDEN VALLEY, MN 55422	41- 0693842	501(C)(3)	7,000				PROJECT SUPPORT
ANIMAL KIND VETERINARY HOSPITAL365 7TH AVENUE BROOKLYN,NY 11215	11- 3300265		12,493				PROJECT SUPPORT
ANIMAL PEOPLE INC PO BOX 960 CLINTON, WA 98236	14- 1752216	501(C)(3)	10,000				PROJECT SUPPORT
ANIMAL PROTECTION OF NEW MEXICO INCPO BOX 11395 ALBUQUERQUE,NM 871920395	85- 0283292	501(C)(3)	10,000				PROJECT SUPPORT
ANIMAL RESCUE LEAGUE OF IOWA INCORPORATED5452 NE 22ND STREET DES MOINES,IA 50313	42- 0680427	501(C)(3)	11,400				PROJECT SUPPORT

Form 990,Schedule 1	I, Part II, Gr	ants and Oth	er Assistan	e to Govern	ments and C	rganizations	in the United S
(a) Name and address of organization or government	<b>(b)</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 TRUSTEES OF AUSTINP O BOX 14542 AUSTIN,TX 787614542	74- 2673018	501(C)(3)	37,318				PROJECT SUPPORT
ANIMALS & SOCIETY INSTITUTE2512 CARPENTER RD ANN ARBOR, MI 48108	22- 2527462	501(C)(3)	40,000				PROJECT SUPPORT
ASHEVILLE HUMANE SOCIETY14 FOREVER FRIEND LN ASHEVILLE,NC 28806	56- 1444098	501(C)(3)	138,989				PROJECT SUPPORT
ASSOCIATION OF SHELTER VETERINARIANS INC 1666 K STREET NW STE 260 WASHINGTON, DC 20006	73- 1627937	501(C)(3)	10,000				PROJECT SUPPORT
AUGUSTA REGIONAL SPCA INCP O BOX 2014 STAUNTON, VA 24402	23- 7089566	501(C)(3)	10,000				PROJECT SUPPORT
AUSTIN HUMANE SOCIETY124 W ANDERSON LN AUSTIN,TX 78752	74- 6013665	501(C)(3)	94,130				PROJECT SUPPORT
AUSTIN PETS ALIVE PO BOX 6247 AUSTIN,TX 78762	74- 2893360	501(C)(3)	103,000				PROJECT SUPPORT
AVIAN EXPERIENCE (SARAH'S BIRDS OF PREY)922 STATE HIGHWAY 29A GLOVERSVILLE,NY 12078	45- 2846017		6,000				PROJECT SUPPORT
BANGOR HUMANE SOCIETY693 MT HOPE AVE BANGOR, ME 04401	01- 0215910	501(C)(3)	10,000				PROJECT SUPPORT
BARK AVENUE FOUNDATION3142 DONA EMILIA DR STUDIO CITY, CA 91604	20- 1329182	501(C)(3)	45,000				PROJECT SUPPORT
BAY AREA HUMANE SOCIETY1830 RADISSON ST GREEN BAY, WI 54302	39- 0988577	501(C)(3)	75,000				PROJECT SUPPORT
BEDFORD STUYVESANT VETERINARY CLINIC 418 TOMPKINS AVENUE BROOKLYN,NY 11216	35- 2182893		9,206				PROJECT SUPPORT
BELLA FOUNDATION PO BOX 20035 OKLAHOMA CITY,OK 73156	20- 5781826	501(C)(3)	12,750				PROJECT SUPPORT
BERKELEY-EAST BAY HUMANE SOCIETY INC2700 NINTH STREET BERKELEY, CA 94710	94- 1347069	501(C)(3)	9,500				PROJECT SUPPORT
BLAZES TRIBUTE EQUINE RESCUE 17667 MARKITA DRIVE JONES,OK 73049	43- 2024364	501(C)(3)	15,000				PROJECT SUPPORT
BLUEBONNET EQUINE HUMANE SOCIETY INCPO BOX 632 COLLEGE STATION, TX 77841	84- 1673775	501(C)(3)	20,000				PROJECT SUPPORT
BLUEPEARL VETERINARY PARTNERS410 WEST 55TH STREET NEW YORK, NY 10019	84- 1682742		30,078				PROJECT SUPPORT
BOGGS MOUNTAIN HUMANE SHELTER INCPO BOX 249 TIGER,GA 30576	58- 2644615	501(C)(3)	20,000				PROJECT SUPPORT
BROWARD COUNTY ANIMAL CARE AND ADOPTION1870 SW 39 ST FT LAUDERDALE, FL 33315	59- 6000531	BRO WARD COUNTY	8,000				PROJECT SUPPORT
CARE4PAWS INCPO BOX 60524 SANTA BARBARA,CA 931600524	27- 0207473	501(C)(3)	10,000				PROJECT SUPPORT

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Form 990,Schedule	I, Part II, G	rants and Other	Assistance	to Governm	ents and O	ganizations	in the United S
(a) Name and address of organization or government	<b>(b)</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
CALIFORNIA EQUINE RETIREMENT FOUNDATION34033 KOODEN ROAD WINCHESTER, CA 92596	95- 4058016	501(C)(3)	50,000		ounery		PROJECT SUPPORT
CANTER COMM ALLIANCE NTWK THOROUGHBRED EXRACEHORSECITY OF COMMERCE TOWNSHIP, MI 48382	38- 3483606	501(C)(3)	80,000				PROJECT SUPPORT
CAPITAL AREA HUMANE SOCIETY 3015 SCIOTO- DARBY EXECUTIVE COURT HILLIARD, OH 43026	31- 4379492	501(C)(3)	6,000				PROJECT SUPPORT
CAROLS FERALSPO BOX 150186 GRAND RAPIDS,MI 495150186	36- 4614954	501(C)(3)	5,500				PROJECT SUPPORT
CAT HOUSE ON THE KINGS INC7120 S KINGS RIVER ROAD PARLIER, CA 93648	27- 0015288	501(C)(3)	10,000				PROJECT SUPPORT
CATTERY INCPO BOX 8575 CORPUS CHRISTI, TX 78468	26- 0178205	501(C)(3)	20,500				PROJECT SUPPORT
CENTER FOR ANIMAL CARE & CONTROL3020 HILLEGAS ROAD FORT WAYNE, IN 46808	35- 6001029	FORT WAYNE	10,000				PROJECT SUPPORT
CENTRAL OKLAHOMA HUMANE SOCIETY 9300 N MAY AVENUE OKLAHOMA CITY, OK 731204483	20- 8446621	501(C)(3)	260,317				PROJECT SUPPORT
CENTRO DE CONTROL Y ADOPCION DE ANIMALES SAN JUANPO BOX 70179 SAN JUAN, PR 00936	66- 0427034	SAN JUAN	10,000				PROJECT SUPPORT
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT RD N CHARLSTON, SC 29406	57- 6021863	501(C)(3)	53,676				PROJECT SUPPORT
CHESAPEAKE HUMANE SOCIETY INC123 N BATTLEFIELD BLVD SUITE D CHESAPEAKE, VA 23320	23- 7202196	501(C)(3)	10,000				PROJECT SUPPORT
CHICAGO ANIMAL CARE & CONTROL 2741 S WESTERN AVENUE CHICAGO,IL 60608	36- 6005820	CHICAGO	20,000				PROJECT SUPPORT
CITIZENS FOR ANIMAL PROTECTION INC 17555 KATY FREEWAY HOUSTON,TX 77094	23- 7296260	501(C)(3)	11,000				PROJECT SUPPORT
CITY OF ABILENE - ANIMAL SERVICES DIVISION925 S 25TH ABILENE,TX 79602	75- 6000440	ABILENE	12,500				PROJECT SUPPORT
CITY OF AUSTIN ANIMAL SERVICES OFFICE7210 LEVANDER LOOP AUSTIN,TX 78720	74- 6000085	AUSTIN	10,629				PROJECT SUPPORT
CITY OF CLEVELAND KENNEL2690 WEST 7TH STREET CLEVELAND,OH 44113	34- 6000616	CLEVELAND	21,221				PROJECT SUPPORT
CITY OF GALAX111 EAST GRAYSON STREET GALAX,VA 24333	54- 6001300	GALAX	10,000				PROJECT SUPPORT
CITY OF INDEPENDENCE ANIMAL SERVICES PO BOX 1019 875 S VISTA ST INDEPENDENCE, MO 64052	44- 6000190	INDEPENDENCE	28,000				PROJECT SUPPORT
CITY OF OKLAHOMA CITY200 N WALKER AVENUE OKLAHOMA CITY, OK 73102	73- 6005359	OKLAHOMA CITY	62,011				PROJECT SUPPORT
CLEVELAND ANIMAL PROTECTIVE LEAGUE1729 WILLEY AVE CLEVELAND, OH 441134302	34- 0714644	501(C)(3)	218,920				PROJECT SUPPORT

