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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

|                                                                                                                                                                                                                                                                                                           |                                                                                                                         |                                                                                                                                                  |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS<br>% JOHANNA RICHMAN CFO |                                                                                                                                                  | <b>D Employer identification number</b><br><br>13-1623829 |
|                                                                                                                                                                                                                                                                                                           | Doing business as                                                                                                       |                                                                                                                                                  |                                                           |
|                                                                                                                                                                                                                                                                                                           | Number and street (or P O box if mail is not delivered to street address)                                               | Room/suite                                                                                                                                       | E Telephone number<br><br>(212) 876-7700                  |
|                                                                                                                                                                                                                                                                                                           | City or town, state or province, country, and ZIP or foreign postal code<br>New York, NY 101286804                      |                                                                                                                                                  | <b>G</b> Gross receipts \$ 228,761,758                    |
|                                                                                                                                                                                                                                                                                                           | <b>F</b> Name and address of principal officer<br>MATTHEW BERSHADKER PRESCEO<br>520 EIGHTH AVENUE<br>NEW YORK, NY 10018 |                                                                                                                                                  |                                                           |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                            |                                                                                                                         | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |                                                           |
| <b>J Website:</b> ▶ WWW.ASPCA.ORG                                                                                                                                                                                                                                                                         |                                                                                                                         | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |                                                           |
|                                                                                                                                                                                                                                                                                                           |                                                                                                                         | <b>H(c)</b> Group exemption number ▶                                                                                                             |                                                           |

|                                                                                                                                                                                    |                                 |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | <b>L</b> Year of formation 1866 | <b>M</b> State of legal domicile NY |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|

Part I

Summary

|                                                                                                                                                 |                                                                                                                                                                                                                                                                |                                  |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|
| Activities & Governance                                                                                                                         | <b>1</b> Briefly describe the organization's mission or most significant activities<br>TO PROVIDE EFFECTIVE MEANS FOR THE PREVENTION OF CRUELTY TO ANIMALS THROUGHOUT THE U S , INCLUDING PROGRAM INITIATIVES, ANIMAL HEALTH SVCS, ANTI-CRUELTY SEE SCHEDULE O |                                  |                                    |
|                                                                                                                                                 |                                                                                                                                                                                                                                                                |                                  |                                    |
|                                                                                                                                                 |                                                                                                                                                                                                                                                                |                                  |                                    |
|                                                                                                                                                 |                                                                                                                                                                                                                                                                |                                  |                                    |
|                                                                                                                                                 |                                                                                                                                                                                                                                                                |                                  |                                    |
| <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |                                                                                                                                                                                                                                                                |                                  |                                    |
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                            | <b>3</b>                                                                                                                                                                                                                                                       | 17                               |                                    |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                | <b>4</b>                                                                                                                                                                                                                                                       | 16                               |                                    |
| <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .                                                 | <b>5</b>                                                                                                                                                                                                                                                       | 953                              |                                    |
| <b>6</b> Total number of volunteers (estimate if necessary) . . . . .                                                                           | <b>6</b>                                                                                                                                                                                                                                                       | 947                              |                                    |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .                                                        | <b>7a</b>                                                                                                                                                                                                                                                      | -4,550                           |                                    |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .                                                               | <b>7b</b>                                                                                                                                                                                                                                                      | -42,510                          |                                    |
| Revenue                                                                                                                                         | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                                                                                                                                                                               | <b>Prior Year</b><br>145,059,094 | <b>Current Year</b><br>163,600,103 |
|                                                                                                                                                 | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                                                                                                                                                                                | 14,649,039                       | 14,585,922                         |
|                                                                                                                                                 | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                                                                                                                             | 9,661,204                        | 8,188,373                          |
|                                                                                                                                                 | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                             | 2,296,412                        | 4,431,672                          |
|                                                                                                                                                 | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                                                                                                                           | 171,665,749                      | 190,806,070                        |
| Expenses                                                                                                                                        | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .                                                                                                                                                                            | 16,929,404                       | 14,244,160                         |
|                                                                                                                                                 | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                                                                                                                              | 0                                | 0                                  |
|                                                                                                                                                 | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                    | 66,957,781                       | 68,078,129                         |
|                                                                                                                                                 | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                                                                                                                             | 2,092,591                        | 2,387,985                          |
|                                                                                                                                                 | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶36,560,058                                                                                                                                                                                 |                                  |                                    |
|                                                                                                                                                 | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                                                                                                                                                                               | 87,084,965                       | 91,229,925                         |
|                                                                                                                                                 | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                             | 173,064,741                      | 175,940,199                        |
|                                                                                                                                                 | <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                                                                                                                                        | -1,398,992                       | 14,865,871                         |
| Net Assets or Fund Balances                                                                                                                     |                                                                                                                                                                                                                                                                | <b>Beginning of Current Year</b> | <b>End of Year</b>                 |
|                                                                                                                                                 | <b>20</b> Total assets (Part X, line 16) . . . . .                                                                                                                                                                                                             | 224,598,048                      | 233,141,070                        |
|                                                                                                                                                 | <b>21</b> Total liabilities (Part X, line 26) . . . . .                                                                                                                                                                                                        | 26,686,328                       | 26,526,052                         |
|                                                                                                                                                 | <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .                                                                                                                                                                                  | 197,911,720                      | 206,615,018                        |

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

|                        |                                                                |                                          |                    |                                                 |                   |
|------------------------|----------------------------------------------------------------|------------------------------------------|--------------------|-------------------------------------------------|-------------------|
| Sign Here              | *****<br>Signature of officer                                  |                                          | 2015-10-02<br>Date |                                                 |                   |
|                        | JOHANNA RICHMAN SVP & CFO<br>Type or print name and title      |                                          |                    |                                                 |                   |
| Paid Preparer Use Only | Print/Type preparer's name<br>FELICIA R TUCKER                 | Preparer's signature<br>FELICIA R TUCKER | Date               | Check <input type="checkbox"/> if self-employed | PTIN<br>P00505155 |
|                        | Firm's name ▶ KPMG LLP                                         |                                          |                    | Firm's EIN ▶                                    |                   |
|                        | Firm's address ▶ 345 Park Avenue<br><br>New York, NY 101540102 |                                          |                    | Phone no (212) 758-9700                         |                   |

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

Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization’s mission

THE ASPCA PROVIDES EFFECTIVE MEANS FOR THE PREVENTION OF CRUELTY TO ANIMALS THROUGHOUT THE UNITED STATES  
THE VISION OF THE ASPCA IS THAT THE UNITED STATES IS A HUMANE COMMUNITY IN WHICH ALL ANIMALS ARE TREATED  
WITH RESPECT AND KINDNESS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 36,325,918 including grants of \$ ) (Revenue \$ 14,585,922 )

ANIMAL HEALTH SERVICES - SEE SCHEDULE O

4b

(Code ) (Expenses \$ 33,606,739 including grants of \$ ) (Revenue \$ )

PUBLIC EDUCATION AND COMMUNICATIONS - SEE SCHEDULE O

4c

(Code ) (Expenses \$ 22,399,770 including grants of \$ ) (Revenue \$ )

ANTI CRUELTY PROGRAMS - SEE SCHEDULE O

See Additional Data

4d

Other program services (Describe in Schedule O )

(Expenses \$ 37,242,660 including grants of \$ 14,244,160 ) (Revenue \$ )

4e

Total program service expenses

129,575,087

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

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                             | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                 | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                         | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a |     | No |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38  | Yes |    |

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

☒

|                                                                                                                                                                                                                                                                 |                                                                                                                                                                                         | Yes | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1a                                                                                                                                                                                                                                                              | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .                                                                                                   | 247 |     |
| 1b                                                                                                                                                                                                                                                              | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable                                                                                                          |     |     |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                            |                                                                                                                                                                                         | 1c  | Yes |
| 2a                                                                                                                                                                                                                                                              | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | 2a  | 953 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                               |                                                                                                                                                                                         | 2b  | Yes |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .                                                                                                                                                        |                                                                                                                                                                                         | 3a  | Yes |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . .                                                                                                                                    |                                                                                                                                                                                         | 3b  | No  |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .         |                                                                                                                                                                                         | 4a  | No  |
| b If "Yes," enter the name of the foreign country  _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) |                                                                                                                                                                                         |     |     |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .                                                                                                                                                  |                                                                                                                                                                                         | 5a  | No  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                              |                                                                                                                                                                                         | 5b  | No  |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                                  |                                                                                                                                                                                         | 5c  |     |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .                                              |                                                                                                                                                                                         | 6a  | No  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                                       |                                                                                                                                                                                         | 6b  |     |
| 7 <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                          |                                                                                                                                                                                         |     |     |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .                                                                                                     |                                                                                                                                                                                         | 7a  | Yes |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                                     |                                                                                                                                                                                         | 7b  | Yes |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                                |                                                                                                                                                                                         | 7c  | No  |
| d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                                   |                                                                                                                                                                                         | 7d  |     |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                                     |                                                                                                                                                                                         | 7e  | No  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .                                                                                                                                            |                                                                                                                                                                                         | 7f  | No  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                                    |                                                                                                                                                                                         | 7g  |     |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                                  |                                                                                                                                                                                         | 7h  |     |
| 8 <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                                   |                                                                                                                                                                                         | 8   |     |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . .                                                                                                                                                                   |                                                                                                                                                                                         | 9a  |     |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .                                                                                                                                                     |                                                                                                                                                                                         | 9b  |     |
| 10 <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                |                                                                                                                                                                                         |     |     |
| 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 <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                               |                                                                                                                                                                                         |     |     |
| a Gross income from members or shareholders . . . . .                                                                                                                                                                                                           |                                                                                                                                                                                         | 11a |     |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .                                                                                                                        |                                                                                                                                                                                         | 11b |     |
| 12a <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                           |                                                                                                                                                                                         | 12a |     |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                                                                               |                                                                                                                                                                                         | 12b |     |
| 13 <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                      |                                                                                                                                                                                         |     |     |
| a Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O                                                               |                                                                                                                                                                                         | 13a |     |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .                                                                                           |                                                                                                                                                                                         | 13b |     |
| c Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                                |                                                                                                                                                                                         | 13c |     |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                        |                                                                                                                                                                                         | 14a | No  |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .                                                                                                                                        |                                                                                                                                                                                         | 14b |     |

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

|    |                                                                                                                                                                                                                     |     |     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                     | Yes | No  |
| 1a | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 | 17  |     |
|    | 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    |     |     |
| 1b | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | 16  |     |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | 2   | No  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3   | No  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | 4   | Yes |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | 5   | No  |
| 6  | Did the organization have members or stockholders?                                                                                                                                                                  | 6   | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                  | 7a  | No  |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | 7b  | No  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                    |     |     |
| 8a | The governing body?                                                                                                                                                                                                 | 8a  | Yes |
| 8b | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | 8b  | Yes |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9   | No  |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|     |                                                                                                                                                                                                                                                                                              |     |     |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|     |                                                                                                                                                                                                                                                                                              | Yes | No  |
| 10a | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           | 10a | No  |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                   | 10b |     |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | 11a | Yes |
| 11b | 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 | Yes |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | 12b | Yes |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | 12c | Yes |
| 13  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | 13  | Yes |
| 14  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | 14  | Yes |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                         |     |     |
| 15a | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | 15a | Yes |
| 15b | Other officers or key employees of the organization                                                                                                                                                                                                                                          | 15b | Yes |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                           |     |     |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        | 16a | No  |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b |     |

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                                                                                                           | AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OK, OR, PA, SC, TN, UT, VA, WV, WI |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |                                                                                                                            |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year                                                                                                                                                                                                                                     |                                                                                                                            |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records                                                                                                                                                                                                                                                                                                                       | JOHANNA RICHMAN CFO<br>520 EIGHTH AVENUE<br>NEW YORK, NY 10018 (212) 876-7700                                              |

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2014)



Part VII

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

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
|                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

|    |                                                       |           |   |         |
|----|-------------------------------------------------------|-----------|---|---------|
| 1b | Sub-Total                                             |           |   |         |
| c  | Total from continuation sheets to Part VII, Section A |           |   |         |
| d  | Total (add lines 1b and 1c)                           | 5,285,103 | 0 | 750,884 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization128

|                                                                                                                                                                                                                                       | Yes   | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                        | 3 Yes |    |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 Yes |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       | 5     | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address                                                   | (B)<br>Description of services | (C)<br>Compensation |
|------------------------------------------------------------------------------------|--------------------------------|---------------------|
| EAGLE-COM INC,<br>110 EGLINGTON AVE EAST STE 604<br>TORONTO, ONTARIO M4P 1E4<br>CA | MEDIA BROADCAST                | 15,595,036          |
| TRUE NORTH INC,<br>630 THIRD AVENUE 12TH FL<br>NEW YORK, NY 10017                  | MEDIA PLACEMENT                | 7,303,646           |
| PATTON KIEHL,<br>PO BOX 590<br>THORNBURG, VA 22565                                 | data processing                | 4,218,307           |
| SMS DIRECT INC,<br>8461 VIRGINIA MEADOWS DR<br>MANASSAS, VA 20109                  | PRINTING SERVICES              | 2,715,706           |
| FORUM SERVICES GROUP INC,<br>260 MADISON AVENUE<br>NEW YORK, NY 10016              | STAFFING AGENCY                | 2,141,390           |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization148

