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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)

Department of the Treasury Internal Revenue Service

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

	or the	2012 calendar year, or tax year beginning JUL 1, 2012 and ending	JUN 30, 2013	
	or the			
Вс	heck if	C Name of organization	D Employer identific	ation number
	Addres	S ANIMAL WELFARE INSTITUTE		
	Name change	Doing Business As	13-50	655952
\vdash	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/st		
\vdash	_ireturn ∏Termin			337 2332
<u> </u>	ated	300 FEMNSIBVANIA AVE 5.E.		
<u> </u>	Ameno	City, town, or post oπice, state, and ZIP code	G Gross receipts \$	7,797,751.
	Application	WASHINGTON, DC 20003	H(a) Is this a group re	turn
	pendin	F Name and address of principal officer:CATHY LISS	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates incl	
<u> </u>	ax-exe	mpt status: X 501(c)(3)		list. (see instructions)
		e: WWW.AWIONLINE.ORG	H(c) Group exemption	
K F	orm of	organization: X Corporation Trust Association Other ► L Y	ear of formation: 1951 M	State of legal domicile: DC
Pa	rt I	Summary		
	1	Briefly describe the organization's mission or most significant activities: ${f TO}$ ${f ALLEV}$	IATE THE SUFFI	ERING OF
Governance	'	ANIMALS CAUSED BY PEOPLE.		
ıar				
err		Check this box if the organization discontinued its operations or disposed of n	i i	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	
Z. G	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
S	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	40
Activities &		Total number of volunteers (estimate if necessary)	6	10
tiv		·	7a	0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	ь	Net unrelated business taxable income from Form 990-T, line 34	[7b]	
		DECEIVED	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	3,388,254.	5,456,563.
h ₹	9	Program service revenue (Part VIII, line 2g)	0.	0.
$\mathcal{K}_{\tilde{s}}$		Program service revenue (Part VIII, line 29) Investment income (Part VIII, column (A), ines 3, 4, and 7d) 2014	186,785.	456,094.
70%	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,103.	45,763.
2			3,627,142.	5,958,420.
λ		Total revenue - add lines 8 through 11 (must-equal Part:VIII-column (A), line 12)		
\	13	Grants and similar amounts paid (Part 18, column TA) lines 13)	243,374.	249,250.
`	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ا ي (15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,971,107.	2,013,578.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.1	0.
e.		Total fundraising expenses (Part IX, column (D), line 25) 52,672.		
EX			2,579,618.	2,570,080.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,832,908.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,794,099.	
	19	Revenue less expenses Subtract line 18 from line 12	-1,166,957.	1,125,512.
Net Assets or Fund Balances		· · · · · · · · · · · · · · · · · · ·	Beginning of Current Year	End of Year
lan	20	Total assets (Part X, line 16)	13,619,470.	15,186,391.
SSB	21	Total liabilities (Part X, line 26)	81,074.	34,620.
in the	20		13,538,396.	15,151,771.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20	13,330,330,	13,131,1,1
	<u>ırt II</u>	Signature Block		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		atter Has	6	10/19
e:		Signature et officer	Date	
Sigr		CATHY LISS, PRESIDENT		
Her	e	Type or print name and title		
			I Data	TT PYIN
		Print/Type preparer's name Preparer's signature	Date Check	'
¹Pilid	1	RICHARD TERRANO	self-employe	₄ №00101716
Prep		Firm's name MARKS PANETH LLP	Firm's EIN	11-3518842
സ്ക്	Only	Firm's address 685 THIRD AVENUE	/	
A	J,	NEW YORK, NY 10017	Phono no 2	12 503-8800
			Phone no. 2.	
May	the IF	S discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No
2920	01 12-1	1-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2012)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Form 990 (2012) ANIMAL WELFARE INSTITUTE
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yès," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
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		х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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	110		
ű	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		x	
	Schedule D, Parts XI and XII	12a	^	ļ <u>.</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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 United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,6		-
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

Form 990 (2012) ANIMAL WELFARE INSTITUTE
Part IV | Checklist of Required Schedules (continued)

		$\overline{}$		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		x	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
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 27 If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	• • • • • • • • • • • • • • • • • • • •	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		25a		х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	238		
ь	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		$\frac{x}{x}$
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		$\frac{\ddot{x}}{x}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
••	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2012)

	Check if Schedule O contains a response to any question in this Part V					\Box
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29			-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?	•		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
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	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					_
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			-		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1 1				
a	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	10b				
11	Section 501(c)(12) organizations. Enter:	المما				
a	Gross income from members or shareholders	11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against	ا ء۔ ا				
40.	amounts due or received from them.)	11b			- 1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	120		
а	Is the organization licensed to issue qualified health plans in more than one state?		ŀ	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.		ŀ			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	₄₀₁₋		ļ		
_	organization is licensed to issue qualified health plans	13b 13c				
140	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	130		14a		X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	1	14b		
	in 199, has it lied a Form 120 to report these payments (in 190, provide all explanation in Schedul				990	(2012)

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 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 No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 6 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? $\overline{\mathbf{x}}$ 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? $\overline{\mathbf{x}}$ 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, DC, MN, NJ, NY, PA, CT, MI, NC, VA, WV, WI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request ___ Other (explain in Schedule O) Own website 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 during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CATHY LISS - 202 337 2332

900 PENNSYLVANIA AVE SE, WASHINGTON,

000 (0040)	ANTMAT.	WELEADE	INSTITUT
Form 990 (2012)	ANIMAL	WELLAKE	INSTITUT.