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CLOUD NINE RESCUE FLIGHTS259 IRION DRIVE MONTOURSVILLE,PA 17754	26- 4816660	501(C)(3)	30,500				PROJECT SUPPORT
COBB COUNTY ANIMAL CONTROL 1060 AL BISHOP DR MARIETTA,GA 30008	58- 6000804	COBB COUNTY	5,911				PROJECT SUPPORT
CODE 3 ASSOCIATES 1530 SKYWAY DR LONGMONT,CO 80504	84- 1461821	501(C)(3)	35,000				PROJECT SUPPORT
COLLIN COUNTY ANIMAL SERVICES 4750 COMMUNITY MCKINNEY,TX 75071	75- 6000873	COLLIN COUNTY	12,500				PROJECT SUPPORT
COLORADO ANIMAL WELFARE LEAGUE200 SOUTH WILCOX 122 CASTLE ROCK, CO 80104	27- 1192636	501(C)(3)	10,000				PROJECT SUPPORT
COLORADO HUMANE SOCIETY2080 S QUEBEC STREET DENVER,CO 80231	80- 0532236	501(C)(3)	10,000				PROJECT SUPPORT
COLORADO VETERINARY MEDICAL FOUNDATION191 YUMA STREET DENVER,CO 80223	84- 1612045	501(C)(3)	10,000				PROJECT SUPPORT
COLUMBIA SECOND CHANCEPO BOX 10186 COLUMBIA,MO 65205	43- 1852167	501(C)(3)	8,000				PROJECT SUPPORT
COLUMBIA-GREENE HUMANE SOCIETY INC125 HUMANE SOCIETY ROAD HUDSON,NY 12534	14- 1487056	501(C)(3)	14,752				PROJECT SUPPORT
COMPANION ANIMAL NETWORK INC157-06 65TH AVE FLUSHING,NY 11367	27- 1643939	501(C)(3)	10,000				PROJECT SUPPORT
COMPANION ANIMAL PLACEMENT PROGRAM (CAPP)279 TROY ROAD RENSSELAER, NY 12144	14- 1809228	501(C)(3)	6,154				PROJECT SUPPORT
DANE COUNTY HUMANE SOCIETY 5132 VOGES ROAD MADISON, WI 53718	39- 0806335	501(C)(3)	9,000				PROJECT SUPPORT
DAYS END FARM HORSE RESCUE INC PO BOX 309 LISBON, MD 217650309	52- 1759077	501(C)(3)	19,800				PROJECT SUPPORT
DELL CITY HUMANE SOCIETYPO BOX 12 DELL CITY,TX 79837	26- 2820657	501(C)(3)	11,000				PROJECT SUPPORT
DELTA SOCIETY875 124TH AVE NE STE 101 BELLEVUE, WA 980052531	91- 1158281	501(C)(3)	43,000				PROJECT SUPPORT
DFW CANINE RESCUE AND ADOPTIONS DREAM CATCHER 2412 RAVENWOOD CT MANSFIELD,TX 76063	47- 0933286	501(C)(3)	10,000				PROJECT SUPPORT
DUTCHESS COUNTY SPCA INC636 VIOLET AVENUE HYDE PARK,NY 12538	14- 1340058	501(C)(3)	10,000				PROJECT SUPPORT
EMANCIPETPO BOX 6396 AUSTIN,TX 78762	74- 2913624	501(C)(3)	57,536				PROJECT SUPPORT
EMERGENCY EQUINE RESPONSE UNIT INC 10516 REEDER ST OVERLAND PARK, KS 66214	84- 1664555	501(C)(3)	9,500				PROJECT SUPPORT
EQUINE PROTECTION FUND502 W CORDOVA ROAD SANTA FE,NM 87505	85- 0311210	501(C)(3)	6,500				PROJECT SUPPORT

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ERIE COUNTY SPCA 205 ENSMINGER ROAD TONAWANDA, NY 14150	16- 0425315	501(C)(3)	6,321				PROJECT SUPPORT
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 148910150	51- 0292919	501(C)(3)	105,500				PROJECT SUPPORT
FINGER LAKES THOROUGHBRED ADOPTION PROGRAM INCPO BOX 25043 FARMINGTON, NY 14425	16- 1759140	501(C)(3)	24,000				PROJECT SUPPORT
FIRST COAST NO MORE HOMELESS PETS INC6817 NORWOOD AVENUE JACKSONVILLE,FL 32208	01- 0709158	501(C)(3)	29,589				PROJECT SUPPORT
FIXNATION INC7680 CLYBOURN AVE LOS ANGELES, CA 91352	83- 0452460	501(C)(3)	50,000				PROJECT SUPPORT
FLUVANNA SPCA 5239 UNION MILLS ROAD TROY,VA 22974	54- 1548274	501(C)(3)	10,000				PROJECT SUPPORT
FORT WAYNE ANIMAL CARE AND CONTROL3020 HILLEGAS RD FORT WAYNE, IN 46808	35- 6001029	FORT WAYNE	25,700				PROJECT SUPPORT
FORTUNATE POOCHES & LAB RESCUE INCPO BOX 1296 PALATINE, IL 60078	20- 0351812	501(C)(3)	8,500				PROJECT SUPPORT
FRIENDS OF COUNTYPETS612 CANINO ROAD HOUSTON,TX 77076	27- 2208248	501(C)(3)	48,000				PROJECT SUPPORT
FRIENDS OF GONZALES ANIMAL SHELTER505 ST FRANCIS STREET GONZALES,TX 78629	33- 1094740	501(C)(3)	7,500				PROJECT SUPPORT
FRIENDS OF GREEN CHIMNEYS400 DOANSBURG ROAD BREWSTER, NY 10509	13- 3897106	501(C)(3)	58,100				PROJECT SUPPORT
GEORGIA EQUINE RESCUE LEAGUE LTD PO BOX 328 BETHLEHEM,GA 30620	58- 2080606	501(C)(3)	10,000				PROJECT SUPPORT
GEORGIA HEARTLAND HUMANE SOCIETY INC (GHHS)PO BOX 72197 NEWNAN, GA 302712197	58- 2236346	501(C)(3)	15,000				PROJECT SUPPORT
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DRIVE DALLAS,TX 75252	75- 1101571	501(C)(3)	10,000				PROJECT SUPPORT
GLEN ELLEN VOCATIONAL ACADEMYPO BOX 2101 GLEN ELLEN,CA 95442	68- 0357001	501(C)(3)	40,000				PROJECT SUPPORT
GLEN WILD ANIMAL RESCUE CORPORATIONPO BOX 75 SOUTH KORTRIGHT, NY 13842	14- 1831853	501(C)(3)	6,500				PROJECT SUPPORT
GLOBAL FEDERATION OF ANIMAL SANCTUARIESPO BOX 32294 WASHINGTON, DC 20007	26- 1676217	501(C)(3)	54,300				PROJECT SUPPORT
GOLDEN HEART PET ASSISTANCE LEAGUEPO BOX 55883 NORTH POLE, AK 99705	80- 0015391	501(C)(3)	5,500				PROJECT SUPPORT
GREATER ANDROSCOGGIN HUMANE SOCIETY55 STRAWBERRY AVE LEWISTON, ME 042405962	01- 6011843	501(C)(3)	37,000				PROJECT SUPPORT
GREATER BIRMINGHAM HUMANE SOCIETY 300 SNOW DR BIRMINGHAM,AL 35209	63- 0288810	501(C)(3)	143,000				PROJECT SUPPORT

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GREENEVILLE- GREENE COUNTY HUMANE SOCIETYPO BOX 792 GREENEVILLE,TN 37744	59- 1763258	501(C)(3)	10,000				PROJECT SUPPORT
GREENVILLE COUNTY ANIMAL CARE328-C FURMAN HALL ROAD GREENVILLE, SC 29609	57- 6000356	GREENVILLE COUN	14,000				PROJECT SUPPORT
GREY2K USA EDUCATION FUND POBOX 440142 SOMERVILLE, MA 02144	04- 3553133	501(C)(3)	25,000				PROJECT SUPPORT
HABITAT FOR HORSES INCPOB 213 HITCHCOCK,TX 775630213	76- 0586024	501(C)(3)	20,000				PROJECT SUPPORT
HALIFAX COUNTY ANIMAL CONTROL POBOX 699 HALIFAX,VA 24558	54- 6001332	HALIFAX COUNTY	7,500				PROJECT SUPPORT
HAMILTON COUNTY SPCA3949 COLERAIN AVENUE CINCINNATI,OH 45223	31- 0543284	501(C)(3)	10,000				PROJECT SUPPORT
HAMPTON CLASSIC HORSE SHOW INCPO BOX 3013 BRIDGEHAMPTON,NY 11932	11- 2597077	501(C)(3)	15,000				PROJECT SUPPORT
HAPPY TAILS PET SANCTUARY6001 FOLSOM BLVD SACRAMENTO,CA 95819	68- 0317260	501(C)(3)	11,014				PROJECT SUPPORT
HA BISZANTZ MEMORIAL FOR THOROUGHBRED RETIREMENTPO BOX 210 TEHACHAPI,CA 93581	77- 0569835	501(C)(3)	25,000				PROJECT SUPPORT
HEALDSBURG ANIMAL SHELTERPO BOX 42 HEALDSBURG,CA 95448	94- 1541169	501(C)(3)	17,000				PROJECT SUPPORT
HEARTLAND SPCA 5428 ANTIOCH DRIVE MERRIAM,KS 66202	05- 0552529	501(C)(3)	9,200				PROJECT SUPPORT
HEAVEN CAN WAIT SANCTUARYPO BOX 30158 LAS VEGAS,NV 89173	88- 0450947	501(C)(3)	10,000				PROJECT SUPPORT
HELEN WOODWARD ANIMAL CENTERPO BOX 64 RANCHO SANTA FE, CA 92067	23- 7228287	501(C)(3)	10,000				PROJECT SUPPORT
HOPE FOR ANIMALS 1333 MAYCREST DRIVE FORT WAYNE,IN 46805	26- 2466638	501(C)(3)	5,599				PROJECT SUPPORT
HORSE FEATHERS EQUINE RESCUE INC PO BOX 1372 GUTHRIE,OK 73044	20- 5165544	501(C)(3)	11,500				PROJECT SUPPORT
HUMANE ALLIANCE 25 HERITAGE DRIVE ASHEVILLE, NC 28806	56- 1856805	501(C)(3)	2,965,380				PROJECT SUPPORT
HUMANE EDUCATION ADVOCATES REACHING TEACHERSPO BOX 738 MAMARONECK,NY 10543	41- 2055310	501(C)(3)	50,000				PROJECT SUPPORT
HUMANE FARM ANIMAL CAREPO BOX 727 HERNDON, VA 201720727	47- 0910622	501(C)(3)	165,000				PROJECT SUPPORT
HUMANE NET INCPO BOX 714 SUMMERVILLE, SC 29485	56- 2079206	501(C)(3)	191,183				PROJECT SUPPORT
HUMANE OHIO 3131 TREMAINSVILLE RD TOLEDO, OH 43613	34- 1897582	501(C)(3)	40,000				PROJECT SUPPORT