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

|                                                           |                       |                                                                                                                                                 |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |            |
|-----------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                    | Federated campaigns . . . .                                                                                                                     | 1a            | 1,802,168            | 163,600,103                                        |                                         |                                                                     |            |
|                                                           | b                     | Membership dues . . . . .                                                                                                                       | 1b            |                      |                                                    |                                         |                                                                     |            |
|                                                           | c                     | Fundraising events . . . . .                                                                                                                    | 1c            | 733,364              |                                                    |                                         |                                                                     |            |
|                                                           | d                     | Related organizations . . . .                                                                                                                   | 1d            |                      |                                                    |                                         |                                                                     |            |
|                                                           | e                     | Government grants (contributions)                                                                                                               | 1e            |                      |                                                    |                                         |                                                                     |            |
|                                                           | f                     | All other contributions, gifts, grants, and<br>similar amounts not included above                                                               | 1f            | 161,064,571          |                                                    |                                         |                                                                     |            |
|                                                           | g                     | Noncash contributions included in lines<br>1a-1f \$                                                                                             |               | 1,072,714            |                                                    |                                         |                                                                     |            |
|                                                           | h                     | Total. Add lines 1a-1f . . . . .                                                                                                                |               |                      |                                                    |                                         |                                                                     |            |
| Program Service Revenue                                   |                       |                                                                                                                                                 | Business Code |                      |                                                    |                                         |                                                                     |            |
|                                                           | 2a                    | Animal Poison Control Center                                                                                                                    |               | 8,811,804            | 8,811,804                                          |                                         |                                                                     |            |
|                                                           | b                     | Animal Hospital Fees                                                                                                                            | 900000        | 4,675,563            | 4,675,563                                          |                                         |                                                                     |            |
|                                                           | c                     | Mobile Clinic Veterinary and Clinic<br>Revenue                                                                                                  | 900000        | 705,720              | 705,720                                            |                                         |                                                                     |            |
|                                                           | d                     | Adoption Center Fees                                                                                                                            | 900000        | 392,835              | 392,835                                            |                                         |                                                                     |            |
|                                                           | e                     |                                                                                                                                                 |               |                      |                                                    |                                         |                                                                     |            |
|                                                           | f                     | All other program service revenue                                                                                                               |               |                      |                                                    |                                         |                                                                     |            |
|                                                           | g                     | Total. Add lines 2a-2f . . . . .                                                                                                                |               |                      | 14,585,922                                         |                                         |                                                                     |            |
| Other Revenue                                             | 3                     | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                                       |               | 2,800,696            |                                                    | -4,550                                  | 2,805,246                                                           |            |
|                                                           | 4                     | Income from investment of tax-exempt bond proceeds . .                                                                                          |               | 0                    |                                                    |                                         |                                                                     |            |
|                                                           | 5                     | Royalties . . . . .                                                                                                                             |               | 2,180,428            |                                                    |                                         | 2,180,428                                                           |            |
|                                                           | 6a                    | (i) Real                                                                                                                                        |               |                      |                                                    |                                         |                                                                     |            |
|                                                           |                       | (ii) Personal                                                                                                                                   |               |                      |                                                    |                                         |                                                                     |            |
|                                                           |                       |                                                                                                                                                 |               |                      |                                                    |                                         |                                                                     |            |
|                                                           |                       |                                                                                                                                                 |               |                      |                                                    |                                         |                                                                     |            |
|                                                           | b                     | Gross rents                                                                                                                                     | 112,408       |                      |                                                    |                                         |                                                                     |            |
|                                                           | b                     | Less rental<br>expenses                                                                                                                         | 789,951       |                      |                                                    |                                         |                                                                     |            |
|                                                           | c                     | Rental income<br>or (loss)                                                                                                                      | -677,543      |                      |                                                    |                                         |                                                                     | 0          |
|                                                           | d                     | Net rental income or (loss) . . . . .                                                                                                           |               |                      |                                                    |                                         |                                                                     | -677,543   |
|                                                           | 7a                    | (i) Securities                                                                                                                                  |               |                      |                                                    |                                         |                                                                     |            |
|                                                           |                       | (ii) Other                                                                                                                                      |               |                      |                                                    |                                         |                                                                     |            |
|                                                           |                       |                                                                                                                                                 |               |                      |                                                    |                                         |                                                                     |            |
|                                                           |                       |                                                                                                                                                 |               |                      |                                                    |                                         |                                                                     |            |
|                                                           | b                     | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                                 | 42,089,154    |                      |                                                    |                                         |                                                                     |            |
|                                                           | b                     | Less cost or<br>other basis and<br>sales expenses                                                                                               | 36,701,477    |                      |                                                    |                                         |                                                                     |            |
|                                                           | c                     | Gain or (loss)                                                                                                                                  | 5,387,677     |                      |                                                    |                                         |                                                                     |            |
|                                                           | d                     | Net gain or (loss) . . . . .                                                                                                                    |               |                      |                                                    |                                         |                                                                     | 5,387,677  |
|                                                           | 8a                    | Gross income from fundraising<br>events (not including<br>\$ 733,364<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |               |                      |                                                    |                                         |                                                                     |            |
|                                                           | a                     |                                                                                                                                                 | 1,020,401     |                      |                                                    |                                         |                                                                     |            |
|                                                           | b                     | Less direct expenses . . . .                                                                                                                    | b464,260      |                      |                                                    |                                         |                                                                     |            |
|                                                           | c                     | Net income or (loss) from fundraising events . .                                                                                                |               | 556,141              |                                                    |                                         |                                                                     |            |
|                                                           | 9a                    | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                           |               |                      |                                                    |                                         |                                                                     |            |
|                                                           | a                     |                                                                                                                                                 |               |                      |                                                    |                                         |                                                                     |            |
|                                                           | b                     | Less direct expenses . . . .                                                                                                                    | b             |                      |                                                    |                                         |                                                                     |            |
|                                                           | c                     | Net income or (loss) from gaming activities . .                                                                                                 |               | 0                    |                                                    |                                         |                                                                     |            |
|                                                           | 10a                   | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                              |               |                      |                                                    |                                         |                                                                     |            |
|                                                           | a                     |                                                                                                                                                 |               |                      |                                                    |                                         |                                                                     |            |
|                                                           | b                     | Less cost of goods sold . . .                                                                                                                   | b             |                      |                                                    |                                         |                                                                     |            |
|                                                           | c                     | Net income or (loss) from sales of inventory . .                                                                                                |               | 0                    |                                                    |                                         |                                                                     |            |
|                                                           | Miscellaneous Revenue |                                                                                                                                                 |               | Business Code        |                                                    |                                         |                                                                     |            |
|                                                           | 11a                   | MISCELLANEOUS REVENUE                                                                                                                           |               | 900099               | 2,372,646                                          |                                         |                                                                     | 2,372,646  |
|                                                           | b                     |                                                                                                                                                 |               |                      |                                                    |                                         |                                                                     |            |
|                                                           | c                     |                                                                                                                                                 |               |                      |                                                    |                                         |                                                                     |            |
|                                                           | d                     | All other revenue . . . . .                                                                                                                     |               |                      |                                                    |                                         |                                                                     |            |
|                                                           | e                     | Total. Add lines 11a-11d . . . . .                                                                                                              |               |                      | 2,372,646                                          |                                         |                                                                     |            |
|                                                           | 12                    | Total revenue. See Instructions . . . . .                                                                                                       |               |                      | 190,806,070                                        | 14,585,922                              | -4,550                                                              | 12,624,595 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                                  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .                                                                                                                                    | 14,235,690            | 14,235,690                      |                                        |                             |
| 2                                                                              | Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .                                                                                                                                                               | 0                     |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .                                                                                                        | 8,470                 | 8,470                           |                                        |                             |
| 4                                                                              | Benefits paid to or for members . . . . .                                                                                                                                                                                                        | 0                     |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                               | 4,751,279             | 3,899,709                       | 436,181                                | 415,389                     |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                          | 0                     |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages . . . . .                                                                                                                                                                                                               | 47,203,258            | 39,625,781                      | 3,357,767                              | 4,219,710                   |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                                     | 3,198,934             | 2,728,234                       | 198,638                                | 272,062                     |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                                | 8,587,406             | 7,323,831                       | 533,236                                | 730,339                     |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                                          | 4,752,641             | 4,053,324                       | 295,116                                | 404,201                     |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                                             | 447,840               | 275,221                         | 127,171                                | 45,448                      |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                                  | 1,412,292             | 498,908                         | 417,744                                | 495,640                     |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                                             | 914,187               | 9,930                           | 874,696                                | 29,561                      |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                               | 384,494               | 384,494                         | 0                                      | 0                           |
| e                                                                              | Professional fundraising services See Part IV, line 17                                                                                                                                                                                           | 1,972,596             |                                 |                                        | 1,972,596                   |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                                             | 750,000               |                                 | 750,000                                |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .                                                                                                                             | 7,747,048             | 6,088,881                       | 311,659                                | 1,346,508                   |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                              | 26,940,839            | 14,410,710                      | 198,004                                | 12,332,125                  |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                                        | 3,775,064             | 3,330,254                       | 248,912                                | 195,898                     |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                                                 | 11,060,107            | 4,750,916                       | 525,456                                | 5,783,735                   |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                                              | 5,337,696             | 3,923,225                       | 653,635                                | 760,836                     |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                                                 | 3,598,953             | 3,392,594                       | 45,060                                 | 161,299                     |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                         | 0                     |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                 | 971,941               | 824,803                         | 62,130                                 | 85,008                      |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                              | 4,533,316             | 3,953,530                       | 402,279                                | 177,507                     |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                                              | 929,043               | 780,488                         | 81,526                                 | 67,029                      |
| 24                                                                             | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)                                                   |                       |                                 |                                        |                             |
| a                                                                              | OPERATING SUPPLIES                                                                                                                                                                                                                               | 15,139,936            | 8,182,638                       | 121,178                                | 6,836,120                   |
| b                                                                              | VETERINARY & MEDICAL SERVICES                                                                                                                                                                                                                    | 4,790,220             | 4,790,220                       |                                        |                             |
| c                                                                              | REPAIRS AND MAINTENANCE                                                                                                                                                                                                                          | 1,190,686             | 1,097,915                       | 76,963                                 | 15,808                      |
| d                                                                              | TRANSPORT EXPENSES                                                                                                                                                                                                                               | 477,956               | 473,530                         | 816                                    | 3,610                       |
| e                                                                              | All other expenses                                                                                                                                                                                                                               | 828,307               | 531,791                         | 86,887                                 | 209,629                     |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                               | 175,940,199           | 129,575,087                     | 9,805,054                              | 36,560,058                  |
| 26                                                                             | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 52,508,744            | 25,584,593                      | 377,602                                | 26,546,549                  |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                |               | (A)               |     | (B)         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-----|-------------|
|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                |               | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                                                 | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                      |               | 8,187,607         | 1   | 14,434,579  |
|                             | 2                                                                                                                                                                 | Savings and temporary cash investments                                                                                                                                                                                                                                                                                         |               | 6,012,548         | 2   | 7,250,280   |
|                             | 3                                                                                                                                                                 | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                             |               | 0                 | 3   | 0           |
|                             | 4                                                                                                                                                                 | Accounts receivable, net                                                                                                                                                                                                                                                                                                       |               | 12,234,297        | 4   | 15,816,543  |
|                             | 5                                                                                                                                                                 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.                                                                                                                                                           |               | 0                 | 5   | 0           |
|                             | 6                                                                                                                                                                 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. |               | 0                 | 6   | 0           |
|                             | 7                                                                                                                                                                 | Notes and loans receivable, net                                                                                                                                                                                                                                                                                                |               | 0                 | 7   | 0           |
|                             | 8                                                                                                                                                                 | Inventories for sale or use                                                                                                                                                                                                                                                                                                    |               | 10,237            | 8   | 0           |
|                             | 9                                                                                                                                                                 | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                          |               | 3,054,408         | 9   | 3,702,250   |
|                             | 10a                                                                                                                                                               | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.                                                                                                                                                                                                                                           | 10a76,402,745 |                   |     |             |
|                             | b                                                                                                                                                                 | Less: accumulated depreciation                                                                                                                                                                                                                                                                                                 | 10b32,075,903 | 45,377,229        | 10c | 44,326,842  |
|                             | 11                                                                                                                                                                | Investments—publicly traded securities                                                                                                                                                                                                                                                                                         |               | 84,541,085        | 11  | 75,869,308  |
|                             | 12                                                                                                                                                                | Investments—other securities. See Part IV, line 11.                                                                                                                                                                                                                                                                            |               | 44,518,477        | 12  | 50,960,124  |
|                             | 13                                                                                                                                                                | Investments—program-related. See Part IV, line 11.                                                                                                                                                                                                                                                                             |               | 0                 | 13  | 0           |
|                             | 14                                                                                                                                                                | Intangible assets                                                                                                                                                                                                                                                                                                              |               | 0                 | 14  | 0           |
|                             | 15                                                                                                                                                                | Other assets. See Part IV, line 11.                                                                                                                                                                                                                                                                                            |               | 20,662,160        | 15  | 20,781,144  |
|                             | 16                                                                                                                                                                | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).                                                                                                                                                                                                                                                              |               | 224,598,048       | 16  | 233,141,070 |
| Liabilities                 | 17                                                                                                                                                                | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                          |               | 13,713,168        | 17  | 9,476,729   |
|                             | 18                                                                                                                                                                | Grants payable                                                                                                                                                                                                                                                                                                                 |               | 2,468,190         | 18  | 2,928,818   |
|                             | 19                                                                                                                                                                | Deferred revenue                                                                                                                                                                                                                                                                                                               |               | 2,800             | 19  | 0           |
|                             | 20                                                                                                                                                                | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                    |               | 0                 | 20  | 0           |
|                             | 21                                                                                                                                                                | Escrow or custodial account liability. Complete Part IV of Schedule D.                                                                                                                                                                                                                                                         |               | 0                 | 21  | 0           |
|                             | 22                                                                                                                                                                | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.                                                                                                                                          |               | 0                 | 22  | 0           |
|                             | 23                                                                                                                                                                | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                                 |               | 0                 | 23  | 0           |
|                             | 24                                                                                                                                                                | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                   |               | 0                 | 24  | 0           |
|                             | 25                                                                                                                                                                | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.                                                                                                                                                         |               | 10,502,170        | 25  | 14,120,505  |
|                             | 26                                                                                                                                                                | <b>Total liabilities.</b> Add lines 17 through 25.                                                                                                                                                                                                                                                                             |               | 26,686,328        | 26  | 26,526,052  |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                                |               |                   |     |             |
|                             | 27                                                                                                                                                                | Unrestricted net assets                                                                                                                                                                                                                                                                                                        |               | 135,314,763       | 27  | 140,188,321 |
|                             | 28                                                                                                                                                                | Temporarily restricted net assets                                                                                                                                                                                                                                                                                              |               | 36,925,063        | 28  | 40,365,414  |
|                             | 29                                                                                                                                                                | Permanently restricted net assets                                                                                                                                                                                                                                                                                              |               | 25,671,894        | 29  | 26,061,283  |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |                                                                                                                                                                                                                                                                                                                                |               |                   |     |             |
|                             | 30                                                                                                                                                                | Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                             |               |                   | 30  |             |
|                             | 31                                                                                                                                                                | Paid-in or capital surplus, or land, building or equipment fund                                                                                                                                                                                                                                                                |               |                   | 31  |             |
|                             | 32                                                                                                                                                                | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                               |               |                   | 32  |             |
|                             | 33                                                                                                                                                                | <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                                                                       |               | 197,911,720       | 33  | 206,615,018 |
|                             | 34                                                                                                                                                                | <b>Total liabilities and net assets/fund balances</b>                                                                                                                                                                                                                                                                          |               | 224,598,048       | 34  | 233,141,070 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

|    |                                                                                                               |    |             |
|----|---------------------------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | 1  | 190,806,070 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 175,940,199 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | 14,865,871  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 197,911,720 |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  | -3,192,920  |
| 6  | Donated services and use of facilities . . . . .                                                              | 6  |             |
| 7  | Investment expenses . . . . .                                                                                 | 7  |             |
| 8  | Prior period adjustments . . . . .                                                                            | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | 9  | -2,969,653  |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 206,615,018 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

|    |                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                        |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| 2c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | Yes |    |
| 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? . . . . .                                                                                                                                                                                                                                                       |     | No |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                     |     |    |