13-5655952

Page 7

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

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

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

List persons in the following order: Individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)							(D)	(E)	(F)	
Name and Title	Average	,,,,	Positio (do not check mo box, unless perso			1		Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week		cer an	O A O	recto	x/trus	tee)	from	from related	other	
	(list any	individual trustee or director						the	organizations	compensation from the	
	hours for related	e or d	異			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization	
	organizations	Tuste	institutional trustee		影			(** 27 1033 141100)		and related	
	below	da 1	章	<u>_</u>	ed m	S as a	<u>ا</u>			organizations	
	line)	튵	hst	Officer	Key employee	Highest compensated employee	Рог тег				
(1) CATHY LISS	40.00										
PRESIDENT		X		X				95,673.	0.	8,873	
(2) CYNTHIA WILSON	2.00									•	
CHAIR/VICE PRESIDENT		X		X		_		0.	0.	0	
(3) BARBARA K, BUCHANAN	2.00										
SECRETARY		X		X				0.	0.	0 .	
(4) MARY LEE JENSVOLD, PH. D.	2.00										
DIRECTOR		X						0.	0.	0 .	
(5) CHARLES M. JABBOUR CPA	2.00							_	_		
TREASURER		X		X				0.	0.	0 .	
(6) JOHN BOYD, JR.	2.00				i			_	_ [_	
DIRECTOR		X						0.	0.	0 .	
(7) MICHELLE WALTER	2.00							_	_		
DIRECTOR		X						0.	0.	0	
(8) SUSAN MILLWARD	36.00						İ				
EXECUTIVE DIRECTOR			L	X		_		58,827.	0.	5,529	
		Į									
		_	<u> </u>			_	<u> </u>				
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/008	, an	d Hi	ighe	st (Compensated Employe	es (continued)			
, (A)	(B)			(0	C)			(D) (E)			(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Estimat	:ed
•	hours per	box	, unle	ss pe	noar	is bot	h an	'.	compensation	- 1	amount othe	-
	week		J	1	I	1	,	- I Trom :	from related			
	(list any hours for	흁						the organization	organization (W-2/1099-MIS		compens from th	
	related	5	噩			Safed		(W-2/1099-MISC)	(44-271099-14113	"	organiza	_
	organizations	raste	d trus		말	E		(17 27 1000 141100)			and rela	
	below	Individual trustee or director	Institutional trustee		Key employee	34 00	8				organizat	
	line)	활	lu set	Officer	Key e	Highest compensated employee	Former					
						Г	П					
						1	İ					
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		_	L.	_		ļ	L					
					L	l,	_	154 500				
1b Sub-total								154,500.		0.	14,4	
c Total from continuation sheets to Part VI	I, Section A							0.		0.	-44-7	0.
d Total (add lines 1b and 1c)						<u> </u>		154,500.		0.	14,4	02.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no r	eceived more than \$100	,000 of reportab	e		0
compensation from the organization											Yes	No
										г	108	NO
3 Did the organization list any former officer,		ıste	е, ке	y er	npic	yee,	or	nignest compensated e	mployee on			X
line 1a? If "Yes," complete Schedule J for s										ŀ	3	 ^
4 For any individual listed on line 1a, is the su	•								the organization			x
and related organizations greater than \$150	•									⊢	4	╀
5 Did any person listed on line 1a receive or a	•				•		elai	ted organization of indivi	dual for services		5	\mathbf{x}
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedui	9 3 7	or se	ucn	pers	son	_				5	<u> </u>
· · · · · · · · · · · · · · · · · · ·	mnoncotod in	100	204	nt c	000	ract		that received more than	\$100 000 of co-		tion from	
1 Complete this table for your five highest co the organization. Report compensation for										ipensa	tion irom	
	trie caleridar y	ваг	enai	ng v	VILI	OI W	<u> </u>		year.		(C)	
(A) Name and business	address							(B) Description of s	ervices	Co	mpensatio	วท
DIMURO GINSBERG PC, 1101		וֹאֵי	75	יי			\dashv					
SUITE 610, ALEXANDRIA, VA				- ,			ı	LEGAL			174,1	13.
50112 010 / 112212117 11						-	┪					
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	·						-		1			
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•												
							7		1			
							-		ļ			
2 Total number of independent contractors (ii	ncluding but n	ot lii	mite	d to	tho	se lis	stec	d above) who received m	ore than		ur f	
\$100,000 of compensation from the organization						1		<u>•</u>				
											orm 990	(2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated Revenue excluded from tax under Related or Total revenue exempt function business sections 512, 513, or 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events 1d d Related organizations Contributions, and Other Simi e Government grants (contributions) 10 f All other contributions, gifts, grants, and similar amounts not included above 5,456,563 14,794 Q Noncash contributions included in lines 1a-1f \$ 5,456,563 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 205,432 205,432, other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 78,706. 6 a Gross rents 33,758. b Less: rental expenses 44,948. c Rental income or (loss) 44,948 44,948. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 2,056,235, assets other than inventory b Less: cost or other basis 1,805,573 and sales expenses 250,662. c Gain or (loss) 250,662, 250,662. d Net gain or (loss) . 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold . . c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 511130 815. MISCELLANEOUS 11 a b d All other revenue 815 e Total. Add lines 11a-11d 501,857. 5,958,420 0. Total revenue. See instructions. Form 990 (2012)

Form 990 (2012) ANIMAL WELFARE INSTITUTE
Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A).	
	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	187,722.	187,722.		
2	Grants and other assistance to individuals in			†	
	the United States. See Part IV, line 22	3,808.	3,808.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	E7 720	57 720		
_	United States. See Part IV, lines 15 and 16	57,720.	57,720.		
4	Benefits pald to or for members				
5	Compensation of current officers, directors,	160,437.	136,372.	16,044.	8,021.
6	trustees, and key employees Compensation not included above, to disqualified	100,4371	130,3720	10,0330	0,021.
U	persons (as defined under section 4958(f)(1)) and			ł	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,513,456.	1,448,193.	56,545.	8,718.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	32,134.	30,218.	1,595.	321.
9	Other employee benefits	173,773.	161,886.	10,202.	1,685.
10	Payroll taxes	133,778.	125,890.	6,681.	1,207.
11	Fees for services (non-employees):				·
а	Management	000	000 400		
b	Legal .	270,402. 17,750.	270,402.	17,750.	
	Accounting	51,000.	51,000.	17,750.	
	Lobbying .	51,000.	31,000.		
9	Professional fundraising services. See Part IV, line 17	11.		11.	· · ·
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	<u> </u>			
8	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	29,322.	21,019.	180.	8,123.
13	Office expenses				
14	Information technology				
15	Royalties .				
16	Occupancy .	110,588.	76,864.	33,370.	354.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	66,205.	58,610.	5,063.	2,532.
22	Depreciation, depletion, and amortization	00,203.	30,010.	3,003.	2,3324
23 24	Insurance Other expenses, itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONSULTANTS	720,763.	720,763.		
b	CONFERENCES & TRAVEL	651,289.	648,376.	2,913.	
С	TELEPHONE & OFFICE	165,448.	142,638.	10,360.	12,450.
đ	PRINTING & PUBLICATIONS	162,983.	158,695.	69.	4,219.
ө	All other expenses	324,319.	264,658.	54,619.	5,042.
25	Total functional expenses. Add lines 1 through 24e	4,832,908.	4,564,834.	215,402.	52,672.
26	Joint costs. Complete this line only if the organization		İ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			I	