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HUMANE RESEARCH COUNCILPO BOX 6476 OLYMPIA, WA 985076476	01- 0686889	501(C)(3)	10,000				PROJECT SUPPORT
HUMANE SOCIETY FOR SOUTHWEST WASHINGTON1100 NE 192ND AVENUE VANCOUVER, WA 98684	91- 0759124	501(C)(3)	10,000				PROJECT SUPPORT
HUMANE SPCA121 HUMANE LANE COLUMBIA,SC 29209	57- 0407367	501(C)(3)	5,750				PROJECT SUPPORT
HUMANE SOCIETY OF AUSTIN & TRAVIS COUNTY124 W ANDERSON LN AUSTIN,TX 787521104	74- 6013665	501(C)(3)	15,000				PROJECT SUPPORT
HUMANE SOCIETY OF BOULDER VALLEY 2323 55TH STREET BOULDER, CO 80301	84- 0152768	501(C)(3)	17,500				PROJECT SUPPORT
HUMANE SOCIETY OF BROWARD COUNTY2070 GRIFFIN RD FT LAUDERDALE,FL 333125913	59- 6002321	501(C)(3)	143,500				PROJECT SUPPORT
HUMANE SOCIETY GREATER MIAMI AND DADE COUNTY 16101 W DIXIE HIGHWAY NORTH MIAMI BEACH,FL	59- 0711176	501(C)(3)	464,578				PROJECT SUPPORT
331604309  HUMANE SOCIETY OF NORTH TEXAS 1840 EAST LANCASTER AVE FORT WORTH,TX 76103	75- 1245911	501(C)(3)	27,500				PROJECT SUPPORT
HUMANE SOCIETY OF ROCHESTER AND MONROE COUNTY PCA99 VICTOR RD FAIRPORT, NY 144509582	16- 0743047	501(C)(3)	14,860				PROJECT SUPPORT
HUMANE SOCIETY OF SOUTH MISSISSIPPI2615 25TH AVE GULFPORT, MS 395014832	64- 6034439	501(C)(3)	63,000				PROJECT SUPPORT
HUMANE SOCIETY OF SOUTHERN ARIZONA3450 N KELVIN BOULEVARD TUSCON,AZ 85716	86- 0112798	501(C)(3)	15,000				PROJECT SUPPORT
HUMANE SOCIETY OF TAMPA3607 N ARMENIA AVE TAMPA, FL 336071322	59- 0799907	501(C)(3)	40,140				PROJECT SUPPORT
HUMANE SOCIETY OF THE PIKES PEAK REGION610 ABBOTT LANE COLORADO SPRINGS, CO 809051800	53- 0225390	501(C)(3)	30,000				PROJECT SUPPORT
HUMANE SOCIETY OF THE PIKES PEAK REGION610 ABBOTT LANE COLORADO SPRINGS, CO 809051800	84- 0410111	501(C)(3)	22,400				PROJECT SUPPORT
HUMANE SOCIETY OF THE WHITE MOUNTAINS3212 N PORTER MOUNTAIN ROAD LAKESIDE, AZ 85929	86- 0250431	501(C)(3)	10,000				PROJECT SUPPORT
HUMANE SOCIETY OF WESTERN MONTANA5930 HIGHWAY 93 SOUTH MISSOULA, MT 59804	86- 0250431	501(C)(3)	8,100				PROJECT SUPPORT
JACKSON COUNTY - MS SPAY & NEUTER PROGRAM5609 DEAD RIVER DR GAUTIER,MS 39553	80- 0211523	501(C)(3)	6,500				PROJECT SUPPORT
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BOULEVARD JACKSONVILLE,FL 32216	59- 0624410	501(C)(3)	10,500				PROJECT SUPPORT
JOPLIN HUMANE SOCIETY INC140 E EMPEROR LANE JOPLIN,MO 64801	44- 0664226	501(C)(3)	113,000				PROJECT SUPPORT
KENTUCKY EQUINE HUMANE CENTER INCPO BOX 910124 LEXINGTON, KY 405910124	20- 5883736	501(C)(3)	50,000				PROJECT SUPPORT

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LIC PET TRANSPORT INC10 EAST 39TH STREET SUITE 1125 NEW YORK, NY 10016	27- 0969883		11,550				PROJECT SUPPORT
LAKOTA ANIMAL CARE PROJECT12506 WILLOW CREEK ROAD CUSTER,SD 57730	45- 0551967	501(C)(3)	5,350				PROJECT SUPPORT
LEFFERTS ANIMAL HOSPITAL86-37 LEFFERTS BLVD RICHMOND HILL, NY 11418	11- 2941456		6,323				PROJECT SUPPORT
LEON COUNTY HUMANE SOCIETY 413 TIMBERLANE RD TALLHASSEE, FL 323121628	59- 6138275	501(C)(3)	12,948				PROJECT SUPPORT
LITTLE FORK VOLUNTEER FIRE AND RESCUE COMPANY INC6011 RIXEYVILLE RD RIXEYVILLE, VA 22737	54- 1702157	501(C)(3)	8,000				PROJECT SUPPORT
LOS ANGELES ANIMAL ALLIANCE 2211 KINCLAIR DR PASADENA, CA 911071023	27- 3652309	501(C)(3)	100,000				PROJECT SUPPORT
LOUDOUN COUNTY ANIMAL SERVICES 39820 CHARLES TOWN PIKE WATERFORD, VA 20197	54- 0948306	LOUDOUN COUNTY	10,000				PROJECT SUPPORT
LOUISIANA SPCA 1700 MARDI GRAS BLVD NEW ORLEANS, LA 70114	72- 0471368	501(C)(3)	131,640				PROJECT SUPPORT
LOVE AND HOPE ANIMAL SANCTUARY INC95 STEWART ROAD FRANKLIN,NY 13775	54- 2096827	501(C)(3)	5,500				PROJECT SUPPORT
LYNCHBURG HUMANE SOCIETY INC3305 NAVAL RESERVE ROAD LYNCHBURG, VA 24501	54- 0570901	501(C)(3)	10,000				PROJECT SUPPORT
MASSACHUSETTS ANIMAL COALITION PO BOX 766 WESTBOROUGH, MA 01581	04- 3540202	501(C)(3)	50,000				PROJECT SUPPORT
MAUI HUMANE SOCIETY INCPO BOX 1047 PUUNENE,HI 96784	99- 6000953	501(C)(3)	9,300				PROJECT SUPPORT
MAYOR'S ALLIANCE FOR NYC'S ANIMALS CITY OF NEW YORK, NY 100017604	73- 1653635	501(C)(3)	1,155,000				PROJECT SUPPORT
MEDINA SPCACITY OF NEW YORK, NY 100017604	34- 1507786	501(C)(3)	10,000				PROJECT SUPPORT
MERRIMACK RIVER FELINE RESCUE SOCIETY INC63 ELM STREET SALISBURY, MA 01952	04- 3172322	501(C)(3)	16,600				PROJECT SUPPORT
METRO ANIMAL SHELTER3140 35TH STREET TUSCALOOSA,AL 35401	63- 1120822	501(C)(3)	10,000				PROJECT SUPPORT
MIAMI-DADE ANIMAL SERVICES7401 NW 74TH STREET MIAMI,FL 33166	59- 6000573	MIAMI	120,026				PROJECT SUPPORT
MICHIGAN HUMANE SOCIETY30300 TELEGRAPH RD STE 220 BINGHAM FARMS, MI 480254509	38- 1358206	501(C)(3)	13,000				PROJECT SUPPORT
MIDATLANTIC HORSE RESCUE INCPO BOX 407 CHESAPEAKE CITY, MD 21915	27- 3543490	501(C)(3)	33,000				PROJECT SUPPORT
MISSISSIPPI STATE UNIVERSITY FOUNDATION INCPO DRAWER 6149 MISSISSIPPI STATE, MS 39762	64- 0410581	501(C)(3)	100,000				PRO JECT SUPPORT