Additional Data

Software ID:  
Software Version:  
EIN: 13-1623829  
Name: THE AMERICAN SOCIETY FOR THE PREVENTION OF  
CRUELTY TO ANIMALS

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

|                    |                |            |                        |                          |   |
|--------------------|----------------|------------|------------------------|--------------------------|---|
| (Code              | ) (Expenses \$ | 37,242,660 | including grants of \$ | 14,244,160 ) (Revenue \$ | ) |
| COMMUNITY OUTREACH |                |            |                        |                          |   |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) Ariana Boardman<br>.....<br>Director                                                                                                      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (1) C Allen Parker<br>.....<br>Director                                                                                                       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) Cathy Wallach<br>.....<br>Director                                                                                                        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) Dodie Gumaer<br>.....<br>Director                                                                                                         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) Frederick Tanne<br>.....<br>Vice Chairperson                                                                                              | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) Fredrik Gradin<br>.....<br>Treasurer                                                                                                      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) Georgina Bloomberg<br>.....<br>Director                                                                                                   | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) Helen SC Pilkington<br>.....<br>Director                                                                                                  | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) Jane W Parver<br>.....<br>Director                                                                                                        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) Jeff Pfeifle<br>.....<br>Director                                                                                                         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) Linda Lloyd Lambert<br>.....<br>Director                                                                                                 | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) Martin Puris<br>.....<br>Director                                                                                                        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) Sally Spooner<br>.....<br>Secretary                                                                                                      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) Scott Thiel<br>.....<br>Director                                                                                                         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) Tim F Wray<br>.....<br>Chairperson                                                                                                       | 3 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (15) Tracy V Maitland<br>.....<br>Director                                                                                                    | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (16) MATTHEW BERSHADKER<br>.....<br>president & ceo                                                                                           | 60 0<br>.....<br>0 0                                                                       | X                                                                                                         |                       | X       |              |                              |        | 497,818                                                              | 0                                                                         | 40,239                                                                                        |
| (17) Alexandra G Bishop<br>.....<br>Emeriti Director thru 3/19/14                                                                             | 0 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (18) Franklin Maisano<br>.....<br>Emeriti Director thru 1/16/14                                                                               | 0 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (19) JOHANNA RICHMAN<br>.....<br>SVP & CFO                                                                                                    | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       | X       |              |                              |        | 73,761                                                               | 0                                                                         | 17,320                                                                                        |
| (20) Bert Troughton<br>.....<br>SVP Strategy Mgmt                                                                                             | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 176,772                                                              | 0                                                                         | 33,357                                                                                        |
| (21) Beverly Jones<br>.....<br>SVP & CLO                                                                                                      | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 186,755                                                              | 0                                                                         | 42,452                                                                                        |
| (22) Elizabeth Estroff<br>.....<br>SVP Communications                                                                                         | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 280,884                                                              | 0                                                                         | 51,908                                                                                        |
| (23) Gail Buchwald<br>.....<br>SVP Adoption Center                                                                                            | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 213,590                                                              | 0                                                                         | 26,578                                                                                        |
| (24) Jed Rogers III DVM<br>.....<br>SVP Animal Health Svcs                                                                                    | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 270,030                                                              | 0                                                                         | 45,299                                                                                        |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (26) Julie Morris<br>.....<br>SVP Comm Outreach                                                                                               | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 274,844                                                              | 0                                                                         | 32,698                                                                                        |
| (1) Nancy Perry<br>.....<br>SVP Gov't Relations                                                                                               | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 232,829                                                              | 0                                                                         | 36,409                                                                                        |
| (2) Sarah Levin Goodstine<br>.....<br>SVP Operations                                                                                          | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 231,918                                                              | 0                                                                         | 48,289                                                                                        |
| (3) Stacy Wolf<br>.....<br>SVP Anti-Cruelty                                                                                                   | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 236,589                                                              | 0                                                                         | 25,408                                                                                        |
| (4) Stephen Musso<br>.....<br>EVP Capital Projects                                                                                            | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 272,637                                                              | 0                                                                         | 40,864                                                                                        |
| (5) Todd Hendricks<br>.....<br>SVP Develop & Mktg                                                                                             | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 281,207                                                              | 0                                                                         | 40,029                                                                                        |
| (6) Elysia Howard<br>.....<br>VP Mktg & Licensing                                                                                             | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 168,607                                                              | 0                                                                         | 42,279                                                                                        |
| (7) J'mai Gayle<br>.....<br>Director of Surgery                                                                                               | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 252,947                                                              | 0                                                                         | 47,099                                                                                        |
| (8) Louise Murray<br>.....<br>VP Animal Health                                                                                                | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 276,048                                                              | 0                                                                         | 50,775                                                                                        |
| (9) Randall Lockwood<br>.....<br>SVP Forensic Sciences                                                                                        | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 219,514                                                              | 0                                                                         | 43,779                                                                                        |
| (10) Wilhelmina Waldman<br>.....<br>VP Philanthropy                                                                                           | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 180,188                                                              | 0                                                                         | 42,180                                                                                        |
| (11) Mark Abrahams<br>.....<br>SVP & CFO THRU 4/16/14                                                                                         | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              |                              | X      | 113,104                                                              | 0                                                                         | 12,524                                                                                        |
| (12) Melissa Norden<br>.....<br>FORMER SVP & Chief of Staff                                                                                   | 0 0<br>.....<br>0 0                                                                        |                                                                                                           |                       |         |              |                              | X      | 127,000                                                              | 0                                                                         | 0                                                                                             |
| (13) Steven Hansen<br>.....<br>COO THRU 10/15/2013                                                                                            | 0 0<br>.....<br>0 0                                                                        |                                                                                                           |                       |         |              |                              | X      | 289,660                                                              | 0                                                                         | 0                                                                                             |
| (14) Edwin Sayres<br>.....<br>Former President & CEO                                                                                          | 0 0<br>.....<br>0 0                                                                        |                                                                                                           |                       |         |              |                              | X      | 191,666                                                              | 0                                                                         | 0                                                                                             |
| (15) Arturo Rios<br>.....<br>SVP HR thru 10/31/14                                                                                             | 50 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              |                              | X      | 236,735                                                              | 0                                                                         | 31,398                                                                                        |



SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
2014  
Open to Public Inspection

|                                                                                           |                                              |
|-------------------------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS | Employer identification number<br>13-1623829 |
|-------------------------------------------------------------------------------------------|----------------------------------------------|

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

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).**

4

☐

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 \_\_\_\_\_

5

☐

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).**

7

☒

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 )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

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 )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . . \_\_\_\_\_

g

Provide the following information about the supported organization(s)

| (i)Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|-----------------------------------|----------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                   |          |                                                                                              | Yes                                                         | No |                                                   |                                                 |
|                                   |          |                                                                                              |                                                             |    |                                                   |                                                 |
|                                   |          |                                                                                              |                                                             |    |                                                   |                                                 |
| Total                             |          |                                                                                              |                                                             |    |                                                   |                                                 |

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.)

| Section A. Public Support                                                                                                                                                                             |             |             |             |             |             |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2010    | (b) 2011    | (c) 2012    | (d) 2013    | (e) 2014    | (f) Total   |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 111,344,562 | 122,738,187 | 137,616,740 | 144,513,028 | 163,600,103 | 679,812,620 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |             |             |             |             |             | 0           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |             |             |             |             |             | 0           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        | 111,344,562 | 122,738,187 | 137,616,740 | 144,513,028 | 163,600,103 | 679,812,620 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |             |             |             |             |             | 0           |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |             |             |             |             |             | 679,812,620 |

| Section B. Total Support                                                                                                                                                                   |             |             |             |             |             |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                              | (a) 2010    | (b) 2011    | (c) 2012    | (d) 2013    | (e) 2014    | (f) Total   |
| 7 Amounts from line 4                                                                                                                                                                      | 111,344,562 | 122,738,187 | 137,616,740 | 144,513,028 | 163,600,103 | 679,812,620 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                           | 5,527,533   | 7,061,725   | 5,228,468   | 4,567,926   | 5,093,532   | 27,479,184  |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                       |             |             |             |             |             | 0           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                                                                          | 2,555,814   | 2,473,349   | 2,492,883   | 1,680,318   | 2,372,646   | 11,575,010  |
| 11 Total support Add lines 7 through 10                                                                                                                                                    |             |             |             |             |             | 718,866,814 |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                          |             |             |             |             | 12          | 73,041,903  |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . |             |             |             |             |             |             |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                         |    |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                   | 14 | 94 567 % |
| 15 Public support percentage for 2013 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                          | 15 | 94 050 % |
| 16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                          |    |          |
| b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                       |    |          |
| 17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization    |    |          |
| b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization |    |          |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                       |    |          |

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

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

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6 )                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                           |          |          |          |          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                      | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                              |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                 |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                          |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                            |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                     |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                 |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                  |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶        |    |  |
| b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ |    |  |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶                                                                                                                                        |    |  |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                         | 1   |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                      | 2   |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                                                       | 3a  |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                    | 3b  |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                             | 3c  |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                         | 4a  |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .                                                                                                                                                                                                  | 4b  |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.                                                                                                                                                                           | 4c  |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a  |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                           | 5b  |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                  | 5c  |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .                                                     | 6   |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .                                                                                                                                                                                             | 7   |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                       | 8   |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                              | 9a  |    |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                | 9b  |    |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                     | 9c  |    |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.                                                                                                                                                                                                                                                             | 10a |    |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).                                                                                                                                                                                                                                                                                                                                                   | 10b |    |
| 11 Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                        | 11a |    |
| b A family member of a person described in (a) above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11b |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                      | 11c |    |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.                                                                                                                                                                                                                                                                              |     |    |

Section C. Type II Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

Section D. All Type III Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                    |     |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                       |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| 2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |  |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                              |  |  |  |
| 3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                                                                                                                                                                                                                                                                                           |  |  |  |

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                               | Net short-term capital gain                                                                                                                                                                              | 1              |                             |
| 2                               | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                             |
| 3                               | Other gross income (see instructions)                                                                                                                                                                    | 3              |                             |
| 4                               | Add lines 1 through 3                                                                                                                                                                                    | 4              |                             |
| 5                               | Depreciation and depletion                                                                                                                                                                               | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)                                                                                                                                                                        | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | 8              |                             |

| Section B - Minimum Asset Amount |                                                                                                                                | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1              |                             |
| a                                | Average monthly value of securities                                                                                            | 1a             |                             |
| b                                | Average monthly cash balances                                                                                                  | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets                                                                               | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                        | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____                                     |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt use assets                                                                   | 2              |                             |
| 3                                | Subtract line 2 from line 1d                                                                                                   | 3              |                             |
| 4                                | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                               | 5              |                             |
| 6                                | Multiply line 5 by .035                                                                                                        | 6              |                             |
| 7                                | Recoveries of prior-year distributions                                                                                         | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                             | 8              |                             |

| Section C - Distributable Amount |                                                                                                                                                                          |   | Current Year |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                    | 1 |              |
| 2                                | Enter 85% of line 1                                                                                                                                                      | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                   | 3 |              |
| 4                                | Enter greater of line 2 or line 3                                                                                                                                        | 4 |              |
| 5                                | Income tax imposed in prior year                                                                                                                                         | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                             | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |   |              |

| Section D - Distributions                                                                                                                  | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                    |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |              |
| 4 Amounts paid to acquire exempt-use assets                                                                                                |              |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                |              |
| 6 Other distributions (describe in Part VI) See instructions                                                                               |              |
| 7 Total annual distributions. Add lines 1 through 6                                                                                        |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2014 from Section C, line 6                                                                                     |              |
| 10 Line 8 amount divided by Line 9 amount                                                                                                  |              |

| Section E - Distribution Allocations (see instructions)                                                                                             | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2014 from Section C, line 6                                                                                              |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2014                                                                                                   |                             |                                        |                                           |
| a From 2009. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                       |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| h Applied to 2014 distributable amount                                                                                                              |                             |                                        |                                           |
| i Carryover from 2009 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                             |                                        |                                           |
| 4 Distributions for 2014 from Section D, line 7<br>\$                                                                                               |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| b Applied to 2014 distributable amount                                                                                                              |                             |                                        |                                           |
| c Remainder Subtract lines 4a and 4b from 4                                                                                                         |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c                                                                                       |                             |                                        |                                           |
| 8 Breakdown of line 7                                                                                                                               |                             |                                        |                                           |
| a From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2014. . . . .                                                                                                                                |                             |                                        |                                           |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation



SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

|                                                                                              |                                                  |
|----------------------------------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>THE AMERICAN SOCIETY FOR THE PREVENTION OF<br>CRUELTY TO ANIMALS | Employer identification number<br><br>13-1623829 |
|----------------------------------------------------------------------------------------------|--------------------------------------------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

|   |                                                                                                          |      |
|---|----------------------------------------------------------------------------------------------------------|------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV |      |
| 2 | Political expenditures                                                                                   | ▶ \$ |
| 3 | Volunteer hours                                                                                          |      |

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

|    |                                                                                         |                                                          |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$                                                     |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$                                                     |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If "Yes," describe in Part IV                                                           |                                                          |

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

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                | ▶ \$                                                     |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                       | ▶ \$                                                     |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                          | ▶ \$                                                     |
| 4 | Did the filing organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV |                                                          |

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- 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<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                      |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000 |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000  |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                       |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period      |           |           |          |          |           |
|-----------------------------------------------------------|-----------|-----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)               | (a) 2011  | (b) 2012  | (c) 2013 | (d) 2014 | (e) Total |
| 2a Lobbying nontaxable amount                             | 1,000,000 | 1,000,000 |          |          | 2,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e))    |           |           |          |          | 3,000,000 |
| c Total lobbying expenditures                             | 379,491   | 662,699   |          |          | 1,042,190 |
| d Grassroots nontaxable amount                            | 250,000   | 250,000   |          |          | 500,000   |
| e Grassroots ceiling amount (150% of line 2d, column (e)) |           |           |          |          | 750,000   |
| f Grassroots lobbying expenditures                        | 38,556    | 96,750    |          |          | 135,306   |

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 of the lobbying activity. |                                                                                                                                                                                                                              | (a) |    | (b)       |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----------|
|                                                                                                                           |                                                                                                                                                                                                                              | Yes | No | Amount    |
| 1                                                                                                                         | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |           |
| a                                                                                                                         | Volunteers?                                                                                                                                                                                                                  | Yes |    |           |
| b                                                                                                                         | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 | Yes |    |           |
| c                                                                                                                         | Media advertisements?                                                                                                                                                                                                        |     | No |           |
| d                                                                                                                         | Mailings to members, legislators, or the public?                                                                                                                                                                             | Yes |    | 22,467    |
| e                                                                                                                         | Publications, or published or broadcast statements?                                                                                                                                                                          |     | No |           |
| f                                                                                                                         | Grants to other organizations for lobbying purposes?                                                                                                                                                                         | Yes |    | 174,278   |
| g                                                                                                                         | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  | Yes |    | 692,929   |
| h                                                                                                                         | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    | Yes |    | 8,441     |
| i                                                                                                                         | Other activities?                                                                                                                                                                                                            | Yes |    | 103,948   |
| j                                                                                                                         | Total Add lines 1c through 1i                                                                                                                                                                                                |     |    | 1,002,063 |
| 2a                                                                                                                        | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No |           |
| b                                                                                                                         | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |           |
| c                                                                                                                         | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |           |
| d                                                                                                                         | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |           |

Part III-A

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

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

Part III-B

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

|   |                                                                                                                                                                                                                                            |    |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 | Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |  |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | 5  |  |

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II B, lines 1(A)- 1(I) | GENERAL - THE ASPCA'S MISSION TO PREVENT CRUELTY TO ANIMALS IS PRIMARILY ADVANCED THROUGH A SERIES OF SIGNIFICANT DIRECT CARE PROGRAMS OUR NATIONAL RELOCATION PROGRAM TO SAVE LIVES OF AT-RISK HOMELESS ANIMALS, PARTNERSHIPS WITH COMMUNITIES TO INCENTIVIZE MORE LIVE RELEASE AND RESCUE FOR HOMELESS ANIMALS, PROFESSIONAL DEVELOPMENT FOR SHELTERS AND RESCUE ORGANIZATIONS, A BEHAVIORAL RESEARCH CENTER TO REHABILITATE UNDERSOCIALIZED, FEARFUL DOGS FROM PUPPY MILLS, HOARDING AND OTHER CRUELTY CASES, A COLLABORATION WITH THE NEW YORK CITY POLICE DEPARTMENT, OUR CRUELTY INTERVENTION ADVOCACY PROGRAM TO ADDRESS THE ROOT CAUSES OF SUFFERING IN HOARDING CASES, AND OUR ASPCA ANIMAL HOSPITAL, SPAY/NEUTER OPERATIONS AND ADOPTION CENTER IN NEW YORK CITY ARE ALL LABORATORIES FOR UNDERSTANDING THE MYRIAD PROBLEMS ANIMALS FACE AND INFORM OUR WORK TO ADVANCE POLICIES THAT WILL PREVENT CRUELTY IN THE FUTURE THE LESSONS WE TAKE FROM THESE PROGRAMS ENABLE US TO BRING EXPERT VOICES AND INFORMED OPINIONS TO OUR WORK FOR LAWS TO DETER CRUEL TREATMENT OF ANIMALS 1A VOLUNTEERS WE WORK WITH VOLUNTEERS HOLDING CITIZEN TRAINING WORKSHOPS IN LOCAL COMMUNITIES, PROVIDING OPPORTUNITIES FOR THEM TO JOIN OUR STAFF AT THE STATE AND FEDERAL CAPITOLS TO PROMOTE OR OPPOSE LEGISLATION THROUGH MEETINGS WITH LEGISLATORS AND THEIR AIDES WE EMPLOY TRAINING TOOLS SUCH AS WEBINARS AND CONFERENCES 1B PAID STAFF OR MANAGEMENT ASPCA MANAGEMENT AND STAFF STRATEGIZE AND COORDINATE OUR PUBLIC POLICY EFFORTS AIMED AT ENHANCING OUR ABILITY TO PERFORM DIRECT CARE WORK AND TO HELP PREVENT CRUELTY WE CULTIVATE AND EXPAND CONTACTS WITHIN GOVERNMENT BODIES, INCLUDING LEGISLATURES AND REGULATORY AGENCIES, AND WORK WITH OTHER NATIONAL AND LOCAL ORGANIZATIONS TO PROMOTE HUMANE POLICIES 1D MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC WE COMMUNICATE WITH OUR MEMBERS, UNPAID VOLUNTEERS, LEGISLATORS AND THE PUBLIC THROUGH MAILINGS, EMAIL, AND ELECTRONIC ALERTS TO UPDATE AND INFORM AS WELL AS TO ENCOURAGE THEIR PARTICIPATION IN POSITIVE OUTCOMES FOR ANIMALS WE EMPLOY TRADITIONAL AND SOCIAL MEDIA TOOLS TO INFORM THE PUBLIC OF LEGISLATION, REGULATIONS, AND OTHER POLICIES THAT PROMOTE ANIMAL WELFARE OR THAT ARE HOSTILE TO IT AND TO PROVIDE THEM WITH SUPPORT AND TOOLS FOR POLICY CHANGE 1F GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES THE ASPCA PROVIDES GRANTS TO ORGANIZATIONS TO PROMOTE ANIMAL WELFARE INCLUDING THOSE WORKING TO FURTHER ANIMAL PROTECTION EFFORTS IN LOCAL AND STATE LEGISLATURES AND CONGRESS AS WELL AS IN REGULATIONS AT ALL LEVELS 1G DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY THE ASPCA PROMOTES ANTI-CRUELTY LEGISLATION THROUGH DIRECT CONTACTS WITH FEDERAL AND STATE LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS AT ALL LEVELS, AND LOCAL LEGISLATURES OUR STAFF, UNPAID VOLUNTEERS, AND CONSULTANTS WORK TO INFLUENCE LEGISLATION TO HELP ANIMALS THROUGH SUCH CONTACTS 1H RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES, OR ANY OTHER MEANS THE ASPCA HOLDS VOICES FOR ANIMALS DAYS, LOBBY DAYS, LEADERSHIP TRAINING SUMMITS, CITIZEN LOBBYING WORKSHOPS, INCLUDING SPEECHES AND SEMINARS, AND GIVES PRESENTATIONS AND SPEECHES TO ENCOURAGE PUBLIC AWARENESS OF HUMANE LEGISLATION AND TO PROMOTE ACTION INFLUENCING POSITIVE OUTCOMES FOR ANIMAL WELFARE POLICY 1I OTHER ACTIVITIES THE ASPCA WORKS CLOSELY WITH OTHER NATIONAL, STATE, AND LOCAL SHELTERS AND ANIMAL WELFARE ORGANIZATIONS AS WELL AS OTHER INDUSTRY OR NON-PROFIT ORGANIZATIONS WITH COMMON INTERESTS TO ALIGN PUBLIC POLICIES WITH BEST PRACTICES FOR ANIMAL WELFARE AND TO ENSURE THAT LAW ENFORCEMENT, FIELD WORK, DISASTER RELIEF, ANTI-CRUELTY EFFORTS, AND SHELTERING OPERATIONS ARE ABLE TO BEST PROTECT ANIMALS THE ASPCA EMPLOYS PROFESSIONAL CONSULTANTS TO SUPPORT AND INFORM OUR LOBBYING EFFORTS AND WE CONDUCT COALITION WORK, INTERNAL COORDINATION AND GRASSROOTS NETWORKING AND CULTIVATION FOR HUMANE PUBLIC POLICY ADVANCEMENT |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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[illegible]

SCHEDULE D  
(Form 990)

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.**  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

|                                                                                                     |                                                         |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Name of the organization</b><br>THE AMERICAN SOCIETY FOR THE PREVENTION OF<br>CRUELTY TO ANIMALS | <b>Employer identification number</b><br><br>13-1623829 |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------|

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                              |                                |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|
|                                                                                                                                                                                                                                                                              | <b>(a)</b> Donor advised funds | <b>(b)</b> Funds and other accounts |
| <b>1</b> Total number at end of year                                                                                                                                                                                                                                         |                                |                                     |
| <b>2</b> Aggregate value of contributions to (during year)                                                                                                                                                                                                                   |                                |                                     |
| <b>3</b> Aggregate value of grants from (during year)                                                                                                                                                                                                                        |                                |                                     |
| <b>4</b> Aggregate value at end of year                                                                                                                                                                                                                                      |                                |                                     |
| <b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                            | <input type="checkbox"/> Yes   | <input type="checkbox"/> No         |
| <b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes   | <input type="checkbox"/> No         |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education)  
☐ Protection of natural habitat  
☐ Preservation of open space  
☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|                                                                                                                                                   |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
|                                                                                                                                                   | <b>Held at the End of the Year</b> |
| <b>a</b> Total number of conservation easements                                                                                                   | <b>2a</b>                          |
| <b>b</b> Total acreage restricted by conservation easements                                                                                       | <b>2b</b>                          |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)                                                       | <b>2c</b>                          |
| <b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | <b>2d</b>                          |

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
☐ Yes ☐ 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 the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  
☐ Yes ☐ No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  

**(i)** Revenue 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  

**a** Revenue included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☒ Public exhibition

b

☐ Scholarly research

c

☒ Preservation for future generations

d

☒ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|                                                  | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance                     | 54,562,237      | 49,486,784    | 46,609,083          | 48,641,402          | 35,555,641         |
| b Contributions                                  | 62,521          | 15,594        | 174,701             | 6,459               | 10,334,557         |
| c Net investment earnings, gains, and losses     | 1,871,471       | 7,297,776     | 5,023,490           | 359,571             | 2,751,204          |
| d Grants or scholarships                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs | 2,315,254       | 2,237,917     | 2,320,490           | 2,398,349           |                    |
| f Administrative expenses                        |                 |               |                     |                     |                    |
| g End of year balance                            | 54,180,975      | 54,562,237    | 49,486,784          | 46,609,083          | 48,641,402         |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

84 280 %

b

Permanent endowment

12 640 %

c

Temporarily restricted endowment

3 080 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                          | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land                                                                                          |                                      | 5,041,057                      |                              | 5,041,057      |
| b Buildings                                                                                      |                                      | 14,761,877                     | 7,584,054                    | 7,177,823      |
| c Leasehold improvements                                                                         |                                      | 33,153,514                     | 7,114,029                    | 26,039,485     |
| d Equipment                                                                                      |                                      | 17,163,257                     | 12,822,000                   | 4,341,257      |
| e Other                                                                                          |                                      | 6,283,040                      | 4,555,820                    | 1,727,220      |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 44,326,842     |



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |                                                                                          |    |             |
|---|------------------------------------------------------------------------------------------|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .       | 1  | 183,893,497 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       |    |             |
| a | Net unrealized gains (losses) on investments . . . . .                                   | 2a | -3,192,920  |
| b | Donated services and use of facilities . . . . .                                         | 2b |             |
| c | Recoveries of prior year grants . . . . .                                                | 2c |             |
| d | Other (Describe in Part XIII ) . . . . .                                                 | 2d | -2,969,653  |
| e | Add lines 2a through 2d . . . . .                                                        | 2e | -6,162,573  |
| 3 | Subtract line 2e from line 1 . . . . .                                                   | 3  | 190,056,070 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                      |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .               | 4a | 750,000     |
| b | Other (Describe in Part XIII ) . . . . .                                                 | 4b |             |
| c | Add lines 4a and 4b . . . . .                                                            | 4c | 750,000     |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . . | 5  | 190,806,070 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |                                                                                           |    |             |
|---|-------------------------------------------------------------------------------------------|----|-------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                      | 1  | 175,190,199 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                          |    |             |
| a | Donated services and use of facilities . . . . .                                          | 2a |             |
| b | Prior year adjustments . . . . .                                                          | 2b |             |
| c | Other losses . . . . .                                                                    | 2c |             |
| d | Other (Describe in Part XIII ) . . . . .                                                  | 2d |             |
| e | Add lines 2a through 2d . . . . .                                                         | 2e |             |
| 3 | Subtract line 2e from line 1 . . . . .                                                    | 3  | 175,190,199 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                        |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a | 750,000     |
| b | Other (Describe in Part XIII ) . . . . .                                                  | 4b |             |
| c | Add lines 4a and 4b . . . . .                                                             | 4c | 750,000     |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 175,940,199 |