Pal	πX	balance Sneet				
		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing	····	194,483.	1	322,762.
	2	Savings and temporary cash investments		1,163,584.	2	1,097,631.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		42,057.	4	1,186,963.
	5	Loans and other receivables from current and for	rmer officers directors		<u> </u>	
	"	trustees, key employees, and highest compensa				
		Part II of Schedule L	ted employees. Complete	-	5	-
1		Loans and other receivables from other disqualit	ind namena (se defined under			
	6	section 4958(f)(1)), persons described in section	·			
		employers and sponsoring organizations of section				
				6		
ţ	-	employees' beneficiary organizations (see instr). Notes and loans receivable, net	-	7		
Assets	7	Inventories for sale or use			8	
4	8	Prepaid expenses and deferred charges	·		9	
	9		ı 'ı		_ -	<u></u>
	iva	Land, buildings, and equipment: cost or other	10a 6,308,137.			
	١ ,	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a 6,308,137. 10b 560,547.	5,840,725.	10c	5,747,590.
	11	Investments - publicly traded securities	300,3470	6,378,621.	11	6,831,445.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 1	0,370,021	12	0,031,1131	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	ul line 34)	13,619,470.	16	15,186,391.
	17	Accounts payable and accrued expenses		73,074.	17	23,230.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former				
abil		key employees, highest compensated employee			1	
Ë	Ì	Complete Part II of Schedule L	-, , ,	• •	22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay	/ables to related third			
	Ì	parties, and other liabilities not included on lines				
		Schedule D		8,000.	25	11,390.
	26	Total liabilities. Add lines 17 through 25		81,074.	26	34,620.
		Organizations that follow SFAS 117 (ASC 958	, check here ▶ X and			
Sa		complete lines 27 through 29, and lines 33 an	d 34.			
Š	27	Unrestricted net assets .		13,039,831.	27	14,691,690.
Sala	28	Temporarily restricted net assets		398,565.	28	360,081.
Net Assets or Fund Balances	29	Permanently restricted net assets		100,000.	29	100,000.
Fur		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗔		-	
ō		and complete lines 30 through 34.			1	
ets	30	Capital stock or trust principal, or current funds			30	
4SS.	31	Paid in or capital surplus, or land, building, or eq	uipment fund		31	
et /	32	Retained earnings, endowment, accumulated in	· ·		32	
	1		13,538,396.	33	15,151,771.	
2	33	Total net assets or fund balances		13,619,470.	34	15,186,391.

	990 (2012) ANIMAL WELFARE INSTITUTE	13-5	655952	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	5,95 4,83 1,12 13,53 48	2,9 5,5 8,3	08. 12.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,15	1,7	71.			
Pa	rt XII Financial Statements and Reporting	•		-				
	Check if Schedule O contains a response to any question in this Part XII							
-		•		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	İ					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?							
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt	3b					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		1 30		Ц			

Form **990** (2012)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Employer Identification number

ANIMAL WELFARE INSTITUTE 13-5655952 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment Income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d ____ Type III - Non-functionally integrated b Type II _ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization?

(ii) EIN	(described on lines 1-9 above or IRC section	cribed on lines 1-9 In col. (i) listed in your c		organizat	i notify the ion in col. support?	(vi) is the organization in col. (i) organized in the U.S.?		(vil) Amount of moneta support	
	(see instructions))	Yes	No	Yes	No	Yes	No		
		ļ					ļ		
]							
								· 	
									
		ľ							
	-								
	(II) EIN	(described on lines 1-9	(described on lines 1-9 above or IRC section (see instructions))	(described on lines 1-9 above or IRC section (see instructions))	(described on lines 1-9 in col. (i) listed in your organizat above or IRC section (see instructions)) (see instructions)	(see instructions))	(see instructions))	(see instructions))	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s).

Schedule A (Form 990 or 990-EZ) 2012

11g(ii)

11g(iii)

h

Schedule A (Form 990 or 990-EZ) 2012 ANIMAL WELFARE INSTITUTE 13-56555

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

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

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2451267.	2774912.	4915780.	3388256.	5456563.	18986778.			
2	Tax revenues levied for the organ-		1							
	ızation'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	0.454.065	0001010	4015500	2200056		10006770			
	Total. Add lines 1 through 3	2451267.	2774912.	4915780.	3388256.	5456563.	18986778.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included					1				
	on line 1 that exceeds 2% of the									
	amount shown on line 11,						2027007			
_	column (f)						2937097.			
	Public support. Subtract line 5 from line 4			<u> </u>			16049681.			
	ction B. Total Support		410000	() 0040	4.0044	(1)0040	(0.T.)			
	indar year (or fiscal year beginning in)	(a) 2008 2451267.	(b) 2009 2774912.	(c) 2010 4915780.	(d) 2011 3388256.	(e) 2012 5 4 5 6 5 6 3	(f) Total 18986778.			
	Amounts from line 4	2431207.	21143120	4913700.	3300230.	3430303.	10700770.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties	231,174.	154,073.	152,115.	142,789.	205,432.	885,583.			
_	and income from similar sources	231,1/4	134,073.	132,113.	142,705.	203,432.	003,303.			
9	Net income from unrelated business									
	activities, whether or not the									
10	business is regularly carried on						<u> </u>			
10	Other income. Do not include gain									
	or loss from the sale of capital assets (Explain in Part IV.)						į			
44	Total support. Add lines 7 through 10		· · · · · · · · · · · · · · · · · · ·				19872361.			
	Gross receipts from related activities,	etc (see instructi	nne)			12	5,151.			
	First five years. If the Form 990 is for	*	•	d fourth or fifth ta	ay year as a sectio					
	organization, check this box and stor	_	mot, socoria, triir	a, 10a1th, 01 mar te	ix your as a soono	11 55 1(5)(5)				
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2012 (line 6. column (f) di	ivided by line 11, o	column (f))		14	80.76 %			
	Public support percentage from 2011					15	60.27 %			
	33 1/3% support test - 2012. If the c			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and			
	stop here. The organization qualifies	•		·		•	▶ X			
ь	33 1/3% support test - 2011. If the		-		line 15 is 33 1/3%	or more, check t	his box			
	and stop here. The organization qual	-					▶□			
17a	10% -facts-and-circumstances tes	• •	• • •		13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances tes	_	•		•	17a, and line 15 is	10% or			
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part IV how the	•			
	organization meets the "facts-and-circ						▶□			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	ıs . ▶□			
	 -				Sche	dule A (Form 990	or 990-EZ) 2012			