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MISSOURIANS FOR THE PROTECTION OF DOGSPO BOX 300176 ST LOUIS,MO 63130	27- 1423987	501(C)(4)	67,700				PROJECT SUPPORT
MOHAWK AND HUDSON RIVER HUMANE SOCIETY3 OAKLAND AVENUE MENANDS,NY 12204	14- 1338459	501(C)(3)	15,122				PROJECT SUPPORT
MONTGOMERY SPCA PO BOX 484 AMSTERDAM, NY 12010	14- 1383470	501(C)(3)	5,300				PRO JECT SUPPORT
MORRIS ANIMAL FOUNDATION10200 EAST GIRARD AVENUE B430 DENVER,CO 80231	84- 6032307	501(C)(3)	8,000				PROJECT SUPPORT
MT PLEASANT ANIMAL SHELTER INC 194 ROUTE 10 WEST EAST HANOVER, NJ 079360000	23- 7189562	501(C)(3)	19,000				PROJECT SUPPORT
NATIONAL ANIMAL CONTROL ASSOCIATIONPO BOX 480851 KANSAS CITY, MO 64148	74- 2158707	501(C)(3)	158,000				PROJECT SUPPORT
NATIONAL HORSE SHOW ASSOCIATION OF AMERICA LTD5 MARY LN GREENVALE,NY 11548	13- 2726232	501(C)(3)	25,000				PROJECT SUPPORT
NEBRASKA HUMANE SOCIETY8929 FORT ST OMAHA, NE 681342842	47- 0378997	501(C)(3)	13,772				PROJECT SUPPORT
NEW VOCATION RACEHORSE ADOPTION PROGRAM 3293 WRIGHT RD LAURA,OH 45337	31- 1681380	501(C)(3)	40,000				PROJECT SUPPORT
NEW YORKERS FOR CLEAN LIVEABLE AND SAFE STREET 353 WEST 48TH ST SUITE 303 NEW YORK, NY 10036	26- 3207326		100,000				PRO JECT SUPPORT
NOAH'S ARK ANIMAL WELFARE ASSOCIATION INC 1915 ROUTE 46 WEST LEDGEWOOD, NJ 07852	22- 6089276	501(C)(3)	5,500				PROJECT SUPPORT
NORTHEAST NEBRASKA HUMANE SOCIETYPOB 663 NORFOLK,NE 68702	47- 0792814	501(C)(3)	5,500				PROJECT SUPPORT
NORTHWEST ORGANIZATION FOR ANIMAL HELP31300 BRANDSTROM ROAD STANWOOD, WA 98292	91- 1362069	501(C)(3)	12,000				PRO JECT SUPPORT
OCEAN STATE ANIMAL COALITION 235 ELM ST WARWICK,RI 02888	26- 4536470	501(C)(3)	7,500				PRO JECT SUPPORT
OKLAHOMA THOROUGHBRED RETIREMENT PROGRAM LTD25362 MACARTHUR AVE BLANCHARD, OK 73010	26- 1078792	501(C)(3)	15,000				PROJECT SUPPORT
OLD FRIENDS INC 1841 PAYNES DEPOT ROAD GEORGETOWN, KY 40324	20- 0049798	501(C)(3)	50,000				PROJECT SUPPORT
OMEGA HORSE RESCUE AND REHABILITATION CENTER8272 WOODBINE ROAD AIRVILLE,PA 17302	27- 2849659	501(C)(3)	5,200				PROJECT SUPPORT
ONE LOVE ANIMAL HOSPITAL317 ATLANTIC AVE BROOKLYN,NY 11201	27- 2480601		85,812				PROJECT SUPPORT
OREGON HUMANE SOCIETYPO BOX 11364 PORTLAND, OR 97211	93- 0386880	501(C)(3)	180,500				PROJECT SUPPORT
OSBORNE STABLES EQUINE RESCUE INC CITY OF SOUTHERLAND SPRINGS,TX 781610206	54- 2137205	501(C)(3)	10,000				PROJECT SUPPORT

Form 990,Schedule I	, Part II, Gra	ants and Oth	er Assistanc	e to Govern	ments and O	rganizations	in the United S
(a) Name and address of organization or government	<b>(b)</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
PETS LOW COST SPAY AND NEUTER CLINIC PO BOX 4669 WICHITA FALLS,TX 76308	68- 0648159	501(C)(3)	10,000				PROJECT SUPPORT
PEGGY ADAMS ANIMAL RESCUE LEAGUE3200 N MILITARY TRAIL WEST PALM BEACH,FL 33409	59- 0637811	501(C)(3)	12,000				PROJECT SUPPORT
PENINSULA SPCA523 J CLYDE MORRIS BLVD NEWPORT NEWS,VA 23601	54- 0676370	501(C)(3)	10,000				PROJECT SUPPORT
PEOPLE FOR ANIMALS INC401 HILLSIDE AVENUE HILLSIDE,NJ 07205	22- 2331492	501(C)(3)	25,790				PROJECT SUPPORT
PET CONNECTIONS INC9777 SEAACA STREET DOWNEY,CA 90241	27- 4345049	501(C)(3)	100,000				PROJECT SUPPORT
PET HELPERS INC 1447 FOLLY RD CHARLESTON, SC 294129509	57- 0802283	501(C)(3)	24,255				PROJECT SUPPORT
PET PROJECT RESCUE PO BOX 582861 MINNEAPOLIS, MN 55458	27- 0158014	501(C)(3)	6,000				PROJECT SUPPORT
PET SAVERSPO BOX 11555 SPOKANE, WA 99211	91- 1741239	501(C)(3)	64,145				PROJECT SUPPORT
PETCO FOUNDATION 9125 REHCO ROAD SAN DIEGO, CA 92121	33- 0845930	501(C)(3)	20,000				PROJECT SUPPORT
PIGS INC A SANCTUARY1112 PERSIMMON LANE SHEPHERDSTOWN, WV 25443	55- 0724626	501(C)(3)	9,500				PROJECT SUPPORT
PLAQUEMINES ANIMAL WELFARE SOCIETYPO BOX 83 BELLE CHASE, LA 70037	46- 0519776	501(C)(3)	7,200				PROJECT SUPPORT
PREMIER CATS AND KITTENSPO BOX 6763 VACAVILLE,CA 95696	27- 0486933	501(C)(3)	6,000				PROJECT SUPPORT
PROSPECT MOUNTAIN THERAPEUTIC RIDING 7471 FM 3094 SCURRY,TX 75158	20- 8992679	501(C)(3)	7,500				PROJECT SUPPORT
PUERTO RICO ANIMAL WELFARE SOCIETY INC PAWS BOX 10228 BO BAJURAS ISABELA, PR 006620000	66- 0588444	501(C)(3)	5,500				PROJECT SUPPORT
RAMONA HUMANE SOCIETY INC690 HUMANE WAY SAN JACINTO,CA 92583	23- 7374470	501(C)(3)	28,000				PROJECT SUPPORT
RANCH HAND RESCUE 8827 HIGHWAY 377 S ARGYLE,TX 76226	26- 4610450	501(C)(3)	6,500				PROJECT SUPPORT
RED OAK HERITAGE FOUNDATION706 WEST 2ND STREET RED OAK,IA 51566	42- 1393844	501(C)(3)	7,075				PROJECT SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIAATTN YVETTE PACHECO UNIV OF CA DAV DAVIS, CA 95616	94- 6036494	501(C)(3)	107,500				PROJECT SUPPORT
REILLYS RANCH- HORSE RESCUE AND REHAB1721 FM 54 ABERNATHY,TX 79311	26- 4511854	501(C)(3)	7,500				PROJECT SUPPORT
RERUN INCPO BOX 113 HELMETTA,NJ 08828	61- 1336739	501(C)(3)	35,500				PROJECT SUPPORT

Form 990,Schedule	I, Part II, G	irants and Othe	r Assistanc	e to Govern	ments and O	rganizations	in the United St
(a) Name and address of organization or government	<b>(b)</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
RESCUE RANCH INC PO BOX 527 MCRAE,GA 31055	42- 1598987	501(C)(3)	11,000				PROJECT SUPPORT
RETURN TO FREEDOM AMERICAN WILD HORSE SANCTUARY PO BOX 926 LOMPOC, CA 934380926	06- 1484961	501(C)(3)	67,000				PROJECT SUPPORT
RICHMOND SPCA 2519 HERMITAGE ROAD RICHMOND, VA 23220	54- 0506328	501(C)(3)	23,746				PROJECT SUPPORT
RING DOG RESCUE INCPO BOX 28632 HENRICO,VA 23228	61- 1522182	501(C)(3)	15,000				PROJECT SUPPORT
RIVERSIDE COUNTY DEPARTMENT OF ANIMAL SERVICES 6851 VAN BUREN BLVD RIVERSIDE, CA 92509	95- 6000930	RIVERSIDE COUNT	26,000				PROJECT SUPPORT
ROGUE VALLEY HUMANE SOCIETY PO BOX 951 GRANTS PASS, OR 97528	93- 0558872	501(C)(3)	10,000				PROJECT SUPPORT
SACRAMENTO COUNTY ANIMAL CARE3839 BRADSHAW ROAD SACRAMENTO, CA 95827	94- 6000529	SACRAMENTO COUN	5,889				PROJECT SUPPORT
SACRAMENTO SPCA6201 FLORIN PERKINS ROAD SACRAMENTO,CA 95828	94- 1312343	501(C)(3)	219,163				PROJECT SUPPORT
SANTA ANA FRIENDS FOR THE ANIMALS60 CIVIC CENTER PLAZA SANTA ANA, CA 92701	87- 0713815	501(C)(3)	10,000				PROJECT SUPPORT
SANTA FE ANIMAL SHELTER INC100 CAJA DEL RIO ROAD SANTA FE,NM 87507	85- 6000484	501(C)(3)	92,000				PROJECT SUPPORT
SAVE A PET RESCUE ADOPTION AND TRANSPORT INCPO BOX 9323 DOTHAN,AL 36304	20- 1285614	501(C)(3)	31,000				PROJECT SUPPORT
SCOTT COUNTY HUMANE SOCIETY INCPOST OFFICE BOX 821 GEORGETOWN, KY 40324	31- 1090052	501(C)(3)	12,800				PROJECT SUPPORT
SCRAPS HOPE FOUNDATION2521 N FLORA RD SPOKANE VLY, WA 992161806	26- 4118735	501(C)(3)	34,369				PROJECT SUPPORT
SEAN CASEY ANIMAL RESCUE 153 E 3RD ST BROOKLYN,NY 11218	35- 2244558	501(C)(3)	9,754				PROJECT SUPPORT
SECOND CHANCE ANIMAL SHELTER INCPO BOX 136 EAST BROOKFIELD, MA 01515	04- 3490671	501(C)(3)	9,000				PROJECT SUPPORT
SHELBY HUMANE SOCIETY 381 MCDOW ROAD COLUMBIANA, AL 35051	63- 0817987	501(C)(3)	147,837				PROJECT SUPPORT
SHELTER OUTREACH SERVICES (SOS)78 DODGE RD ITHACA,NY 14850	06- 1697719	501(C)(3)	45,369				PROJECT SUPPORT
SHELTER OUTREACH SERVICES OF OHIO 691 E DUBLIN GRANVILLE RD COLUMBUS, OH 43229	71- 1018725	501(C)(3)	5,480				PROJECT SUPPORT
SPCA-DORCHESTER PO BOX 1116 SUMMERVILLE,SC 29484	57- 0620182	501(C)(3)	10,000				PROJECT SUPPORT
SPCA OF UPSTATEP O BOX 171 HUDSON FALLS,NY 12839	14- 1649520	501(C)(3)	10,000				PROJECT SUPPORT