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART III, LINE 4         | THE ASPCA POSSESSES A COLLECTION OF ARTIFACTS LARGELY CONSISTING OF HISTORIC DOCUMENTS, MANY OF WHICH ARE ON DISPLAY AT THE ASPCA HEADQUARTERS IN NEW YORK CITY. THE ORGANIZATION DOES NOT CAPITALIZE THIS COLLECTION. TWENTY OF THESE ARTIFACTS, APPRAISED AT \$196,600, ARE ON LOAN TO THE INTERNATIONAL MUSEUM OF THE HORSE IN KENTUCKY, AN UNRELATED ORGANIZATION, FROM SEPTEMBER 21, 2010 TO OCTOBER 15, 2014. THESE ARTIFACTS ARE ON DISPLAY TO EDUCATE THE PUBLIC BY RAISING EQUINE AWARENESS.                                                           |
| PART V, LINE 4           | THE ASPCA MAINTAINS AN ENDOWMENT FOR THE PURPOSE OF GENERATING INCOME TO SUPPORT THE ORGANIZATION'S CHARITABLE MISSION. THE ORGANIZATION'S ENDOWMENT CONSISTS OF A PORTFOLIO OF ACTIVELY MANAGED FUNDS ESTABLISHED TO PROVIDE BOTH A SOURCE OF OPERATING FUNDS AS WELL AS LONG-TERM FINANCIAL STABILITY. THE ENDOWMENT'S PRINCIPAL IS INTENDED TO BE LEFT UNTOUCHED, WHILE THE INCOME GENERATED IS USED TO FUND ASPCA PROGRAMS. SOME OF THE ENDOWMENT FUNDS MAY HAVE PURPOSE RESTRICTIONS ON THE USE OF INCOME.                                                 |
| Form Sch D Part X Line 2 | The ASPCA qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code (IRC), and is not subject to federal income taxes. Accordingly, donors are entitled to a charitable contribution deduction as defined in the IRC. Continued qualification of tax-exempt status is contingent upon compliance with the requirements of the IRC. The ASPCA recognizes the effects of income tax positions only if those positions are more likely than not of being sustained. No provision for income taxes was required for 2014 or 2013. |
| PART XI, LINE 2D         | UNREALIZED GAIN ON BENEFICIAL INTEREST IN TRUST HELD BY OTHERS \$59,621. WRITE DOWN OF PERMANENTLY RESTRICTED REVENUE \$(3,029,274) ----- TOTAL \$(2,969,623).                                                                                                                                                                                                                                                                                                                                                                                                  |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |



[illegible]

Additional Data

Software ID:

Software Version:

EIN: 13-1623829

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

Form 990, Schedule D, Part VII - Investments Other Securities

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (3) Other<br>(A) EQUITY LONG                                            | 8,252,116      | F                                                           |
| (B) DISTRESSED DEBT                                                     | 6,607,544      | F                                                           |
| (C) GLOBAL ASSET ALLOCATION                                             | 8,419,334      | F                                                           |
| (D) FUND OF FUNDS                                                       | 5,941,534      | F                                                           |
| (E) FUND OF FUNDS- PRIVATE EQUITY                                       | 2,516,110      | F                                                           |
| (F) FUND OF FUNDS- CAPITAL                                              | 6,603,192      | F                                                           |
| (G) PRIVATE EQUITY                                                      | 6,637,478      | F                                                           |
| (H) EMERGING MARKETS                                                    | 5,982,816      | F                                                           |

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number  
13-1623829

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (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) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| ( 1 ) North America                            | 0                                   | 1                                                                      | Program Services                                                                                                                            | COMMUNITY OUTREACH SVC                                                                             | 137,022                                              |
| ( 2 ) Central America and the Caribbean        |                                     |                                                                        | Investments                                                                                                                                 |                                                                                                    | 23,484,522                                           |
| ( 3 ) Europe (Including Iceland and Greenland) |                                     |                                                                        | Investments                                                                                                                                 |                                                                                                    | 1,386,218                                            |
| ( 4 )                                          |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| ( 5 )                                          |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| 3a Sub-total                                   | 0                                   | 1                                                                      |                                                                                                                                             |                                                                                                    | 25,007,762                                           |
| b Total from continuation sheets to Part I     |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| c Totals (add lines 3a and 3b)                 | 0                                   | 1                                                                      |                                                                                                                                             |                                                                                                    | 25,007,762                                           |

**Part II**

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. 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) |
|-------|--------------------------|----------------------------------------------|---------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| ( 1 ) |                          |                                              | North America | Spay/Neuter          | 8,470                    |                                 |                                   |                                        |                                                       |
| ( 2 ) |                          |                                              |               |                      |                          |                                 |                                   |                                        |                                                       |
| ( 3 ) |                          |                                              |               |                      |                          |                                 |                                   |                                        |                                                       |
| ( 4 ) |                          |                                              |               |                      |                          |                                 |                                   |                                        |                                                       |

2

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 . . . . ▶

3

Enter total number of other organizations or entities . . . . . ▶

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.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| ( 1 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 2 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 3 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 4 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 5 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 6 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 7 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 8 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 9 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 10 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 11 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 12 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 13 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 14 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 15 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 16 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 17 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 18 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |

**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 ☐ 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; do not file with Form 990)*

☐ Yes ☒ 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 ☐ 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 ☐ 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 ☐ 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; do not file with Form 990)*

☐ Yes ☒ No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1623829

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

### **Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
Attach to Form 990 or Form 990-EZ.  
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number  
13-1623829

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

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)                                | (ii) Activity        | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                                                          |                      | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1 DONOR SERVICES GROUP<br>6715 SUNSET BLVD<br><br>HOLLYWOOD, CA 90028                    | Direct marketing     |                                                                | No | 2,212,605                         | 1,020,129                                                        | 2,212,605                                         |
| 2 STRATEGIC FUNDRAISING INC<br>7800 3RD STREET<br>NORTH STE 900<br><br>ST PAUL, MN 55128 | FUNDRAISING SERVICES |                                                                | No | 2,009,573                         | 475,304                                                          | 2,009,573                                         |
| 3 TELEFUND<br>2923 N MILWAUKEE AVE<br>STE 903<br><br>CHICAGO, IL 60618                   | MEMBERSHIP APPEALS   |                                                                | No | 7,589,605                         | 490,338                                                          | 7,589,605                                         |
| 4                                                                                        |                      |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                                                        |                      |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                                                        |                      |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                                                        |                      |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                                                        |                      |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                                                        |                      |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                                                       |                      |                                                                |    |                                   |                                                                  |                                                   |
| Total . . . . .                                                                          |                      |                                                                |    | 11,811,783                        | 1,985,771                                                        | 11,811,783                                        |

3

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

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



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue         |                                       |                                                                         | (a) Event #1      | (b) Event #2         | (c) Other events | (d) Total events     |           |
|-----------------|---------------------------------------|-------------------------------------------------------------------------|-------------------|----------------------|------------------|----------------------|-----------|
|                 |                                       |                                                                         | <u>BERGH BALL</u> | <u>Humane Awards</u> | <u>2</u>         | (add col (a) through |           |
|                 |                                       |                                                                         | (event type)      | (event type)         | (total number)   | col (c))             |           |
|                 |                                       |                                                                         |                   |                      |                  |                      |           |
| 1               | Gross receipts                        | . . .                                                                   | 1,187,552         | 387,212              | 179,001          | 1,753,765            |           |
| 2               | Less Contributions                    | . .                                                                     | 574,987           | 124,833              | 33,544           | 733,364              |           |
| 3               | Gross income (line 1<br>minus line 2) | . . .                                                                   | 612,565           | 262,379              | 145,457          | 1,020,401            |           |
| Direct Expenses | 4                                     | Cash prizes                                                             | . . .             |                      |                  |                      |           |
|                 | 5                                     | Noncash prizes                                                          | . .               |                      |                  |                      |           |
|                 | 6                                     | Rent/facility costs                                                     | . .               | 122,796              | 78,073           | 52,741               | 253,610   |
|                 | 7                                     | Food and beverages                                                      | .                 |                      |                  |                      |           |
|                 | 8                                     | Entertainment                                                           | . . .             | 11,250               |                  | 7,282                | 18,532    |
|                 | 9                                     | Other direct expenses                                                   | .                 | 66,038               | 96,525           | 29,555               | 192,118   |
|                 | 10                                    | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                   |                      |                  |                      | (464,260) |
|                 | 11                                    | Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                   |                      |                  |                      | 556,141   |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo                                                                                                            | (b) Pull tabs/Instant<br>bingo/progressive bingo                                            | (c) Other gaming                                                                            | (d) Total gaming (add<br>col (a) through col<br>(c)) |
|-----------------|---|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------|
|                 |   |                                                                                                                      |                                                                                             |                                                                                             |                                                      |
| Revenue         | 1 | Gross revenue . . . . .                                                                                              |                                                                                             |                                                                                             |                                                      |
| Direct Expenses | 2 | Cash prizes . . . . .                                                                                                |                                                                                             |                                                                                             |                                                      |
|                 | 3 | Non-cash prizes . . . .                                                                                              |                                                                                             |                                                                                             |                                                      |
|                 | 4 | Rent/facility costs . . . .                                                                                          |                                                                                             |                                                                                             |                                                      |
|                 | 5 | Other direct expenses . . .                                                                                          |                                                                                             |                                                                                             |                                                      |
|                 | 6 | <div>Volunteer labor . . . . .</div> <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> | <div></div> <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> | <div></div> <div><input type="checkbox"/> Yes _____ %<br/><input type="checkbox"/> No</div> |                                                      |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶                                               |                                                                                             |                                                                                             |                                                      |
|                 | 8 | Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶                                        |                                                                                             |                                                                                             |                                                      |

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activities conducted in

|   |                             |     |   |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility         | 13b | % |

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name  \_\_\_\_\_

Address  \_\_\_\_\_

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization  \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party  \$ \_\_\_\_\_

c

If "Yes," enter name and address of the third party

Name  \_\_\_\_\_

Address  \_\_\_\_\_

16 Gaming manager information

Name  \_\_\_\_\_

Gaming manager compensation  \$ \_\_\_\_\_

Description of services provided  \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
| NA               |             |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

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

Employer identification number  
13-1623829

Part I

General Information on Grants and Assistance

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 criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

| (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 |
|----------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| See Additional Data Table                          |         |                               |                          |                                   |                                                       |                                        |                                    |

2

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

315

3

Enter total number of other organizations listed in the line 1 table . . . . .

3

**Part III**

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

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

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation    |
|------------------|----------------|
| GRANT MAKING     | SEE SCHEDULE O |

Additional Data

Software ID:  
Software Version:  
EIN: 13-1623829  
Name: THE AMERICAN SOCIETY FOR THE PREVENTION OF  
CRUELTY TO ANIMALS

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

| (a) Name and address of organization or government                         | (b) EIN    | (c) IRC Code 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 |
|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| A Fair Shake for Youth Inc<br>210 West 101st St PH 6<br>New York, NY 10025 | 27-3855519 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | Anti-Cruelty                       |

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

| (a) Name and address of organization or government              | (b) EIN    | (c) IRC Code 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 |
|-----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| ACTion Programs For Animals (APA)PO Box 125 Las Cruces,NM 88004 | 27-0234541 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | ANTI-CRUELTY Live Release          |

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

| (a) Name and address of organization or government                              | (b) EIN    | (c) IRC Code 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 |
|---------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Ada Howe Kent Memorial Shelter Inc dba Kent A 2259 River Rd Calverton, NY 11933 | 23-7007068 | 501(c)3                            | 23,300                   |                                   |                                                       |                                        | ANTI-CRUELTY Spay/Neuter           |

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

| (a) Name and address of organization or government                               | (b) EIN    | (c) IRC Code 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 |
|----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| A kindale Rehabilitation & Land Conservation Fund287 King St Chappaqua, NY 10514 | 20-1822473 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | DISASTER/EMERGENCY Equine          |



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

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC Code 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 |
|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Alachua County Animal Services3400 NE 53rd Ave Gainesville,FL 32609 | 59-6000501 | Governmental (M                    | 21,000                   |                                   |                                                        |                                        | SPAY/NEUTER Live Release           |

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

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC Code 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 |
|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Albuquerque Kennel<br>Kompadres Incc/o 139<br>Palacio Rd<br>Corrales,NM 87048 | 81-0579861 | 501(c)3                            | 38,000                   |                                   |                                                        |                                        | DISASTER/EMERGENCY<br>Spay/Neuter  |

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

| (a) Name and address of organization or government                    | (b) EIN    | (c) IRC Code 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 |
|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| All Fur Love Animal Rescue<br>3587 Route 9N 530<br>Freehold, NJ 07728 | 45-4715848 | 501(c)3                            | 10,500                   |                                   |                                                       |                                        | SPAY/NEUTER<br>Spay/Neuter         |

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

| (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC Code 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 |
|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Allegany County Society For Prevention Of CrueltyPO Box 381<br>Wellsville, NY 14895 | 23-7379932 | 501(c)3                            | 100,000                  |                                   |                                                       |                                        | LIVE RELEASE<br>Spay/Neuter        |

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

| (a) Name and address of organization or government           | (b) EIN    | (c) IRC Code 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 |
|--------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Alley Cat Advocates3044 Bardstown Rd 204 Louisville,KY 40205 | 61-1343210 | 501(c)3                            | 100,780                  |                                   |                                                        |                                        | SPAY/NEUTER Spay/Neuter            |

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

| (a) Name and address of organization or government                                            | (b) EIN    | (c) IRC Code 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 |
|-----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Alliance For Contraception In Cats And Dogs11145 NW Old Cornelius Pass Road Portland,OR 97231 | 41-2185841 | 501(c)3                            | 115,700                  |                                   |                                                        |                                        | EQUINE Spay/Neuter                 |