Schedule A (Form 990 or 990 EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		<u> </u>				
	ndar year (or tiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and					.,	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the			n.			
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-]	
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and					1	
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received					1	
	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						
8	Public support (Subtract line 7c from line 6.)	+1.	, ,	* 1 *	,	,	<u> </u>
	ction B. Total Support		,	-	,	 	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 6		-				
10a	Gross income from interest, dividends, payments received on		1				
	securities loans, rents, royalties						
	and income from similar sources					_	
b	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses					1	
	acquired after June 30, 1975					ļ	<u> </u>
	Add lines 10a and 10b				<u> </u>	 	
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain			-	 	 	
12	or loss from the sale of capital	1					
40	assets (Explain in Part IV.)					 	
	Total support. (Add lines 9, 10c, 11, and 12)	. the erece!*!!	o first consend the	ما المرابطات من الألمان الم	N 1005 50 5 555 ⁴	n 501/a\/3\ =====	zation
14	First five years. If the Form 990 is for	r the organization's	s nrst, secona, thir	u, rounn, or tinh to	ax year as a secti	on out (c)(3) organi	zation,
Se.	check this box and stop here	ic Support Pe	rcentage				
	Public support percentage for 2012 (column (fl)	-	15	%
	Public support percentage from 2012 (,0.0mm (1))		16	
	ction D. Computation of Investigation			- '		1101	- 70
_	Investment income percentage for 20			ne 13, column (fi)		17	%
	Investment income percentage from			.c 10, 00.01111 (1))	•	18	
	investment income percentage from a 33 1/3% support tests - 2012. If the			on line 14, and line	a 15 is more than	h	
198	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2011. If the	•	-				F
L)	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
<u> 20</u>	rivate fourteation, it the organization	in did flot check a	DOX OIT III 10 17, 13	a, or rob, check th	110 DON 4110 300 II		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			En	nployer identification number
	ANIMAL	WELFARE INSTITUT	re		13-5655952
Pa	art I-A Complete if the org	janization is exempt un	der section 501(c)	or is a section 527	organization.
	Provide a description of the organize Political expenditures Volunteer hours	cation's direct and indirect politi	cal campaign activities		*\$
Pa	art I-B Complete if the org	anization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955		* \$
2	•			5	* \$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720) for this year?	•	Yes Wo
	Was a correction made?				└─ Yes └─ No
	If "Yes," describe in Part IV.	animation is available	der coetion 504/o	avant costion E/	14(0)(2)
Pa		janization is exempt un			
1					* \$
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s	_	
	exempt function activities		4400 DOI		*\$
3	Total exempt function expenditures	a. Add lines 1 and 2. Enter here	and on Form 1120-POL	-,	• ¢
	line 17b	4400 DOL 5			Yes No
	Did the filing organization file Form	*	"INI) of all accessor 507 a	alitical accominations to w	
5	Enter the names, addresses and er made payments. For each organiza	• •	•	<u>▼</u>	
	contributions received that were pr	•			<u>-</u>
	political action committee (PAC). If				arate degregates terre er a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	n (e) Amount of political
	(a) Name	(b) Address	(0) EIII	filing organization's	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				funds. If none, enter-	
					If none, enter -0
	·				
	·				
				 	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