Form 990,Schedule I,	Part II, Gra	nts and Oth	er Assistan	ce to Govern	ments and (	Organizations	in the United S
(a) Name and address of organization or government	<b>(b)</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 ADMINISTRATORS 15508 W BELL ROAD SUITE 101 - 613 SURPRISE, AZ 85374	41- 1618666	501(C)(6)	20,000				PROJECT SUPPORT
SOUTH SUBURBAN HUMANE SOCIETY 1103 WEST END AVENUE CHICAGO HEIGHTS,IL 60411	23- 7165004	501(C)(3)	7,000				PROJECT SUPPORT
SOUTHEAST LLAMA RESCUE INC678 MILL CREEK RD LURAY,VA 22835	56- 2272041	501(C)(3)	20,000				PRO JECT SUPPORT
SOUTHEAST VOLUSIA HUMANE SOCIETY 1200 S GLENCOE RD NEW SMYRNA, FL 321688437	59- 1148843	501(C)(3)	7,725				PROJECT SUPPORT
SOUTHERN PINES ANIMAL SHELTERPO BOX 2021 HATTIESBURG, MS 39403	64- 0514796	501(C)(3)	11,500				PROJECT SUPPORT
SPARTANBURG HUMANE SOCIETY150 DEXTER RD SPARTANBURG,SC 293032088	57- 0481019	501(C)(3)	5,500				PROJECT SUPPORT
SPAY AND NEUTER KANSAS CITYPO BOX 410303 KANSAS CITY, MO 64141	82- 0563117	501(C)(3)	27,855				PROJECT SUPPORT
SPAY-NEUTER ASSISTANCE PROGRAM INCPO BOX 70286 HOUSTON,TX 77270	76- 0608925	501(C)(3)	15,000				PROJECT SUPPORT
SPCA OF TEXAS2400 LONE STAR DR DALLAS,TX 75212	75- 1216660	501(C)(3)	15,000				PROJECT SUPPORT
SPCA TAMPA BAY 9099 130TH AVE NORTH LARGO,FL 33773	59- 0715928	501(C)(3)	31,000				PROJECT SUPPORT
SPOKANE HUMANE SOCIETY6607 N HAVANA SPOKANE, WA 99217	91- 0565011	501(C)(3)	33,969				PROJECT SUPPORT
SPOKANIMAL C A R E 710 N NAPA ST SPOKANE, WA 992022867	91- 1223929	501(C)(3)	67,208				PROJECT SUPPORT
SPRING FARM CENTER ALT RESEARCH ED SANCTUARY3364 STATE ROUTE 12 CLINTON,NY 13323	16- 1388835	501(C)(3)	10,000				PROJECT SUPPORT
SPRINGFIELD ANIMAL ADVOCACY FOUNDATION1600 NORTH WASHINGTON SPRINGFIELD, MO 65803	26- 4015205	501(C)(3)	5,429				PROJECT SUPPORT
ST HUBERTS GIRALDA PO BOX 159 MADISON,NJ 07940 STAMP OUT	22- 1627726	501(C)(3)	24,675				PROJECT SUPPORT
STARVATION OF HORSES INC1111 JOHN WOOD RD CLARKESVILLE, GA 30523	27- 3761254	501(C)(3)	6,000				PROJECT SUPPORT
SUMTER COUNTY ANIMAL CONTROL SERVICES819 CR 529 LAKE PANASOFFKEE, FL 33538	59- 6000865	SUMTER COUNTY	10,000				PROJECT SUPPORT
SUMTER DISASTER ANIMAL RESPONSE TEAM720 EAST SOUTHLAND AVE BUSHNELL, FL 33513	20- 4474480	501(C)(3)	23,708				PROJECT SUPPORT
TABBYS PLACE A CAT SANCTUARY INC1100 US HIGHWAY 202 RINGOES, NJ 085511050	22- 3695520	501(C)(3)	7,650				PROJECT SUPPORT
TAILS HUMANE SOCIETY 2250 BARBER GREENE RD DEKALB, IL 60115	36- 4334785	501(C)(3)	9,150				PROJECT SUPPORT

Form 990,Schedule	I, Part II, G	ants and Othe	r Assistance	e to Governn	nents and O	rganizations	in the United S
(a) Name and address of organization or government	<b>(b)</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
TALLAHASSEE LEON COMMUNITY ANIMAL SERVICE CENTER1125 EASTERWOOD DRIVE TALLAHASSEE,FL 32311	59- 6000435	TALLAHASSEE	7,128				PROJECT SUPPORT
TEXAS HUMANE LEGISLATION NETWORK INCCITY OF DALLAS,TX 752255860	75- 2236932		46,667				PROJECT SUPPORT
THE ANIMAL RIGHTS ALLIANCE INCPO BOX 185 WARWICK, NY 10990	13- 3269965	501(C)(3)	23,500				PROJECT SUPPORT
THE BRIGHTER DAYS HORSE REFUGE INC 682 KRAUSE ROAD PIPE CREEK,TX 78063	74- 2479203	501(C)(3)	12,500				PROJECT SUPPORT
THE CAT NETWORK INCPO BOX 347228 MIAMI,FL 33234	65- 0597008	501(C)(3)	86,253				PROJECT SUPPORT
THE EXCELLER FUND INCPO BOX 4237 LEXINGTON, KY 40544	75- 2937532	501(C)(3)	20,000				PROJECT SUPPORT
THE FOUNDATION OF ANIMAL CARE AND EDUCATION (FACE)10455 SORRENTO VALLEY ROAD SUITE 20 SAN DIEGO, CA 92121	20- 5333261	501(C)(3)	25,000				PROJECT SUPPORT
THE HUMANE SOCIETY FOR GREATER SAVANNAH INC 7215 SALLIE MOOD DR SAVANNAH, GA 31406	58- 0619035	501(C)(3)	42,500				PROJECT SUPPORT
THE PENNSYLVANIA SPCA350 E ERIE AVENUE PHILADELPHIA, PA 19134	23- 1352269	501(C)(3)	6,000				PROJECT SUPPORT
THE SCIENCE AND CONSERVATION CENTER INC2100 SOUTH SHILOH ROAD BILLINGS, MT 59106	81- 0539631	501(C)(3)	150,000				PROJECT SUPPORT
THROWAWAY PONIES2368 E FM 552 ROCKWALL,TX 75087	75- 3201156	501(C)(3)	7,500				PROJECT SUPPORT
TOBY WELLS FOUNDATION DBA BLUE APPLE RANCH 17083 OLD COACH ROAD POWAY,CA 92064	33- 0946827	501(C)(3)	100,000				PROJECT SUPPORT
TOMPKINS COUNTY SPCA1640 HANSHAW ROAD ITHACA,NY 14850	15- 0624378	501(C)(3)	40,000				PROJECT SUPPORT
TONY LA RUSSA'S ANIMAL RESCUE FOUNDATION2890 MITCHELL DR WALNUT CREEK, CA 94598	68- 0240341	501(C)(3)	36,516				PROJECT SUPPORT
TREE HOUSE HUMANE SOCIETY 1212 W CARMEN AVE CHICAGO,IL 60640	23- 7444825	501(C)(3)	8,500				PROJECT SUPPORT
TRIPLE ME MAC EQUINE SANCTUARYPO BOX 66 BULVERDE,TX 78163	26- 4004212	501(C)(3)	11,500				PROJECT SUPPORT
TRUE INNOCENTS EQUINE RESCUE CITY OF RIVERSIDE, CA 92509	33- 0814719	501(C)(3)	7,500				PROJECT SUPPORT
TUFTS UNIVERSITY CUMMINGS SCHOOL OF VETERINARY MEDIC NORTH GRAFTON, MA 01536	04- 2103634	501(C)(3)	17,044				PROJECT SUPPORT
TUNICA HUMANE SOCIETYPO BOX 236 TUNICA,MS 38676	26- 3100061	501(C)(3)	8,000				PROJECT SUPPORT
UNIVERSITY OF FLORIDACITY OF GAINESVILLE, FL 32608	59- 6002052	501(C)(3)	99,000				PROJECT SUPPORT