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

| (a) Name and address of organization or government                                 | (b) EIN    | (c) IRC Code 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 |
|------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| American Board Of Veterinary Practitioners618 Church Stste 220 Nashville, TN 37219 | 16-1128973 | 501(c)6                            | 15,000                   |                                   |                                                        |                                        | LIVE RELEASE Live Release          |

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

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|--------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| American Rottweiler Club<br>Disaster Committee975<br>Cumberland Ave SE<br>Lowell, MI 18685 | 23-7351416 | 501(c)3                            | 7,500                    |                                   |                                                       |                                        | LIVE RELEASE<br>Relocation         |



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

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|--------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Angels of Assistance415 Campbell Ave Roanoke, VA 24016 | 54-2021941 | 501(c)3                            | 31,000                   |                                   |                                                       |                                        | RELOCATION Live Release            |

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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Animal Alliance22 Harbourton Mount Airy Road Lambertville, NJ 08530 | 77-0632827 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | EQUINE Live Release                |

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

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|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Animal Allies Humane Society4006 Airport Road Duluth, MN 55811 | 41-0917362 | 501(c)3                            | 6,000                    |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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

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|--------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Animal Allies of Idaho IncPO Box 1674 Coeur d Alene,ID 83816 | 46-1909474 | 501(c)3                            | 13,000                   |                                   |                                                        |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|-----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Animal Care & Control of NYC11 Park Place<br>New York, NY 10007 | 13-3788986 | 501(c)3                            | 75,440                   |                                   |                                                        |                                        | SPAY/NEUTER Live Release           |

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

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|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Animal Care & Protective Services2020 Forest Street Jacksonville, FL 32204 | 59-6000344 | Governmental (M                    | 9,200                    |                                   |                                                       |                                        | ANTI-CRUELTY Anti-Cruelty          |

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

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|-----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Animal Grantmakers Inc<br>5556 Caruth Haven Lane<br>Suite 1000<br>Dallas,TX 75225 | 26-0688246 |                                    | 20,500                   |                                   |                                                        |                                        | LIVE RELEASE Other                 |

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

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|---------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Animal Humane Association<br>Of New Mexico Inc615<br>Virginia St SE<br>Albuquerque,NM 87108 | 85-0207652 | 501(c)3                            | 331,087                  |                                   |                                                        |                                        | RELOCATION<br>Spay/Neuter          |



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

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|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Animal Humane Society845 Meadow Lane North Golden Valley, MN 55422 | 41-0693842 | 501(c)3                            | 9,000                    |                                   |                                                       |                                        | RELOCATION Relocation              |

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

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|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Animal Protection Of New Mexico IncPo Box 11395 Albuquerque, NM 87192 | 85-0283292 | 501(c)3                            | 51,500                   |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |

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

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|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Animal Protective Foundation<br>Of Schenectady Inc53 Maple Avenue<br>Scotia, NY 12302 | 14-0472728 | 501(c)3                            | 73,500                   |                                   |                                                        |                                        | RELOCATION<br>Spay/Neuter          |

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

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|-----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Animal Rescue League Of Iowa Incorporated5452 NE 22nd Street Des Moines, IA 50313 | 42-0680427 | 501(c)3                            | 18,000                   |                                   |                                                       |                                        | SPAY/NEUTER Disaster/Emergency     |

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

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|-----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Animal Welfare Association Incorporated509 Centennial Boulevard Voorhees,NJ 08043 | 22-1752792 | 501(c)3                            | 9,950                    |                                   |                                                        |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Animals & Society Institute<br>2512 Carpenter Rd 201<br>Ann Arbor, MI 48108 | 22-2527462 | 501(c)3                            | 40,000                   |                                   |                                                        |                                        | ANTI-CRUELTY Anti-Cruelty          |

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

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|-----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Anna Foundation Inc1555 E 10th Street Erie,PA 16511 | 20-1512416 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | ANTI-CRUELTY Equine                |

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

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|------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Arizona Humane Society<br>1521 W Dobbins Rd<br>Phoenix, AZ 85041 | 86-0135567 | 501(c)3                            | 30,000                   |                                   |                                                       |                                        | SPAY/NEUTER Intake Reduction       |



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

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Asheville Humane Society<br>14 Forever Friend Ln<br>Asheville, NC 28806 | 56-1444098 | 501(c)3                            | 14,625                   |                                   |                                                       |                                        | DISASTER/EMERGENCY<br>Live Release |

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

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|--------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Aslans Cats Inc486 West Main street Catskill, NY 12414 | 27-1643835 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | RELOCATION Spay/Neuter             |

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

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|----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Association for Parrot CARE<br>DBA Lockwood AnimaPO Box 1510<br>Frazier Park, CA 93225 | 26-0040658 | 501(c)3                            | 20,000                   |                                   |                                                       |                                        | ANTI-CRUELTY Anti-Cruelty          |

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

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|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Association Of Prosecuting Attorneys1615 I St NW Ste 1100 Washington,DC 20036 | 26-3117485 | 501(c)3                            | 7,500                    |                                   |                                                        |                                        | LIVE RELEASE Anti-Cruelty          |

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

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|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Association of Shelter Veterinarians Inc3225 Alphawood Drive Apex,NC 27539 | 73-1627937 | 501(c)3                            | 28,900                   |                                   |                                                        |                                        | SPAY/NEUTER Spay/Neuter            |

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|---------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Austin Humane Society124 W Anderson Ln Austin, TX 78752 | 74-6013665 | 501(c)3                            | 40,000                   |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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

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|--------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Baltimore Animal Rescue And Care Shelter Inc301 Stockholm Street Baltimore, MD 21230 | 86-1130456 | 501(c)3                            | 6,000                    |                                   |                                                       |                                        | RELOCATION Intake Reduction        |

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

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|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Bark Avenue Foundation<br>3940 Laurel Canyon Blvd ste 1506 st<br>Studio City,CA 91604 | 20-1329182 | 501(c)3                            | 35,000                   |                                   |                                                        |                                        | LIVE RELEASE Relocation            |



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|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Be The Solution Inc1400 Village Square Blvd Tallahassee, FL 32312 | 20-8492640 | 501(c)3                            | 15,000                   |                                   |                                                       |                                        | LIVE RELEASE Spay/Neuter           |

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

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|-------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Beam Foundation1626 Fair Oaks Court Westlake,TX 76262 | 35-2261710 | 501(c)3                            | 8,000                    |                                   |                                                        |                                        | ANTI-CRUELTY Live Release          |

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|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Beauty's Haven Farm & Equine Rescue Inc2951 SE 160th AVE morriston,FL 32668 | 20-4783950 | 501(c)3                            | 8,000                    |                                   |                                                        |                                        | RELOCATION Equine                  |

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|--------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Begin Again Horse Rescue IncPO Box 28 Honeoye,NY 14471 | 27-0234285 | 501(c)3                            | 15,000                   |                                   |                                                        |                                        | LIVE RELEASE Equine                |

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|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Best Friends Animal Society<br>5001 Angel Canyon Rd<br>Kanab, UT 84741 | 23-7147797 | 501(c)3                            | 7,500                    |                                   |                                                       |                                        | EQUINE Live Release                |

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|------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Best Friends SanctuaryPO Box 1038Jamestown, TN 38556 | 62-1863859 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | INTAKE REDUCTION Relocation        |

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

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|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Brave Tide Foundation Inc<br>PO Box 735<br>boyertown, PA 19512 | 46-1046525 | 501(c)3                            | 5,500                    |                                   |                                                        |                                        | LIVE RELEASE<br>Relocation         |

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|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Broadwater County Sheriff's Office515 Broadway<br>Townsend, MT 59644 | 81-6001337 | Governmental (M                    | 14,500                   |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |



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|-----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Brook Hill Retirement Center<br>For Horses Inc7289<br>Bellevue Road<br>Forest, VA 24551 | 54-2058686 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | RELOCATION Equine                  |

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|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Brookhaven Animal Rescue LeaguePO Box 3477<br>Brookhaven, MS 39603 | 64-0659454 | 501(c)3                            | 6,000                    |                                   |                                                       |                                        | ANTI-CRUELTY Relocation            |

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|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| CARE4Paws IncPO Box 60524 Santa Barbara,CA 93160   | 27-0207473 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | RELOCATION Spay/Neuter             |

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|-----------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CANTER Communication Alliance To Network Thoroughb8619 Edgewood Park Dr Commerce Township, MI 48382 | 38-3483606 | 501(c)3                            | 30,850                   |                                   |                                                       |                                        | INTAKE REDUCTION Equine            |

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

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|---------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Capital Area Humane Society3015 Scioto-Darby Executive Court Hilliard, OH 43026 | 31-4379492 | 501(c)3                            | 17,100                   |                                   |                                                       |                                        | SPAY/NEUTER Intake Reduction       |

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|----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Cat Adoption Team14175 SW Galbreath Dr Sherwood,FL 97140 | 20-0773189 | 501(c)3                            | 7,500                    |                                   |                                                       |                                        | RELOCATION Relocation              |

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|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Cat Depot2542 17th Street<br>Sarasota, FL 34234    | 20-0217681 | 501(c)3                            | 14,410                   |                                   |                                                       |                                        | EQUINE Live Release                |

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

| (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC Code 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 |
|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Central California Society For The Prevention Of C103 S Hughes Ave Fresno, CA 93706 | 94-1207695 | 501(c)3                            | 115,000                  |                                   |                                                       |                                        | DISASTER/EMERGENCY Live Release    |



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

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|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Central Missouri Humane Society616 Big Bear Blvd<br>Columbia, MO 65202 | 43-0666742 | 501(c)3                            | 12,500                   |                                   |                                                       |                                        | RELOCATION<br>Relocation           |

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

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|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Central New York Cat Coalition IncorporatedPO Box 6182 Syracuse, NY 13217 | 06-1688749 | 501(c)3                            | 35,000                   |                                   |                                                        |                                        | EQ UINE Spay/Neuter                |

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

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|-----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Central New York Spay Neuter Assistance Program (C178 Central Avenue Cortland, NY 13045 | 20-3322730 | 501(c)3                            | 42,200                   |                                   |                                                       |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Central Oklahoma Humane Society9300 N May Avenue Suite 400-281 Oklahoma City, OK 73120 | 20-8446621 | 501(c)3                            | 21,300                   |                                   |                                                       |                                        | LIVE RELEASE Live Release          |

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

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|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Central Virginia Horse Rescue389 Boydton Plank Road<br>Brodnax, VA 23920 | 27-2967793 | 501(c)3                            | 9,000                    |                                   |                                                       |                                        | DISASTER/EMERGENCY Equine          |

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

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|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Charleston Animal Society<br>2455 Remount Rd<br>N Charleston, SC 29406 | 57-6021863 | 501(c)3                            | 32,795                   |                                   |                                                       |                                        | EQUINE Anti-Cruelty                |

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

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|----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CharlotteMecklenburg Animal Care and Control8315 Byrum Dr<br>Charlotte, NC 28217 | 52-1333483 | Governmental (M                    | 85,120                   |                                   |                                                       |                                        | EQUINE Intake Reduction            |

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

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|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Chautauqua County Humane Society2825 Strunk Road Jamestown, NY 14701 | 16-6000221 | 501(c)3                            | 228,500                  |                                   |                                                        |                                        | LIVE RELEASE Live Release          |



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

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Cheaha Regional Humane Society3605 Morrisville Rd<br>Anniston, AL 36201 | 46-4185474 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | INTAKE REDUCTION<br>Relocation     |

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

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|------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Cherokee County Animal Shelter1015 Univeter Road Canton,GA 30115 | 58-6000799 | Governmental (M                    | 7,000                    |                                   |                                                        |                                        | LIVE RELEASE Anti-Cruelty          |

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

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|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Citizens For Animal Protection Inc17555 Katy Freeway Houston,TX 77094 | 23-7296260 | 501(c)3                            | 13,500                   |                                   |                                                        |                                        | LIVE RELEASE Live Release          |

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

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|----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| City of Grand Prairie - Prairie Paws Animal Shelte2222 W Warrior Trail Grand, TX 75052 | 75-6000543 | Governmental (M                    | 10,500                   |                                   |                                                        |                                        | ANTI-CRUELTY Live Release          |

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

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|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| City of Moreno Valley Animal ServicesPO Box 88005<br>Moreno Valley,CA 92552 | 33-0076484 | Governmental (M                    | 6,000                    |                                   |                                                        |                                        | LIVE RELEASE Live Release          |

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

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| City of Oklahoma City200 N Walker Avenue 3rd Fl Oklahoma City, OK 73102 | 73-6005359 | Governmental (M                    | 7,000                    |                                   |                                                       |                                        | RELOCATION Live Release            |

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

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|---------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| City of Sacramento2127 Front Street Sacramento,CA 95818 | 94-6000410 | Governmental (M                    | 30,000                   |                                   |                                                        |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| City of Stocktonc/o Stockton Animal Services<br>Stockton, CA 95206 | 94-6000436 | Governmental (M                    | 30,000                   |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |



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

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|--------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Clay County Animal Care and Control3984 State Road 16 West<br>Green Cove Springs, FL 32043 | 20-8446621 | Governmental (M                    | 43,000                   |                                   |                                                        |                                        | LIVE RELEASE Live Release          |

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

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|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Cleveland Animal Protective League1729 Willey Ave<br>Cleveland, OH 44113 | 34-0714644 | 501(c)3                            | 94,208                   |                                   |                                                       |                                        | SPAY/NEUTER Intake Reduction       |

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

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|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Coalition Of Pet And Public Safety8581 Santa Monica Blvd 511 West Hollywood, CA 90069 | 95-4755210 | 501(c)3                            | 15,000                   |                                   |                                                        |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|-------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Coalition to Unchain DogsPO Box 3259 Durham, NC 27715 | 26-2584285 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | RELOCATION Anti-Cruelty            |