Fart II-A Complete if the organization is exempt under section 501(c)(3) and filled Form 5768 (election under section 501(h)).	Sched	ule C (Form 990 or 990-EZ) 2012	ANIMAL	WELF	ARE INSTITU	TE	13-5	655952 Page 2
A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures 1 Lobbying ontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) 1s: The lobbying nontaxable amount (b) or (b) 1s: The lobbying nontaxable amount (b) or (b) 1s: The lobbying nontaxable amount (b) or (c) 1s: The lobbying nontaxable amount (b) or (c) 1s: The lobbying nontaxable amount (b) or (c) 1s: The lobbying nontaxable amount (b) or (c) 1s: The lobbying nontaxable amount (b) or (c) 1s: The lobbying nontaxable amount (b) or (c) 1s: The lobbying nontaxable amount (b) or (c) 1s: The lobbying nontaxable amount (b) or (c) 1s: The lobbying nontaxable amount (b) or (c) 1s: The lobbying nontaxable amount (b) or (c) 1s: The lobbying nontaxable amount (b) or (c) 1s: The lobbying nontaxable amount (c) or (c) 1s: The lobbying expenditures (b) 1s: The lobbying nontaxable amount (c) or (c) 2s: 1s subtract line 1s from line 1s. It zero or less, enter 0- 1s subtract line 1s from line 1s. It zero or less, enter 0- 1s subtract line 1s from line 1s. It zero or less, enter 0- 1s subtract line 1s from line 1s. It zero or less, enter 0- 1s subtract line 1s from line 1s. It zero or less, enter 0- 1s subtract line 1s from line 1s. It zero or less, enter 0- 1s subtract line 1s from line 1s. It zero or less, enter 0- 1s subtract line 1s from line 1s. It zero or less, enter 0- 1s subtract line 1s from line 1s. Calendar year	Part	II-A Complete if the org	anization	is exer	npt under section	n 501(c)(3) and fil	ed Form 5768	
Example Exam		(election under sec	tion 501(l	າ))				
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals	A Che	eck Lifthe filing organizat	tion belongs	to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Charles		expenses, and shar	re of excess	lobbying (expenditures).			
The term "expenditures" means amounts paid or incurred.)	B Che	ock 🕨 🔲 if the filing organizat	tion checked	box A ar	nd "limited control" pro	visions apply.		
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) 1.6 , 8.1.1.		Limit	te on Lobby	ina Eyner	nditures			
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$50,000 Dut not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000			-					totals
b Total lobbyling expenditures to Influence a legislative body (direct lobbying) c Total lobbyling expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbyling nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbyling nontaxable amount. Enter the amount from the following nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$10,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1f from line 1a. If zero or less, enter -0 i Subtract line 1f from line 1a. If zero or less, enter -0 if there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Freporting section 4911 tax for this year? 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.) Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) Total Calendar year (or fiscal year beginning in) 5 Lobbying Expenditures During 4-Year Averaging Period Lobbying ceiling amount (150% of line 2a, column(e)) C Total lobbying expenditures 91, 817. 32, 202. 188, 123. 98, 616. 410, 758. d Grassroots nontaxable amount 87, 118. 86, 840. 72, 204. 97, 911. 344, 073.		• • • • • • • • • • • • • • • • • • • •			·			
C Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (2								
d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$17,000,000 Over \$1,000,000 O		, , ,	_		dy (direct lobbying)			
e Total exempt purpose expenditures (add lines 1c and 1d) 1 Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) 1s: If the amount on line 1e, column (a) or (b) 1s: If the amount on line 1e, column (a) or (b) 1s: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,500,000 20% of the amount on line 1e. Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 Over \$1,500,0		, , , , ,		1b)				
Subtract line 1g from line 1a. If zero or less, enter -0- Subtract line 1g from line 1c. If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, idid the organization file Form 4720 reporting section 4911 tax for this year? Calendar year (or fiscal year beginning in) Calendar year (or fiscal								· · · · · · · · · · · · · · · · · · ·
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.							391,645.	
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.			or (b) is:					
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.	<u> </u>				' -			
Grassroots nontaxable amount (enter 25% of line 1f) 97,911.				•				
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0 i Subtract line 1f from line 1c. If zero or less, enter -0 j 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? 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) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) Total 2a Lobbying nontaxable amount 348,471. 347,359. 288,815. 391,645. 1,376,290. b Lobbying celling amount (150% of line 2a, column(e)) 7 Total lobbying expenditures 91,817. 32,202. 188,123. 98,616. 410,758. d Grassroots nontaxable amount 87,118. 86,840. 72,204. 97,911. 344,073.			,000,000			ss over \$1,500,000.		
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j 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?	Ľ	Over \$17,000,000		\$1,000,0	000.			
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j 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?		S	OEO/ - 61	10			97 911	
is Subtract line 1f from line 1c. If zero or less, enter -0- j 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? 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) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) Total 2a Lobbying nontaxable amount 348,471. 347,359. 288,815. 391,645. 1,376,290. b Lobbying celling amount (150% of line 2a, column(e)) c Total lobbying expenditures 91,817. 32,202. 188,123. 98,616. 410,758. d Grassroots nontaxable amount 87,118. 86,840. 72,204. 97,911. 344,073.						•		
Jet 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? 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) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) Total 2a Lobbying nontaxable amount 348,471. 347,359. 288,815. 391,645. 1,376,290. b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures 91,817. 32,202. 188,123. 98,616. 410,758. d Grassroots nontaxable amount 87,118. 86,840. 72,204. 97,911. 344,073. e Grassroots ceiling amount		_						
Yes No A-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.) Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) Total			•		line 1i did the organiza	ation file Form 4720		
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) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) Total 2a Lobbying nontaxable amount 348,471. 347,359. 288,815. 391,645. 1,376,290. b Lobbying ceiling amount (150% of line 2a, column(e)) 2 7,064,435. c Total lobbying expenditures 91,817. 32,202. 188,123. 98,616. 410,758. d Grassroots nontaxable amount 87,118. 86,840. 72,204. 97,911. 344,073. e Grassroots ceiling amount	-				into 11, dia trio organiza	20011 1110 1 01111 4720	٢	Yes No
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Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures 91,817. 32,202. 188,123. 98,616. 410,758. d Grassroots nontaxable amount 87,118. 86,840. 72,204. 97,911. 344,073. e Grassroots ceiling amount		(Some organiz					olete all of the five	
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(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying celling amount (150% of line 2a, column(e)) 2 Total lobbying expenditures 91,817. 32,202. 188,123. 98,616. 410,758. d Grassroots nontaxable amount e Grassroots celling amount e Grassroots celling amount	_		Lobby	ing Exper	nditures During 4-Yea	r Averaging Period	·	· · · · · · · · · · · · · · · · · · ·
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying celling amount (150% of line 2a, column(e)) 2 Total lobbying expenditures 91,817. 32,202. 188,123. 98,616. 410,758. d Grassroots nontaxable amount e Grassroots celling amount e Grassroots celling amount		Outro de la constanta de la co						
2a Lobbying nontaxable amount 348,471. 347,359. 288,815. 391,645. 1,376,290. b Lobbying celling amount (150% of line 2a, column(e)) 2,064,435. c Total lobbying expenditures 91,817. 32,202. 188,123. 98,616. 410,758. d Grassroots nontaxable amount e Grassroots ceiling amount 87,118. 86,840. 72,204. 97,911. 344,073.		•	(a) 20	09	(b) 2010	(c) 2011	(d) 2012	(e) Total
b Lobbying celling amount (150% of line 2a, column(e)) c Total lobbying expenditures 91,817. 32,202. 188,123. 98,616. 410,758. d Grassroots nontaxable amount e Grassroots celling amount		(or nadar year beginning my						
b Lobbying celling amount (150% of line 2a, column(e)) c Total lobbying expenditures 91,817. 32,202. 188,123. 98,616. 410,758. d Grassroots nontaxable amount e Grassroots celling amount			2.40	4-4	0.45 0.50	200 015	204 645	1 256 222
(150% of line 2a, column(e)) c Total lobbying expenditures 91,817. 32,202. 188,123. 98,616. 410,758. d Grassroots nontaxable amount 87,118. 86,840. 72,204. 97,911. 344,073.	2a l	obbying nontaxable amount	348	,471.	347,359.	288,815.	391,645.	1,376,290.
c Total lobbying expenditures 91,817. 32,202. 188,123. 98,616. 410,758. d Grassroots nontaxable amount 87,118. 86,840. 72,204. 97,911. 344,073.		' '						0 064 435
d Grassroots nontaxable amount 87,118. 86,840. 72,204. 97,911. 344,073.	(150% of line 2a, column(e))						2,064,435.
d Grassroots nontaxable amount 87,118. 86,840. 72,204. 97,911. 344,073.			0.1	017	22 202	100 100	00 616	410 750
e Grassroots ceiling amount	C	Total lobbying expenditures	91	,01/.	34,404.	100,143.	90,010.	410,756.
e Grassroots ceiling amount			97	110	אַב פאַר ו	72 204	97 911	344 072
(150% of line 2d, column (e))		· · · · · · · · · · · · · · · · · · ·	07	,110.	00,040.	14,404.	31,3110	344,073.
(150% of mile 20, coluini (e))								516 110
		13070 Of III le 20, Column (e))	-					310,110.
f Grassroots lobbying expenditures 11,121. 6,427. 26,871. 16,811. 61,230.			·					