Form 990,Schedule	I, Part II, G	rants and Otl	her Assistan	ce to Govern	ments and (	Organizations	in the United S
(a) Name and address of organization or government	<b>(b)</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
UNIVERSITY OF FLORIDA FOUNDATIONDR JULIE LEVY COLLEGE OF VET MEDIC GAINESVILLE, FL 32610	59- 0974739	501(C)(3)	309,478				PROJECT SUPPORT
VERMONT HUMANE FEDERATIONPO BOX 311 WATERBURY, VT 05676	03- 6006500	501(C)(3)	10,000				PROJECT SUPPORT
VICKSBURG WARREN HUMANE SOCIETY 6600 HIGHWAY 61 SOUTH VICKSBURG, MS 39180	23- 7282951	501(C)(3)	10,000				PROJECT SUPPORT
VIRGINIA ANIMAL FIGHTING TASK FORCE450 TV DRIVE VIRGINIA BEACH, VA 23453	26- 0198079	501(C)(3)	20,000				PROJECT SUPPORT
VIRGINIA BEACH SPCA3040 HOLLAND ROAD VIRGINIA BEACH, VA 23453	54- 6061532	501(C)(3)	10,000				PROJECT SUPPORT
WASHINGTON ANIMAL RESCUE LEAGUE71 OGLETHORPE STREET NW WASHINGTON, DC 20011	53- 0162440	501(C)(3)	44,924				PROJECT SUPPORT
WASHINGTON HUMANE SOCIETY 7319 GEORGIA AVE NW WASHINGTON, DC 20012	53- 0219724	501(C)(3)	7,000				PROJECT SUPPORT
WAYSIDE WAIFS INC CITY OF KANSAS CITY, MO 64137	44- 0605374	501(C)(3)	70,000				PROJECT SUPPORT
WILLIAMSON COUNTY HUMANE SOCIETY10930 EAST CRYSTAL FALLS PARKWAY LEANDER,TX 78641	74- 2069592	501(C)(3)	18,500				PROJECT SUPPORT
WISCONSIN HUMANE SOCIETY 4500 W WISCONSIN AVE MILWAUKEE, WI 532083156	39- 0810533	501(C)(3)	26,955				PROJECT SUPPORT
WISE EQUINE SANCTUARY OF TEXASPO BOX 4 LILLIAN,TX 76061	38- 3735417	501(C)(3)	10,000				PROJECT SUPPORT
WORLD SOCIETY FOR THE PROTECTION OF ANIMALS89 SOUTH ST STE 201 BOSTON,MA 02111	04- 2718182	501(C)(3)	50,000				PROJECT SUPPORT
YOUR VOTE COUNTSPO BOX 300046 ST LOUIS, MO 63130	27- 5278582		50,000				PROJECT SUPPORT
YOUTH ALTERNATIVES INGRAHAM50 LYDIA LANE SOUTH PORTLAND, ME 04106	01- 0316041	501(C)(3)	10,000				PROJECT SUPPORT

DLN: 93493228018892

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization  E AMERICAN SOCIETY FOR THE PREVENTION OF	ication num	nber	
	UELTY TO ANIMALS  13-1623829			
Pa	art I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate 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  Independent compensation consultant  Form 990 of other organizations  V 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 organiza or a related organization	tion		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  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		No
b	Any related organization?	5b		Νo
	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		No
b	Any related organization?	6b		Νo
	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		No
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 in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	_		

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

Note: The sum of columns (b)	(1) (111)	or each hister marviar	ar mase equal the total	ramount of Form 550,	Tare VII, Section 71, III	ne ra, colannis (b) an	a (E) for chac marviada	
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> 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	(I) (II)	437,500 0	125,000	3,564	31,772	16,749	614,585 0	
(2) JULIA NELSON	(I) (II)	214,823 0	0	1,038	0	7,266	223,127 0	
(3) STEVEN HANSEN	(I) (II)	312,058 0	0	95,652	31,812	3,058	<b>442,580</b> 0	
(4) ELIZABETH ESTROFF	(I) (II)	239,244 0	0 0	506 0	1,127 0	13,690 0	254,567 0	
(5) LOUISE MURRAY	(I) (II)	227,494 0	0	725	5,662	12,546	246,427 0	
(6) LEROY MURRAY	(I) (II)	196,967 0	0	2,625	25,944	4,011	229,547 0	
(7) STEPHEN MUSSO	(I) (II)	237,182 0	0	1,156	31,172	16,365	285,875 0	
(8) MELISSA NORDEN	(I) (II)	214,265 0	0	390	8,611	9,894	233,160 0	
(9) MATTHEW BERSHADKER	(I) (II)	203,723 0	0	406	8,172	12,926	225,227 0	
(10)TODD HENDRICKS	(I) (II)	238,135 0	0	213	9,458	13,224	261,030 0	
(11) JULIE MORRIS	(I) (II)	217,980 0	0	2,788	8,697	14,886	244,351 0	
(12) JULIO CARBONELL	(I) (II)	213,617 0	0	1,933	8,664	20,035	244,249 0	
(13) STEPHEN ZAWISTO WSKI	(I) (II)	201,000 0	0	1,893	8,442	323	211,658 0	
(14) SEAN O'CONNOR	(I) (II)	187,187 0	5,000	389	0	19,874	212,450 0	
(15) RANDALL LOCKWOOD	(I) (II)	189,769 0	0	2,583	25,008	20,520	237,880 0	
(16) STEVEN B FROEHLICH	(I) (II)	166,739 0	10,000	272	7,174	19,619	203,804 0	
							C-ld-	ulo 1 (Formo 000) 2011

Schedule J (Form 990) 2011 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, PART II	IN ADDITION TO THE STANDARD EMPLOYEE BENEFIT PACKAGE, JULIE MORRIS RECEIVED NONTAXABLE QUALIFIED TUITION REIMBURSEMENT

Schedule J (Form 990) 2011

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

(A) Name		(B) Breakdown of W-2 and/or 1099				(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
EDWIN SAYRES	(1) (11)	437,500 0	125,000	3,564	31,772	16,749	614,585 0	
JULIA NELSON	(I)	214,823 0	0	1,038	0	7,266	223,127 0	
STEVEN HANSEN	(ı) (ıı)		0	95,652	31,812	3,058	442,580 0	
ELIZABETH ESTROFF	(ı) (ıı)	239,244 0	0		1,127 0	13,690	254,567 0	
LOUISE MURRAY	(ı) (ıı)	227,494 0	0	725	5,662	12,546	246,427 0	
LEROY MURRAY	(ı) (ıı)	196,967 0	0	2,625	25,944	4,011	229,547 0	
STEPHEN MUSSO	(ı) (ıı)	237,182 0	0	1,156	31,172	16,365	285,875 0	
MELISSA NORDEN	(ı) (ıı)	214,265 0	0	390	8,611	9,894	233,160	
MATTHEW BERSHADKER	(ı)	203,723 0	0	406	8,172	12,926	225,227	
TODD HENDRICKS	(ı) (ıı)	238,135 0	0	213	9,458	13,224	261,030 0	
JULIE MORRIS	(ı) (ıı)	217,980 0	0	2,788	8,697	14,886	244,351 0	
JULIO CARBONELL	(ı) (ıı)	213,617 0	0	1,933	8,664	20,035	244,249 0	
STEPHEN ZAWISTO WSKI	(ı) (ıı)	201,000 0	0	1,893	8,442	323	211,658 0	
SEAN O'CONNOR	(ı) (ıı)	187,187 0	5,000	389	0	19,874	212,450 0	
RANDALL LOCKWOOD	(ı) (ıı)	189,769 0	0	2,583	25,008	20,520	237,880 0	
STEVEN B FROEHLICH	(ı) (ıı)	166,739 0	10,000	272	7,174	19,619	203,804	

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DLN: 93493228018892

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

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.