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

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|---------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Coastal Humane Society190 Pleasant Street Brunswick, ME 04011 | 01-6021200 | 501(c)3                            | 15,000                   |                                   |                                                       |                                        | EQUINE Relocation                  |

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

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|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Colorado Federation Of Animal Welfare AgenciesPO Box 22603 Denver,CO 80222 | 03-0385844 | 501(c)3                            | 6,000                    |                                   |                                                        |                                        | LIVE RELEASE Live Release          |

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

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|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Columbia-Greene Humane Society Inc125 Humane Society Road Hudson, NY 12534 | 14-1487056 | 501(c)3                            | 75,000                   |                                   |                                                       |                                        | RELOCATION Spay/Neuter             |

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

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|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Compassion Without Borders<br>PO Box 14995<br>Santa Rosa, CA 95402 | 20-4698227 | 501(c)3                            | 11,425                   |                                   |                                                       |                                        | LIVE RELEASE Relocation            |



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

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|--------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Cornell UniversityS1-066<br>Schurman Hall<br>Ithaca,NY 14850 | 15-0532082 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | INTAKE REDUCTION<br>Live Release   |

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

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|-----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Dakin Pioneer Valley Humane Society Inc (DBA DakiPO Box 6307 Springfield,MA 01101 | 20-5318898 | 501(c)3                            | 15,250                   |                                   |                                                        |                                        | LIVE RELEASE Live Release          |

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|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Dallas Animal Services1818 Westmoreland Drive Dallas, TX 75212 | 75-6000508 | Governmental (M                    | 7,500                    |                                   |                                                       |                                        | INTAKE REDUCTION Relocation        |

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

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|--------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Dallas Companion Animal ProjectPO Box 793574Dallas, TX 75379 | 75-2907302 | 501(c)3                            | 12,000                   |                                   |                                                       |                                        | LIVE RELEASE<br>Disaster/Emergency |

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

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|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Dane County Humane Society5132 Voges Road<br>Madison, WI 53718 | 39-0806335 | 501(c)3                            | 9,100                    |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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

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|----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Days End Farm Horse Rescue IncPo Box 309 Lisbon,MD 21765 | 52-1759077 | 501(c)3                            | 9,500                    |                                   |                                                        |                                        | SPAY/NEUTER Equine                 |

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

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|------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Denver Animal Shelter1241 W Bayaud Avenue Denver, CO 80223 | 84-6000580 | Governmental (M                    | 14,150                   |                                   |                                                       |                                        | RELOCATION Spay/Neuter             |

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

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|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| DFW Humane Society Of Irving Inc4140 Valley View Lane Irving,TX 75038 | 75-1433154 | 501(c)3                            | 20,000                   |                                   |                                                        |                                        | LIVE RELEASE Live Release          |



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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Downtown Dog Rescue<br>10941 Garfield Place<br>South Gate, CA 90280 | 46-1958507 | 501(c)3                            | 50,500                   |                                   |                                                       |                                        | RELOCATION<br>Spay/Neuter          |

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|---------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Dream Catcher Therapy Center5814 Highway 348 Olathe, CO 81425 | 84-1488284 | 501(c)3                            | 15,000                   |                                   |                                                       |                                        | DISASTER/EMERGENCY Equine          |

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|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Emancipet7010 Easy Wind Drive 260 Austin, TX 78752 | 74-2913624 | 501(c)3                            | 255,000                  |                                   |                                                       |                                        | LIVE RELEASE Spay/Neuter           |

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

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|--------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Encore Pets Inc1403 Bridges St Morehead City, NC 28557 | 26-1577374 | 501(c)3                            | 11,500                   |                                   |                                                       |                                        | LIVE RELEASE Anti-Cruelty          |

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

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|------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Equamore Foundation4723 Highway 66 Ashland, OR 97520 | 93-1053110 | 501(c)3                            | 8,000                    |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |

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

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|----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Equine Outreach Inc63220<br>Silvis Road<br>Bend,OR 97701 | 51-0484049 | 501(c)3                            | 16,000                   |                                   |                                                        |                                        | EQUINE Equine                      |

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

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|--------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Erie County SPCA205<br>Ensminger Road<br>Tonawanda, NY 14031 | 16-0425315 | 501(c)3                            | 5,352                    |                                   |                                                       |                                        | RELOCATION Anti-Cruelty            |

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

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|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| eSolved Inc1445 Adams St NE Albuquerque, NM 87110  | 84-1565389 | For-Profit (Oth                    | 14,000                   |                                   |                                                       |                                        | SPAY/NEUTER Anti-Cruelty           |



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

| (a) Name and address of organization or government                | (b) EIN    | (c) IRC Code 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 |
|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Espanola Valley Humane Society108 Hamm Parkway Espanola, NM 87532 | 85-0406234 | 501(c)3                            | 85,000                   |                                   |                                                       |                                        | FARM ANIMALS Live Release          |

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

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|----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Farm Sanctuary Inc3150 Aikens Road Watkins Glen,NY 14891 | 51-0292919 | 501(c)3                            | 14,440                   |                                   |                                                        |                                        | RELOCATION Farm Animals            |

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

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|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Farmington Regional Animal Shelter133 Browning ParkwayFarmington, NM 87401 | 85-6000129 | Governmental (M                    | 5,500                    |                                   |                                                       |                                        | DISASTER/EMERGENCY Spay/Neuter     |

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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Fayette Humane Society Inc<br>P O Box 244<br>Fayetteville, GA 30214 | 58-1592706 | 501(c)3                            | 10,500                   |                                   |                                                       |                                        | RELOCATION Live Release            |

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

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|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Federation of Humane Organizations of West Virginia<br>PO Box 686<br>Elkins, WV 26241 | 01-0933649 | 501(c)3                            | 26,000                   |                                   |                                                       |                                        | ANTI-CRUELTY<br>Spay/Neuter        |

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

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|---------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| FixNation Inc7680 Clybourn Ave<br>Los Angeles, CA 91352 | 83-0452460 | 501(c)3                            | 62,500                   |                                   |                                                       |                                        | SPAY/NEUTER<br>Spay/Neuter         |

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

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|-----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Florida Animal Control Association IncPO Box 211267<br>Royal Palm Beach, FL 33421 | 59-2929688 | 501(c)6                            | 6,000                    |                                   |                                                       |                                        | RELOCATION Live Release            |

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

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|---------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Florida Thoroughbred Retirement And Adoption Care2740 SW Martin Downs Blvd Suite 11 Palm City, FL 34990 | 27-3466408 | 501(c)3                            | 22,000                   |                                   |                                                        |                                        | LIVE RELEASE Equine                |



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

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|--------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Foothills Animal Shelter580 McIntyre Street Golden, CO 80401 | 84-1311450 | Governmental (M                    | 51,000                   |                                   |                                                       |                                        | RELOCATION Live Release            |

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

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|-----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Fort Collins Cat Rescue & SpayNeuter Clinic2321 East Mulberry 1 Collins, CO 80524 | 20-4969731 | 501(c)3                            | 13,000                   |                                   |                                                       |                                        | EQUINE Relocation                  |

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

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|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Fort Wayne Animal Care & Control3020 Hillegas Road<br>Fort Wayne,IN 46808 | 35-6001029 | Governmental (M                    | 5,170                    |                                   |                                                        |                                        | SPAY/NEUTER<br>Spay/Neuter         |

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

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|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Found Animals Foundation Inc4079 Redwood Ave Los Angeles, CA 90066 | 20-3944602 | 501(c)3                            | 12,400                   |                                   |                                                       |                                        | SPAY/NEUTER Relocation             |

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

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|------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Foundation Against Companion Animal Euthanasia Inc1505 Massachusetts Ave Indianapolis,IN 46201 | 35-1917847 | 501(c)3                            | 7,500                    |                                   |                                                        |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Fresno H O P E Animal Foundation5490 W Spruce Avenue<br>Fresno, CA 93722 | 77-0508414 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | SPAY/NEUTER<br>Spay/Neuter         |

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

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|-----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Friends Of The Animal Shelter In Hancock County Post Office Box 2274 Bay Saint Louis,MS 39521 | 04-3596790 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | ANTI-CRUELTY Relocation            |

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

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|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Friends Of The Oakland Animal ShelterPO Box 3132 Oakland,CA 94609 | 20-4053711 | 501(c)3                            | 10,500                   |                                   |                                                        |                                        | SPAY/NEUTER Relocation             |



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

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|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Friends Of Young-Williams Animal Center3201 Division St Knoxville, TN 37919 | 26-3911720 | 501(c)3                            | 7,000                    |                                   |                                                       |                                        | INTAKE REDUCTION Spay/Neuter       |

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

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|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Garfield County Animal Welfare Foundation IncPO Box 1375 Rifle, CO 81650 | 84-1500637 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | EQUINE Live Release                |

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

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Global Federation Of Animal SanctuariesPO Box 32294 Washington,DC 20007 | 26-1676217 | 501(c)3                            | 41,000                   |                                   |                                                        |                                        | ANTI-CRUELTY Other                 |

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

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Greater Androscoggin Humane Society55 Strawberry Ave Lewiston, ME 04240 | 01-6011843 | 501(c)3                            | 8,000                    |                                   |                                                       |                                        | EQUINE Spay/Neuter                 |

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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Greenhill Humane Society<br>88530 Green Hill Rd<br>Eugene, OR 97402 | 93-0467412 | 501(c)3                            | 8,850                    |                                   |                                                       |                                        | EQUINE Live Release                |

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

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|------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Greenville County Animal Care Services328 Furman Hall Road<br>Greenville, SC 29609 | 57-6000356 | Governmental (M                    | 9,000                    |                                   |                                                       |                                        | EQUINE Live Release                |

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

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|-------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Grey 2K USA Worldwide Inc<br>PO Box F<br>Arlington,MA 02476 | 04-3554776 | 501(c)4                            | 50,000                   |                                   |                                                        |                                        | EQUINE Anti-Cruelty                |

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|------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| GREY2K USA Education FundPO Box 122<br>Arlington, MA 02476 | 04-3553133 | 501(c)3                            | 25,000                   |                                   |                                                       |                                        | ANTI-CRUELTY Anti-Cruelty          |



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|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Greyhound Adoption Center<br>3005 Caminito Torreblanca<br>Del Mar, CA 92014 | 95-4132021 | 501(c)3                            | 34,000                   |                                   |                                                        |                                        | SPAY/NEUTER Anti-Cruelty           |

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|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Habersham County Animal Care & Control555 Monroe St<br>Clarkesville, GA 30523 | 58-6001495 | Governmental (M                    | 5,500                    |                                   |                                                        |                                        | EQUINE Live Release                |

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|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Halifax Humane Society Inc<br>2364 LPGA Blvd<br>Daytona Beach,FL 32124 | 59-0530990 | 501(c)3                            | 350,000                  |                                   |                                                        |                                        | SPAY/NEUTER Live Release           |

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|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Hampton Classic Horse Show IncPO Box 3013 Bridgehampton, NY 11932 | 11-2597077 | 501(c)3                            | 15,000                   |                                   |                                                        |                                        | FARM ANIMALS Equine                |

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|-------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Homeward Bound Waggin Inc<br>PO Box 3261<br>Quincy,IL 62305 | 46-1927874 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | ANTI-CRUELTY Relocation            |

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Hooved Animal Humane Society10804 McConnell Road Woodstock,IL 60098 | 23-7150339 | 501(c)3                            | 11,000                   |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |

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|---------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Hope For Animals1333 Maycrest Drive Fort Wayne,IN 46805 | 26-2466638 | 501(c)3                            | 20,000                   |                                   |                                                        |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|--------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Hope In The Valley Equine Rescue and Sanctuary Inc<br>9025 N Broadway<br>Valley Center, KS 67147 | 20-4151013 | 501(c)3                            | 5,500                    |                                   |                                                        |                                        | LIVE RELEASE Equine                |



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|------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Horse Care ProgramColorado Horsecare Foodbank5178 South Elk Ridge Rd Evergreen, CO 80439 | 26-4469232 | 501(c)3                            | 19,000                   |                                   |                                                        |                                        | LIVE RELEASE Equine                |

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|-------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Horse Haven Of Tennessee IncPO Box 22841 Knoxville,TN 37933 | 62-1791407 | 501(c)3                            | 8,000                    |                                   |                                                        |                                        | ANTI-CRUELTY Equine                |

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|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Hudson Valley Pet Food Pantry Inc9 Romar Avenue White Plains,NY 10605 | 27-2544684 | 501(c)3                            | 14,500                   |                                   |                                                        |                                        | LIVE RELEASE Intake Reduction      |

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|------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Alliance25 Heritage Drive Asheville, NC 28806 | 56-1856805 | 501(c)3                            | 318,500                  |                                   |                                                       |                                        | RELOCATION Spay/Neuter             |

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|-----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Animal Welfare Society Of Waukesha County<br>I701 Northview Road<br>Waukesha, WI 53188 | 39-6108644 | 501(c)3                            | 6,500                    |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Farm Animal CarePo Box 727 Herndon,VA 20172 | 47-0910622 | 501(c)3                            | 50,000                   |                                   |                                                        |                                        | RELOCATION Farm Animals            |

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|-----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Research CouncilPO Box 6476 Olympia,WA 98507 | 01-0686889 | 501(c)3                            | 10,500                   |                                   |                                                       |                                        | LIVE RELEASE Other                 |

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|---------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society for Southwest Washington1100 NE 192nd Avenue Vancouver, WA 98684 | 91-0759124 | 501(c)3                            | 6,500                    |                                   |                                                        |                                        | ANTI-CRUELTY Relocation            |



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

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|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society Of Broward County2070 Griffin Road<br>Fort Lauderdale,FL 33312 | 59-6002321 | 501(c)3                            | 6,000                    |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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

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|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society Of Charlotte Inc2700 Toomey Ave Charlotte, NC 28203 | 58-1342479 | 501(c)3                            | 113,204                  |                                   |                                                       |                                        | LIVE RELEASE Live Release          |