Schedule C (Form 990 or 990 EZ) 2012 ANIMAL WELFARE INSTITUTE 13-5655952 Page 3

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	3)	(t	o)
of the lobbying activity	Yes	No	Amo	ount
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			4	
or referendum, through the use of:			,	
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-	<u> </u>
c Media advertisements?				
d Mailings to members, legislators, or the public?		L		
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>			
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	ļ			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	 F04(-)	(5)	24122	
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	((C)	(5), or se	ection	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
answered "Yes." 1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical			
expenses for which the section 527(f) tax was paid).				
a 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 e	xcess			
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; I	Part II-A (affilia	ated group	lıst); Part II-	A, line 2;
and Part II-B, line 1. Also, complete this part for any additional information.				
				
				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ANIMAL WELFARE INSTITUTE

Employer identification number 13-5655952

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	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	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	[·]	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	it holds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	nbes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pe	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
.	Assets included in Form 900 Part Y		▶ \$

Sche		WELFARE IN							55952	
Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	<u>er Simil</u>	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	, <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	•	• 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	in how th	ney further t	he organizat	ion's exe	mpt purp	ose in Pai	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	ner simila	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	□ No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other a	ssets not	included		_	
	on Form 990, Part X?							. ∟	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
C	Beginning balance .						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217					L	Yes	Щ №
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	on has been	provided in	Part XIII				
Pai	t V Endowment Funds. Complete it	the organization ar	nswered	"Yes" to Fo	rm 990, Parl	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs .									
f	Administrative expenses						····			
9	End of year balance	·			<u> </u>				<u> </u>	
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.								
3а	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administ	ered for t	he organi	zation	_	
	by:								\	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X	line 10.						
	Description of property	(a) Cost or o			or other		ccumulate		(d) Book	value
_		basis (investi		basis	(other)		preciation	_	<u></u>	
1a	Land .	2,459,	021.			78 j		1.	2,459	
b	Buildings			3,84	9,116.		560,5	47.	3,288	<u>,569.</u>
С	Leasehold improvements .			***						
d	Equipment .									
е	Other									

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

Schedule D (Form 990) 2012

5,747,590.

ANIMAL WELFARE INSTITUTE

Schedule D (Form 990) 2012

13-5655952 Page 3

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 ANIMAL WELFARE INSTITUTE				<u>5655952</u>	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per R	eturr	า	
1	Total revenue, gains, and other support per audited financial statements			1	6,446,	283.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	487,863.	li		
b	Donated services and use of facilities	2b		.		
C	Recoveries of prior year grants	2c	_			
d	Other (Describe in Part XIII.)	2d		ا ا		
0	Add lines 2a through 2d			2e		863.
3	Subtract line 2e from line 1			3	5,958,	420.
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	· · · · · · · · ·			
b	Other (Describe in Part XIII.)	4b		-ur		_
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,958,	420.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses per	Retu	irn	
1	Total expenses and losses per audited financial statements .			1	4,832,	908.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments .	2b				
C	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				_
е	Add lines 2a through 2d			2е		0.
3	Subtract line 2e from line 1			3	4,832,	908.
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	·	l		
b	Other (Describe in Part XIII.)	4b				_
C	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,832,	908.
	t XIII Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines 1	a and 4; Part IV, lines 1	b and	2b; Part V, line	4; Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	provide	any additional informat	ion.		
	· · · · · · · · · · · · · · · · · · ·					
						
			 			
				_		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection Employer identification number

AN:	MAL WELFARE	INSTITUT	E			13-565595	2
Pa	rt I General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organ	ization answered "Y	'es"
	to Form 990, Par	t IV, line 14b.					
1	-	_		ds to substantiate the amount of its gra			ਦਿ
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance?	Yes X No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and of	ther assistance outs	side the
	United States.						
3				an be duplicated if additional space is a			T
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
·							
,							
3 a	Sub-total	0	0				0.
b	Total from continuation sheets to Part I	o	0				0.
С	Totals (add lines 3a	0	0				0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

13-5655952

Page 2

ANIMAL WELFARE INSTITUTE

Schedule F (Form 990) 2012

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any Part II

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		argentina	MARINE MAMMAL CONSERVATION.	8,000.		0		
		DNITED KINGDON	MARINE MAMMAL CONSERVATION.	10,000.		0.		
_		BOSNIA	COMPANION ANIMAL CARE.	26,940.		0		
		ISRAEL	PREPARING AND SHIPPING A DONATED AIRCRAFT TO BE USED FOR COMBATTING	7,550.		.0		
_	,							
 2 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro 3 Enter total number of other organizations or entities 	recipient organization the grantee or counstother organizations of the other organizations.	ns listed above that are el has provided a sectio or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country,	recognized as tax-e	kempt by		

SEE PART V FOR COLUMN (D) DESCRIPTIONS

13-5655952

Page 3

ANIMAL WELFARE INSTITUTE

Schedule F (Form 990) 2012

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. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
Number of ecipients				,	
(b) Region					
(a) Type of grant or assistance (b) Region (c)					

Sched	ule F (Form 990) 2012 ANIMAL WELFARE INSTITUTE	13-5655952	Page 4
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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012 ANIMAL WELFARE INSTITUTE	13-5655952	Page 5
Part V. Supplemental Information		
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III ' (c) (estimated number of recipients), as applicable. Also complete this part to provide any addition	(accounting method); and Part I	
PART II, COLUMN (D):	yaa mormaasii	
REGION: ISRAEL		
	ATDODARM MO DE	
(D) PURPOSE OF GRANT: PREPARING AND SHIPPING A DONATED		
USED FOR COMBATTING ILLEGAL WILDLIFE POACHING FOR THE	KENYA WILDLIFE	
SERVICE.	· · · · · · · · · · · · · · · · · · ·	