**NonCash Contributions** 

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

**Employer identification number** 

	LIT TO ANIMALS				13-1623829			
Pa	Types of Property	1	Т	<u></u>				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d contribution	etermı	_	
	Art—Works of art							
	Art—Historical treasures .							
_	Art—Fractional Interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	35	566 984	COST OR SALE PR	ICF		
	Securities—Closely held stock .		33	3 0 0 7 2 0 1	- COOT OR OTTER TR			
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	O ther ►()							
27	O ther ►()							
28	O ther ▶ ()							
29	Number of Forms 8283 received							
	for which the organization compl	eted Form	8283, Part IV, Donee Ackr	nowledgement	29			
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part :	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues	ın column (c) for a type of p	roperty for which column (a	) is checked,			

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) 2011

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As Filed Data -

DLN: 93493228018892

**Employer identification number** 

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

THE AMERICAN SOCIETY FOR THE PREVENTION OF

Department of the Treasury Internal Revenue Service

CRUELTY TO ANIMALS

## 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.

2011

Open to Public Inspection

	2.11.02	13-1623829
ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4A		MEDIA & COMMUNICATIONS (EXPENSES 30,502,366) INCLUDES ACTIVITIES TO CREATE PUBLIC AWARENESS OF ANIMAL-RELATED ISSUES NATIONAL MEDIA EXPOSURE INCREASED 50% AND TOTAL MEDIA EXPOSURE INCREASED 42% IN 2011, COMPARED TO 2010 THIS TRANSLATED INTO MANY OPPORTUNITIES FOR MEMBERS OF THE PUBLIC, LEGISLATORS AND DONORS TO SEE OR HEAR THE ASPCA'S HUMANE MESSAGES IN JOPLIN, MISSOURI, AFTER A MASSIVE TORNADO DESTROYED NEARLY 7,000 HOMES, THE ASPCA'S MEDIA AND COMMUNICATIONS TEAM WORKED CLOSELY WITH THE ORGANIZATION'S FIELD INVESTIGATIONS & RESPONSE TEAM AND THE JOPLIN HUMANE SOCIETY DURING A SIX-WEEK LONG OPERATION THE ASPCA'S COLLECTIVE RESPONSE CULMINATED IN A TWO-DAY ADOPTION EVENT THAT WAS FEATURED ON NBC NIGHTLY NEWS THIS HELPED IT PLACE 745 HOMELESS DOGS AND CATS WITH LOVING NEW PARENTS THE ASPCA'S WORK IN JOPLIN WAS COVERED IN 1,500 MEDIA STORIES OF WHICH MORE THAN 300 RAN IN NATIONAL MEDIA OUTLETS THE ASPCA'S \$100K CHALLENGE IS A NATIONAL COMPETITION TO INSPIRE ANIMAL SHELTERS TO INCREASE PET ADOPTIONS, REUNITE MORE PETS WITH THEIR FAMILIES AND SAVE MORE ANIMALS NATIONAL COVERAGE OF THIS EVENT IN PARADE MAGAZINE AND ON PARADE COM ELEVATED THE CONTEST AND THE ASPCA BRAND MEDIA COVERAGE SURROUNDING THE \$100K CHALLENGE GENERATED 491 MILLION "OPPORTUNITIES TO SEE" THE ASPCA BRAND IN 1,536 UNIQUE MEDIA PLACEMENTS THIS YEAR, THE ASPCA LAUNCHED THE NOPETSTOREPUPPIES COM CAMPAIGN ULTIMATELY 52,000 PEOPLE SIGNED THE ASPCA'S "NO PET STORE PUPPIES" PLEDGE IN ADDITION, AN INTEGRATED MEDIA STRATEGY THAT INCLUDED EARNED MEDIA, PAID ONLINE

MEDIA AND LOCAL BILLBOARD ADVERTISING, BROUGHT INTENSE PUBLIC PRESSURE TO BEAR ON LOCAL PET STORES ATTEMPTING TO SELL PUPPIES THE ASPCA ACHIEVED AN HISTORIC VICTORY WHEN A MAJOR PUPPY RETAIL CHAIN GAVE IN TO THAT PUBLIC PRESSURE AND ANNOUNCED THAT IT WOULD NO LONGER SELL

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4B		ANIMAL HEALTH SERVICES (REVENUE 14,900,407 EXPENSES 28,910,948) INCLUDES THE BERGH MEMORIAL ANIMAL HOSPITAL IN NEW YORK CITY, AN AAHA CERTIFIED SMALL ANIMAL MEDICAL, SURGICAL AND EMERGENCY FACILITY IN 2011, STAFFED BY 21 VETERINARIANS (INCLUDING BOARD-CERTIFIED SPECIALISTS IN INTERNAL MEDICINE AND SURGERY) AS WELL AS 31 LICENSED VETERINARY TECHNICIANS, THE ASPCA RESPONDED TO 4,909 EMERGENCIES, AN INCREASE OF 7% OVER 2010, AND THROUGH THE TROOPER FUND, PROVIDED LIFE-SAVING HEALTH CARE TO 1,560 NEEDY PETS, WHICH IS AN INCREASE OF 16% COMPARED TO 2010 IN ADDITION, APPROXIMATELY 2,867 ASPCA ADOPTION CENTER ANIMALS RECEIVED THIS EXPERT CARE AT THE HOSPITAL A FEW REMARKABLE DEVELOPMENTS DURING 2011 THE ASPCA'S VETERINARIANS PLAYED A KEY ROLE IN THE FIRST CRIMINAL PROSECUTIONS FOR ANIMAL CRUELTY IN NYC WHERE DNA ANALYSIS WAS ACCEPTED AS EVIDENCE, A NEW PROGRAM IN WHICH VOLUNTEERS NURTURED, EXERCISED AND TRAINED ANIMALS VICTIMIZED BY CRUELTY AND NEGLECT AND LAUNCHED A NEW DOG-RUNNING PROGRAM, OPERATION PIT, WHICH WAS LAUNCHED IN 2010, HAS EXCEEDED ITS GOAL 632 PIT BULLS WERE SPAYED, NEUTERED, VACCINATED AND MICROCHIPPED, WHICH EXCEEDS THE PROGRAMS PROJECTION FOR 2011 BY 26% THE ANIMAL BEHAVIOR AND SHELTER (APCC) OUR 24-HOUR TELEPHONE HOTLINE IN URBANA, IL RESPONDS TO MORE THAN 13,000 PET EMERGENCIES EACH MONTH FOR EMERGENCY ANIMAL TOXICOLOGY TREATMENT, ANIMAL BEHAVIOR AND SHELTER VETERINARY SERVICES IT IS THE NATIONS LEADING ANIMAL POISON CONTROL EATHER (APCC) OUR 24-HOUR TELEPHONE HOTLINE IN URBANA, IL RESPONDS TO MORE THAN 13,000 PET EMERGENCIES EACH MONTH FOR EMERGENCY ANIMAL TOXICOLOGY TREATMENT, TECHNICIANS AND ASSISTANTS THEIR EXPERTISES IS ENHANCED BY THE ASPCA'S ANTOX SYSTEM, WHICH IS AN ADVANCED SCIENTIFIC DATABASE THAT IDENTIFIES THE TOXIC EFFECTS OF CERTAIN SUBSTANCES IN ANIMALS DURING 2011, APCC RECEIVED 240,095 CALLS AND OPENED 165,957 CASES INVOLVING 121,729 ANIMALS THE ASPCA MOBILE SPAY/NEUTER PROGRAM HAS FIVE MOBILE VETERINARY CLINICS PROVIDING SPAY/NEUTER SURGERIES NOT ONLY SERVE TO CONTROL ANIMALS OFF

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4C		COMMUNITY OUTREACH (EXPENSES 16,584,978) INCLUDES A STATE-OF-THE-ART ANIMAL ADOPTION CENTER IN NEW YORK CITY AND EXTENSIVE OUTREACH, EDUCATION AND TRAINING PROGRAMS IN COMMUNITIES THROUGHOUT THE UNITED STATES DURING 2011, THE ASPCA ADOPTION CENTER FOR 3,360 CATS AND DOGS THE ASPCA ADOPTION CENTER ALSO TOOK IN 1,591 ANIMALS FROM ANIMAL CARE & CONTROL OF NEW YORK CITY, MANY OF WHOM WERE AT RISK OF EUTHANASIA AS PART OF THE TROOPER PROGRAM, THE ASPCA ADOPTION CENTER SHE TERED AND TREATED 59 CRITICALLY INJURED ANIMALS, THE MAJORITY OF WHICH HAD BEEN HIT BY AUTOMOBILES THE ASPCA'S TEAM OF ANIMAL BEHAVIOR COUNSELORS WORKED WITH BEHAVIORALLY CHALLENGED ANIMALS THEY PERFORMED APPROXIMATELY 5,644 BEHAVIOR MODIFICATION TREATMENTS TO THESE ANIMALS COUNSELORS CONSULTED WITH ADOPTERS ON 986 DOG CASES AND 176 CAT CASES TO BISURE THAT THE ANIMALS' BEHAVIORAL NEEDS WOULD BE THOROUGHLY UNDERSTOOD BY THEIR NEW PARENTS THE ASPCA LAUNCHED ITS ANIMAL RELOCATION INITIATIVE DURING 2011 THE RELOCATION TEAM FACILITATED THE MOVEMENT OF 866 ANIMALS FROM SOURCE SHELTERS IN 13 STATES TO 36 DESTINATION SHELTERS IN 16 STATES THE RELOCATION TEAM BEGAN THE DEVELOPMENT OF A MODEL RELOCATION TRANSPORT PROGRAM IN CALIFORNIA, LOUISIANA, MASSACHUSETTS, NEW MEXICO, NEW JERSEY, OKLAHOMA AND TENNESSEE COLLECTIVELY THOSE RELOCATIONS SAVED THE LIVES OF APPROXIMATELY 8,000 ANIMALS THE ASPCA PARTINERSHIP WORKS WITH NINE COMMUNITIES ACROSS THE COUNTRY WHERE THE ANIMAL WELFARE COMMUNITY NEEDS OUR HELP TO IMPLEMENT INITIATIVES TO BOOST THE LIVE RELEASE RATES FOR COMPANION ANIMALS. THE ORGANIZATION COLLABORATES WITH THESE PARTINERS TO DEVELOP SUSTAINABLE DATA-DRIVEN PLANS AND PROGRAMS THAT HELP REJUNITE LOST ANIMALS WITH THERE PROGRAMS THE ASPCA INVESTS IN THESE PROGRAMS THROUGH TRAP-NEUTER-RETURN AND COMMUNITY CAT PROGRAMS THE ASPCA INVESTS IN THESE PROGRAMS THROUGH TRAP-NEUTER-RETURN AND COMMUNITY CAT PROGRAMS THE ASPCA INVESTS IN THESE PROGRAMS THROUGH TRAP-NEUTER-RETURN AND COMMUNITY CAT PROGRAMS THE ASPCA INVESTS IN THESE PROGRAMS THROUGH TRAP-NEUTER-RET

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D		ANTI-CRUELTY PROGRAMS (ANTI CRUELTY EXPENSE 31,249,913, INCLUDING GRANTS OF 15,050,627) IN 2011, THE ASPCA FIELD INVESTIGATIONS AND RESPONSE (FIR) TEAM ASSISTED 33,459 ANIMALS IN NEED AND RESCUED 6,124 ANIMALS THE FIR TEAM ALSO CONSULTED ON 115 CRUELTY CASES INVOLVING PUPPY MILLS, HOARDERS, ANIMAL FIGHTING AND SINGLE ACTS OF ABUSE AND/OR NEGLECT FROM A FRIL THROUGH AUGUST, THE FIR TEAM RESPONDED TO 15 NATURAL DISASTERS THE FIR TEAMS WORK DURING THE TORNADO CRISS IN JOPLIN, MISSOURI DESERVES SPECIAL MENTION EFFORTS INCLUDED MANAGING MORE THAN 1,300 ANIMALS IN THE EMERGENCY SHELTER, TAKING PART IN FIELD RESCUES AND ESTABLISHING A DISTRIBUTION CENTER TO PROVIDE SUPPLIES TO AREA RESIDENTS AND ANIMAL WELFARE ORGANIZATIONS THROUGHOUT THE MIDWEST THE MAIN GOAL IN JOPLIN WAS TO REUNITE ANIMALS WITH THEIR OWNERS. THE FIR TEAMS RESPONSE TO THE JOPLIN TORNADO WAS LAUDED BY BOTH FEMA AND THE DEPARTMENT OF HOMELAND SECURITY AND SET A NEW STANDARD FOR DISASTER RESPONSE FOR THE NATIONS ANIMAL WELFARE COMMUNITY. DURING 2011, THE ASPCA ANTI-CRUELTY BEHAVIOR (ACB) TEAM RESCUED, EVALUATED AND REHABILITATED THOUSANDS OF ANIMALS. THE ACB TEAM EVALUATED 1,192 ANIMAL VICTIMS OF CRUELTY AND PROVIDED EXPERT WITNESS TESTIMONY IN A HIGHLY PUBLICIZED COLORADO DOG-FIGHTING CASE. IN 2011, THE ASPCA CREATED A LEGAL ADVOCACY DEPARTMENT TO PROVIDE EXPERT LEGAL ASSISTANCE IN ANIMAL CRUELTY CASES OVER NINE MONTHS, THE NEW DEPARTMENT TOOK PART IN 20 ANIMAL CRUELTY. INVESTIGATIONS, PLUS PROSECUTIONS INVOLVING LARGE-SCALE PUPPY MILLS, HOARDERS AND EQUINE CRUELTY CASES. THE ASPCA'S HUMANE LAW ENFORCEMENT (H.E.) DEPARTMENT TOOK PART IN 20 ANIMAL CRUELTY. INVESTIGATIONS, PLUS PROSECUTIONS INVOLVING LARGE-SCALE PUPPY MILLS, HOARDERS AND EQUINE CRUELTY. CASES THE ASPCA'S HUMANE LAW ENFORCEMENT (H.E.) DEPARTMENT FOO ANIMALS FROM ALLEGEDLY ABUSIVE OWNERS. HE RESPONDED TO NEARLY 40,000 CALLS, EMAILS AND LETTERS FROM THE PUBLIC. IN ADDITION, HELE CONDUCTED 204 CARRIAGE-HORSE INSPECTIONS AND MADE NEARLY 150 VISITS TO HOARDERS IN 2011, THE ASPCA WAS ABLE TO G

ldentifier	Return Reference	Explanation
FORM 990, PART IV, LINE 2		THE ASPCA IS NOT REQUIRED TO COMPLETE SCHEDULE B FOR THE PERIOD ENDED DECEMBER 31, 2011, IN ACCORDANCE WITH THE FORM 990 AND 990 SCHEDULE B INSTRUCTIONS, BECAUSE NO ONE CONTRIBUTOR DONATED, IN THE AGGREGATE, AN AMOUNT GREATER THAN 2% OF THE TOTAL CONTRIBUTIONS RECEIVED BY THE ORGANIZATION DURING THE YEAR

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 THE ASPCA'S BYLAWS THE ASPCA'S "MEMBERS" CONSIST OF ONE OR MORE MEMBERSHIP CATEGORIES (E.G., CHAMPIONS, BENEFACTORS, SPONSORS, ASSOCIATES, FRIENDS, JUNIORS, ETC.) AS MAY BE ESTABLIHED 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. ANY CONTRIBUTOR OVER AGE 18 WHO MAKES A DONATION OF \$25 OR MORE TO THE ASPCA IS DEEMED A "MEMBER".

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11B		THE FORM 990 WAS PREPARED BY A NATIONALLY-RENOWNED ACCOUTING 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 PROVIDED TO THE FULL BOARD OF DIRECTORS 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 THAT IS REVIEWED BY THE CORPORATE COUNSEL AND, WHERE NECESSARY, THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS ANY POTENTIAL CONFLICTS ARE ADDED TO RECORDS MAINTAINED BY ASPCA'S LEGAL DEPARTMENT

Identifier R	Return Reference	Explanation
FORM 990, PART VI, LINE 15		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 COMPENSATION) THE COMMITTEE REVIEWS AND APPROVES, ON AN ANNUAL BASIS, THE COMPENSATION OF THE FOLLOWING STAFF MEMBERS PRESIDENT/CEO, CHIEF FINANCIAL OFFICER, AND CURRENT KEY EMPLOYEES (EARNING OVER \$150,000 AND HAVING SIGNIFICANT ORGANIZATIONAL RESPONSIBILITIES) A STAFF COMMITTEE, CONSISTING OF THE VP OF HUMAN RESOURCES, 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 OF THE BOARD 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, 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 APPROVAL OF THE COMPENSATION AND THE DATE APPROVED, 2 THE NAMES OF MEMBERS OF THE COMMITTEE WHO WERE PRESENT DURING DISCUSSION OF THE COMPENSATION AND THE DATE APPROVED, 2 THE NAMES OF MEMBERS OF THE COMMITTEE WHO WERE PRESENT DURING DISCUSSION OF THE COMMITTEE HAVING A CONFLICT OF INTEREST THE COMMITTEE MUST THEN APPROVE THE DOCUMENTATION WITHIN A REASONABLE PERIOD OF TIME AFTER ITS REPARATION

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19		AUDITED FINANCIAL STATEMENTS, CERTIFICATE OF INCORPORATION AND BY-LAWS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH CHARITABLE REGISTRATION REQUIREMENTS IN OVER 40 STATES THE ASPCA MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND PLACING A COPY ON ITS OWN 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 LOSS ON INVESTMENTS (4,640,562) PENSION RELATED CHARGES OTHER THAT PERIODIC PENSION COST (2,492,054) UNREALIZED LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST (720,820) (7,853,436)

ldentifier	Return Reference	Explanation
SCHEDULE G, PART II		THE ASPCA REPORTS ALL EXPENDITURES RELATED TO ITS SPECIAL EVENT'S 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

ldentifier	Return Reference	Explanation
SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION		ASPCA GRANTS PROVIDE SUPPORT TO A VARIETY OF U.SBASED 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 FORMAT OTHER THAN BY SUBMITTING A LETTER OF INQUIRY THROUGH ITS WEBSITE. THE ASPCA CAREFULLY CONSIDERS A NUMBER OF FACTORS IN ITS GRANT REVIEW PROCESS AMONG THOSE FACTORS IS AN ORGANIZATION'S ABILITY. TO DEMONSTRATE ITS STABILITY AND PROFESSIONALISM ORGANIZATIONS THAT CAN DEMONSTRATE THE FOLLOWING QUALIFICATIONS IN THEIR APPLICATION ARE IN THE BEST POSITION TO RECEIVE FUNDING FROM THE ASPCA IN A TIMELY MANNERACCESS 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 PURPOSESANTI-CRUELTY EFFORTS -EMERGENCY AND DISASTER RESPONSE AND PREPAREDNESS -EQUINE PROJECTS -SHELTER AND SPAY/INEUTER PROGRAMSRESEARCH GENERAL FUNDING RESTRICTIONS -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 FUNDRAISING OR ADMINISTRATIVE EXPENSES -POLITICAL PARTIES, CANDIDATES, OR LOBBYING ACTIVITIES -TRAVEL FUNDS FOR TOURS, EXIBITIONS OR TRIPS BY INDIVIDUALS OR SPECIAL INTEREST GROUPS -ORGANIZATIONS THAT DISCRIMINATE BASED ON RACE, COLOR, RELIGION, SEXUAL ORIENTATION, NATIONAL ORIGIN, OR ANY OTHER AREAS COVERED BY ANY APPLICABLE FEDERAL, STATE, OR LOCAL LAWS -ORGANIZATIONS BASED OUTSIDE THE UNITED STATES EXCEPT IN EXTRAORDINARY CIRCUMSTANCES -INDIVIDUAL ANIMALS -START-UP ORGANIZATIONS THE ASPCA CONDUCTS REGULAR REVIEWS OF ITS APPLICANTS' NON-PROFIT STATUS GRANTEES ARE EXPECTED TO REPORT BACK TO THE ASPCA WITH RESPECT TO THE USE OF THE GRANT FUNDS FOR THE PURPOSES REQUESTED