232075 12-10-12

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047	2012	Open to Public
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Inspection

								•	
Name of t	Name of the organization	Dist. advarage					Ē	Employer identification number	n number
	ANIMAL	ANIMAL WELFAKE INSTITUTE	STOTE					7262292-5T	20200
Part I	Part I General Information on Grants and Assistance	s and Assistance							
1 Doe	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ds to substantiate th€	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio		
crite	criteria used to award the grants or assistance?	ssistance?	:		:			X Yes	ž [
2 Des	2 Describe in Part IV the organization's procedures for monitoring to	procedures for monit	toring the use of grant	the use of grant funds in the United States.	d States.				
Part II	Part II 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	to Governments and	d Organizations in the	United States. C	complete if the orga	nization answered "Y	es to Form 990, Part IV	, line 21, for any	
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	an \$5,000. Part II can	be duplicated if additi	onal space is need	ded.				
1-11		1412.0				(f) Method of	(f) Method of		

recipient that received more than \$5,000. Part II can be duplicat	\$5,000. Part II can	be duplicated if addition	ed if additional space is needed	eđ.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONITOR CONSORTIUM							RESEARCHING & PROVIDING
1506 19TH ST, NW							ENVIRONMENTAL & ANIMAL
WASHINGTON, DC 20036	52-1040138		10,159.	0.			WELFARE NEWS.
6 VARIOUS ORGANIZATIONS							2012 CHRISTINE STEVENS AWARDS.
C/O 900 PENNSYLVANIA AVE S.E			0	C			2012 CHRISTINE STEVENS
WASHINGTON, DC 20003	APPLIED FOR		36,000.	0.			AWARDS
45 VARIOUS ORGANIZATIONS C/O 900 PENNSYLVANIA AVE S.E WASHINGTON, DC 20003	APPLIED FOR		77,430.	0.			GOOD HUSBANDRY GRANTS.
SPECIES SURVIVAL NETWORK 2100 L STREET NW							INTERNATIONAL WILDLIFE
WASHINGTON, DC 20037	52-2133713		5,500.	0.			TRADE.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

13-5655952

Page 2

ANIMAL WELFARE INSTITUTE

Schedule I (Form 990) (2012)

Part []

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) THE PROJECT OUTCOME AND AIE MAY CHOOSE TO FEATURE RESULTS OF WORK UNDERTAKEN IN QUARTERLY OR OTHER REGULAR BASIS. SUCH REPORTS ARE STORED ELECTRONICALLY BY REPORTS EITHER AT THE COMPLETION OF A SPECIFIC PROJECT FOR WHICH THE GRANT ITS AWI QUARTERLY NEWSLETTER. AWI MONITORS OVERSEAS GRANTEES BY REQUIRING GRANTEES ARE EXPECTED TO PROVIDE AWI WITH A DESCRIPTION OF AID WAS PROVIDED OR, IN THE CASE OF ONGOING GRANTS, PROGRESS REPORTS ON 2: AWI GRANTS ARE AWARDED BASED ON PROPOSALS. (d) Amount of non-cash assistance 0. 0 46,873, 8,000 (c) Amount of cash grant 37 (b) Number of recipients ANIMAL WELFARE APPROVED GOOD HUSBANDRY GRANT (a) Type of grant or assistance LINE PART I, CHRISTINE STEVENS AWARD AFTER AWARD, SCHEDULE I, Part (V AWI.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Employer identification number Name of the organization 13-5655952 ANIMAL WELFARE INSTITUTE FORM 990, PART VI, SECTION B, LINE 11: GOVERNING BODY IS NOT PROVIDED OFFICER SIGNING THE RETURN AND EXECUTIVE DIRECTOR REVIEWS FOR COMPLETENESS. FORM 990, PART VI, SECTION B, LINE 12C: ORGANIZATION ANNUALLY REVIEWS & MONITORS CONFLICT OF INTEREST POLICY TO ENSURE COMPLIANCE. FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT'S ANNUAL SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA, DC, MN, NJ, NY, PA, CT, MI, NC, VA, WV, WI, MD FORM 990, PART VI, SECTION C, LINE 18: PROVIDES COPIES UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: PROVIDES COPIES UPON REQUEST.

2012 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

Current Year Deduction		;	1			1	,	!
Current Sec 179	0	1	1	: :	, †	1		
Accumulated Depreciation	135,905. 224,182. 2,066. 224. 362,377.	ĺ	1	1 1 1 1 1	•		1	
Basis For Depreciation	628,067. 3164923. 16,530. 4,470. 3813990.		1	;	!			1
Reduction In Basis	•0	1		, , , , , , , , , , , , , , , , , , ,	1			;
Bus % Excl		1	j 1	; ;				
Unadjusted Cost Or Basis	628,067. 3164923. 16,530. 4,470. 3813990.		\$ r		,			I d
S S	16 16 16	•	1	1		, 1		1
Lrfe	000.		,				1 .	
Method						i !	i f	r
Date Acquired	033003 083008 091009					1		
Description	BUILDINGS BUILDING & BUILDING ZIMPROVEMENTS BUILDING & BUILDING SIMPROVEMENTS BUILDING & BUILDING AIMPROVEMENTS BUILDING & BUILDING SIMPROVEMENTS F 990 PAGE 10 TOTAL BUILDINGS RUILDINGS RUILDINGS RUILDINGS RUILDINGS RUILDINGS RUILDINGS RUILDINGS RUILDINGS RUILDINGS	· !					.	
Asset			1	l	I	1	ł ,	

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

228102 05-01-12

Department of the Treasury Internal Revenue Service

Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No 1545-0150

For IRS Use Only

LOI	IUO	UBS
Received	bv-	

Received by
Name
Telephone

Part I Power of Attorney	1	/	Telephone
Caution: A separate Form 2848 should be completed for each taxpay	er. Form 28 4 1	8 will not be honored for any	y Function
purpose other than representation before the IRS.			Date / /
1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.			
Taxpayer name and address		Taxpayer identification number	r(s)
/	'	13-5655952	
ANIMAL WELFARE INSTITUTE			
900 PENNSYLVANIA AVE S.E.			
WASHINGTON, DC 20003		Daytime telephone number	Plan number (if applicable)
		202 337 2332	
hereby appoints the following representative(s) as attorney(s)-in-fact			
2 Representative(s) must sign and date this form on page 2, Part II.			
Name and address		CAF No.	2005-47637R
RICHARD J TERRANO /		PTIN	P00101716
C/O MARKS PANETH 660 WHITE PLATINS RD		Telephone No.	212-330-6085
TARRYTOWN, NY 10591 /		Fax No.	212-330-6092
Check if to be sent notices and communications		Check if new: Address	Telephone No. Fax No.
Name and address		CAF No.	
		PTIN	
		Telephone No.	
		Fax No.	
Check if to be sent notices and communications		Check if new: Address	Telephone No. Fax No.
Name and address		CAF No.	
/		PTIN	
		Telephone No.	
		Fax No.	
		Check if new: Address	Telephone No. Fax No.
to represent the taxpayer before the Internal Revenue Service for the following matters:			
3 Matters /			
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whisteblower,	1	Tax Form Number	Year(s) or Period(s) (if applicable)
Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	1	41, 720, etc.) (if applicable)	(see instructions for line 3)
INCOME /	990		2011,2012,2013
	l		
4 Specific use not recorded on Centralized Authorization File (CAF). If the power of at	ttorney is for a	specific use not recorded on CA	AF, check
this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF			· •
5 Acts authorized. Unless otherwise provided below, the representatives generally are at	uthorized to rec	ceive and inspect confidential ta	x information and to perform any
and all acts that I can perform with respect to the tax matters described on line 3, for e	xample, the aut	thority to sign any agreements.	consents, or other documents.
The representative(s), however, is (are) not authorized to receive or negotiate any amound by either electronic means or/paper checks). Additionally, unless the appropriate box(e	unts paid to the	e client in connection with this r	epresentation (including refunds
request for disclosure of tax/returns or return information to a third party, substitute an	nother represer	necked, die representative(s) is Itative or add additional represe	(are) not authorized to execute a intatives, or sign certain tax returns
Disclosure to third parties; Substitute or add representative(s);	Signing a re		
	_ 5 5	· · · · · · · · · · · · · · · · · · ·	
Other acts authorized:		(See i	nstructions for more information)
Exceptions. An unemotied return preparer cannot sign any document for a taxpayer	and may only		
only represent taxpayers to the extent provided in section 10.3(d) of Treasury Departm	nent Circular No). 230 (Circular 230). An encolle	d-retirement plan grent may only
represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A register	red tax return n	reparer may only represent tax	navers to the extent provided in
section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matter limited (for example, they may only practice under the supervision of another practition	s partners. In n ner\	nost cases, the student practition	gnerrs-(level k) authority (SO)
Liet any appendix deletions to the cote otherwise sutherwised in this naving of attention	•	ବୁ	2014 0
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Form 2848 (Rev	. 3-2012)			Page 2
8 Retenti	on/revocation of prior po	wer(s) of attorney. The filin	g of this power of attorney automatically revokes all earlier	
power(s	s) of attorney on file with t	he Internal Revenue Service	for the same matters and years or periods covered by this	
qoćnwe	ent. If you do not want to r	evoke a prior power of attor	ney, check here	
			YOU WANT TO REMAIN IN EFFECT.	
			th a joint return was filed, the husband and wife must each file a separate powe	
			by a corporate officer, partner, guardian, tax matters partner, executor, receive	r, administrator, or
trustee	on behalf of the taxpayer,	I certify that I have the author	ority to execute this form on behalf of the taxpayer.	
				
► IF N	OI SIGNED AND DATED,	THIS PUMER OF ATTURNE	WILL BE RETURNED TO THE TAXPAYER.	•
	1 ASTA	LIM	6/4/14 Hoside	n /
	١ ١١ - ١	Signature	Date Title (H ac	pplicable)
	. , 0			
///	LTHY Liss	•	ANIMAL WELFARE INSTITUT	'ਜ਼ '
	Print Name	PIN	Number Print name of taxpayer from line 1 if other tha	
	 			
Part II	Declaration of I	Representative		
				
Under penaltic	es of perjury, I declare tha	t		
	-	· · · · · · · · · · · · · · · · · · ·	ctice before the Internal Revenue Service;	
			Part 10), as amended, concerning practice before the Internal Revenue Service	8;
	· ·	taxpayer identified in Part I	for the matter(s) specified there; and	
	ne of the following:			
	•	-	nighest court of the jurisdiction shown below.	
			s a certified public accountant in the jurisdiction shown below.	
	-	an agent under the requirer		
		of the taxpayer's organization		
		time employee of the taxpay		
	other, or sister).	or the taxpayer S infinediate	family (for example, spouse, parent, child, grandparent, grandchild, step-paren	it, step-child,
	•	es an actuary by the lount Br	pard for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority	
			l by section 10.3(d) of Circular 230).	
			before the Internal Revenue Service is limited. You must have been eligible to s	ian the seturn
			ice 2011-8 and Special rules for registered tax return preparers and unenrol	
	the instructions.			ico iciain piepaieis
		arer - registered as a tax reti	irn preparer under the requirements of section 10.4 of Circular 230. Your autho	nrity to practice before
			een eligible to sign the return under examination and have signed the return. S	
			nenrolled return preparers in the instructions.	
			ce before the IRS by virtue of his/her status as a law, business, or accounting s	tudent working in
LI.	TC or STCP under section	10.7(d) of Circular 230. Sei	instructions for Part II for additional information and requirements.	ū
r En	rolled Retirement Plan Ag	ent - enrolled as a retiremer	t plan agent under the requirements of Circular 230 (the authority to practice b	efore the
Int	ternal Revenue Service is	limited by section 10.3(e)).		
>	IF THIS DECLARATION	OF REPRESENTATIVE IS N	OT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. RE	PRESENTATIVES
	MUST SIGN IN THE OR	DER LISTED IN LINE 2 ABO	VE. See the instructions for Part II.	
Note: For desi	anations d-f. enter vour ti	itle, position, or relationship	to the taxpayer in the "Licensing jurisdiction" column. See the instructions for P	Part II for more
nformation.	grament a quint your a	, p	to the management of the control of the management of the manageme	art ii ioi iiiore
Designation -	Licensing jurisdiction	Bar, license, certification,		Т
Insert above	(state) or other	registration, or	0	
letter (a-r)	licensing authority (if applicable)	enroliment number (if applicable). See	Signature	Date
		instructions for Part II for more information.		//
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