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

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|--------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society of Chittenden County142 Kindness Court South Burlington South Burlington,VT 05403 | 03-0193150 | 501(c)3                            | 6,000                    |                                   |                                                        |                                        | LIVE RELEASE Live Release          |

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

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|--------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society Of Greater Miami Inc And Dade Count<br>16101 W Dixie HwyMiami BeachFL<br>Miami Beach,FL 33160 | 59-0711176 | 501(c)3                            | 25,330                   |                                   |                                                        |                                        | EQUINE Live Release                |

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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society Of Johnson CountyPO Box 523<br>Clarksville, AR 72830 | 58-2046892 | 501(c)3                            | 7,500                    |                                   |                                                       |                                        | EQUINE Live Release                |

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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society Of Lincoln CountyPO Box 37<br>Fayetteville, TN 37334 | 62-1211346 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | DISASTER/EMERGENCY Relocation      |

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

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|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society Of Missouri<br>1201 Macklind Ave<br>St Louis,MO 63110 | 43-0652638 | 501(c)3                            | 5,500                    |                                   |                                                        |                                        | EQUINE Equine                      |

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

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|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society Of North Texas1840 East Lancaster Avefort worth Fort Worth, TX 76103 | 75-1245911 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | SPAY/NEUTER Live Release           |



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

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|---------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society Of Park County Inc dba Stafford Ani3 Business Park Road Livingston, MT 59047 | 36-3432468 | 501(c)3                            | 6,500                    |                                   |                                                       |                                        | LIVE RELEASE Spay/Neuter           |

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

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|------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society of Rochester and Monroe County PCA99 Victor Road Fairport, NY 14450 | 16-0743047 | 501(c)3                            | 12,500                   |                                   |                                                       |                                        | LIVE RELEASE Live Release          |

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

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society of Schuyler County IncPO Box 427 Montour Falls, NY 14865 | 16-1315207 | 501(c)3                            | 12,600                   |                                   |                                                        |                                        | INTAKE REDUCTION Spay/Neuter       |

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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society of South Mississippi2615 25th Ave Gulfport, MS 39501 | 64-6034439 | 501(c)3                            | 30,000                   |                                   |                                                       |                                        | ANTI-CRUELTY Relocation            |

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

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|------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society of Tampa<br>3607 N Armenia Ave<br>Tampa, FL 33607 | 59-0799907 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | LIVE RELEASE Live Release          |

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

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|----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society of the Pikes Peak Region4600 Eagleridge Place<br>Pueblo, CO 81008 | 84-0410111 | 501(c)3                            | 12,500                   |                                   |                                                       |                                        | SPAY/NEUTER Anti-Cruelty           |

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

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|------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society Of The Sierra Foothills Inc2945 Bell Road 175 Auburn,CA 95603 | 32-0282752 | 501(c)3                            | 14,500                   |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |

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

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|---------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society Of The United States700 Professional DrGaithersburgmd Gaithersburg, MD 20879 | 53-0225390 | 501(c)3                            | 85,700                   |                                   |                                                        |                                        | EQUINE Equine                      |



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

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|------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society Of UtahPO Box 573659 Murray, UT 84157 | 87-0256350 | 501(c)3                            | 15,000                   |                                   |                                                        |                                        | SPAY/NEUTER Relocation             |

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

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|--------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society Of Washington County Incorporated13011 Maugansville Rd Hagerstown, MD 21740 | 52-0542025 | 501(c)3                            | 12,267                   |                                   |                                                        |                                        | LIVE RELEASE Farm Animals          |

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

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|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Humane Society Of Western Montana5930 Highway 93 South Missoula, MT 59804 | 81-0290933 | 501(c)3                            | 12,025                   |                                   |                                                        |                                        | SPAY/NEUTER Live Release           |

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

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|-------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Ian Somerhalder Foundation<br>10990 Wilshire Blvd Fl 8Los Angeles<br>Los Angeles,CA 90024 | 27-3968460 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | RELOCATION Intake Reduction        |

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

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|------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Idaho Humane Society Inc<br>4775 Dorman Street<br>Boise,ID 83705 | 82-0212536 | 501(c)3                            | 20,000                   |                                   |                                                        |                                        | RELOCATION<br>Spay/Neuter          |

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

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|-----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| International Society for Anthrozoology444 South 43rd StPhiladelphiaPA Philadelphia, PA 19104 | 30-0275851 | 501(c)3                            | 6,000                    |                                   |                                                       |                                        | RELOCATION Live Release            |

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

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|------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Island Dog IncorporatedPO Box 1669 Fajardo, PR 00738 | 20-5107492 | 501(c)3                            | 31,000                   |                                   |                                                        |                                        | EQ UINE Spay/Neuter                |

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

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|------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Jacksonville Humane Society<br>8464 Beach Boulevard<br>Jacksonville,FL 32216 | 59-0624410 | 501(c)3                            | 16,000                   |                                   |                                                        |                                        | EQUINE Live Release                |



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|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Jason Debus Heigl Foundation4924 Balboa Blvd 450 Encino, CA 91316 | 27-0187750 | 501(c)3                            | 40,000                   |                                   |                                                       |                                        | EQUINE Spay/Neuter                 |

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|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Kansas City Pet Project<br>4400 Raytown Road<br>Kansas City, MO 64129 | 45-3067615 | 501(c)3                            | 35,800                   |                                   |                                                       |                                        | SPAY/NEUTER Anti-Cruelty           |

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

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|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Kentucky Equine Humane Center IncPO Box 910124 Lexington,KY 40591 | 20-5883736 | 501(c)3                            | 18,500                   |                                   |                                                        |                                        | ANTI-CRUELTY Equine                |

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|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Kentucky Humane Society<br>241 Steedly Drive<br>Louisville, KY 40214 | 61-0463938 | 501(c)3                            | 108,900                  |                                   |                                                       |                                        | LIVE RELEASE<br>Equine             |

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|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Kings County Animal Services10909 Bonneyview Lane<br>Hanford, CA 93230 | 94-6000814 | Governmental (M                    | 20,000                   |                                   |                                                        |                                        | SPAY/NEUTER<br>Spay/Neuter         |

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

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|---------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Kitsap Humane Society9167 Dickey Road NW Silverdale, WA 98383 | 91-0728353 | 501(c)3                            | 18,105                   |                                   |                                                       |                                        | DISASTER/EMERGENCY Live Release    |

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

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|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Klamath Humane Society Inc<br>PO Box 482<br>Klamath Falls,OR 97603 | 23-7131015 | 501(c)3                            | 6,500                    |                                   |                                                        |                                        | ANTI-CRUELTY<br>Equine             |

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

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|--------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Kokomo Humane Society713 N Elizabeth Street Kokomo, IN 46901 | 35-0989705 | 501(c)3                            | 17,000                   |                                   |                                                       |                                        | RELOCATION Relocation              |



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

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|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Lake County Animal Care & Control4949 Helbush Drive Lakeport, CA 95453 | 94-6000825 | Governmental (M                    | 10,000                   |                                   |                                                       |                                        | INTAKE REDUCTION Spay/Neuter       |

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

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|---------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Leech Lake LegacyPO Box 385454<br>Bloomington, MN 55438 | 46-0840535 | 501(c)3                            | 7,500                    |                                   |                                                       |                                        | DISASTER/EMERGENCY<br>Spay/Neuter  |

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|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Lexington Humane Society<br>1600 Old Frankfort Pike<br>Lexington,KY 40504 | 61-0444762 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | ANTI-CRUELTY Live Release          |

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|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Liberty Humane Society Inc<br>235 Jersey City Blvd<br>Jersey City,NJ 07305 | 22-3585263 | 501(c)3                            | 21,870                   |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Lifesavers Inc23809 E Avenue J Lancaster,CA 93535  | 95-4631906 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | SPAY/NEUTER Equine                 |

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|-----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Lighthouse Farm Sanctuary<br>PO Box 451<br>Scio, OR 97374 | 82-0556436 | 501(c)3                            | 7,000                    |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |

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|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Linn County Animal Rescue<br>PO Box 2669 - 39389<br>Plagman Dr<br>Lebanon, OR 97355 | 26-2147632 | 501(c)3                            | 9,000                    |                                   |                                                       |                                        | RELOCATION Equine                  |

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|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Los Angeles Animal Services<br>200 North Spring St 19th Floor Roo<br>Angeles,CA 90012 | 95-6000735 | Governmental (M                    | 380,000                  |                                   |                                                        |                                        | LIVE RELEASE Live Release          |



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|---------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Los Angeles County Animal Care Foundation5898 Cherry Avenue Long Beach,CA 90805 | 95-3909782 | 501(c)3                            | 620,000                  |                                   |                                                        |                                        | LIVE RELEASE Live Release          |

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|----------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Louisiana Society For The Prevention Of Cruelty To<br>1700 Mardi Gras Blvd<br>New Orleans,LA 70114 | 72-0471368 | 501(c)3                            | 99,500                   |                                   |                                                        |                                        | EQUINE Relocation                  |

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

| (a) Name and address of organization or government                         | (b) EIN    | (c) IRC Code 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 |
|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Louisville Metro Animal Services3705 Manslick Road<br>Louisville, KY 40215 | 32-0049006 | Governmental (M                    | 42,180                   |                                   |                                                       |                                        | SPAY/NEUTER<br>Spay/Neuter         |

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

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|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Lynchburg Humane Society Inc1211 old graves mill road Lynchburg,VA 24502 | 54-0570901 | 501(c)3                            | 39,000                   |                                   |                                                        |                                        | LIVE RELEASE Live Release          |

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

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|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Makers Mark Secretariat Center4089 Iron Works Parkway Lexington, KY 40511 | 45-3536475 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | INTAKE REDUCTION Equine            |

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

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|--------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Mayor's Alliance For NYC's Animals244 Fifth Ave Ste R290<br>New York, NY 10001 | 73-1653635 | 501(c)3                            | 1,102,500                |                                   |                                                        |                                        | RELOCATION<br>Spay/Neuter          |

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

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|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Merrimack River Feline Rescue Society Inc63 Elm Street Salisbury, MA 01952 | 04-3172322 | 501(c)3                            | 7,000                    |                                   |                                                       |                                        | EQUINE Spay/Neuter                 |

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

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|------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Metro Animal Control & Welfare200 N David StreetCasper, WY 82601 | 83-6000049 | Governmental (M                    | 10,500                   |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |



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

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|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Miami-Dade Animal Services<br>7401 NW 74th Street<br>Miami, FL 33166 | 59-6000573 | Governmental (M                    | 215,500                  |                                   |                                                        |                                        | ANTI-CRUELTY Live Release          |

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

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|--------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Michigan Humane Society<br>30300 Telegraph Rd Ste<br>220Bingham<br>Bingham Farms, MI 48025 | 38-1358206 | 501(c)3                            | 7,100                    |                                   |                                                        |                                        | ANTI-CRUELTY Live Release          |

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

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|------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| MidAtlantic Horse Rescue IncPO Box 407 Chesapeake City, MD 21915 | 27-3543490 | 501(c)3                            | 15,000                   |                                   |                                                        |                                        | SPAY/NEUTER Equine                 |

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

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|---------------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Milwaukee Area Domestic Animal Control Association<br>3839 W Burnham St<br>Milwaukee WI<br>West Milwaukee, WI 53215 | 39-1947192 | Governmental (M                    | 18,000                   |                                   |                                                       |                                        | LIVE RELEASE Live Release          |

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

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|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Minneapolis Animal Care & Control212 17th Ave North Minneapolis, MN 55411 | 41-6005375 | Governmental (M                    | 6,000                    |                                   |                                                       |                                        | RELOCATION Live Release            |

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

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|-------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Minnesota Veterinary Medical AssociationVeterinar101 Bridgepoint Way Ste 1100St Pau St Paul, MN 55075 | 41-6039977 | 501(c)6                            | 5,700                    |                                   |                                                       |                                        | SPAY/NEUTER Disaster/Emergency     |

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

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|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Mississippi State University Foundation IncPO Drawer 6149 Starkville,MS 39762 | 64-0410581 | 501(c)3                            | 40,000                   |                                   |                                                        |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Mitchell Farm Equine Retirement Inc300 East Haddam Road Salem, CT 06420 | 56-2495790 | 501(c)3                            | 10,500                   |                                   |                                                       |                                        | INTAKE REDUCTION Equine            |



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

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|------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| MO Food for AmericaPO Box 1714<br>Jefferson City, MO 65101 | 46-5491175 | Other                              | 50,000                   |                                   |                                                       |                                        | RELOCATION Anti-Cruelty            |

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

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|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Mohawk Hudson Humane Society3 Oakland Ave<br>Menands, NY 12204 | 14-1338459 | 501(c)3                            | 168,400                  |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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

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|------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Morgan County Humane Society86 Gum Springs Cut-Off RdHartselle Hartselle, AL 35640 | 20-1552538 | 501(c)3                            | 12,500                   |                                   |                                                       |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Mt Lassen Animal Group<br>34535 Emigrant Trail<br>Shingletown, CA 96088 | 80-0518825 | 501(c)3                            | 8,000                    |                                   |                                                       |                                        | ANTI-CRUELTY<br>Spay/Neuter        |

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|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Mt Pleasant Animal Shelter Inc194 Route 10 West East Hanover, NJ 07936 | 23-7189562 | 501(c)3                            | 20,000                   |                                   |                                                        |                                        | INTAKE REDUCTION Live Release      |

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|-----------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Mylestone Equine Rescue A New Jersey Non-Profit Co<br>227 Still Valley Rd<br>Phillipsburg, NJ 08865 | 22-3304384 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | RELOCATION Equine                  |

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|---------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| National Alliance of State Animal and AgriculturalBox 193 1843 Central Ave Albany, NY 12205 | 26-3487301 | 501(c)3                            | 20,000                   |                                   |                                                       |                                        | SPAY/NEUTER Disaster/Emergency     |

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

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|-------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| National Horse Show Association Of America Ltd<br>2245 Stone Garden Lane<br>Lexington, KY 40513 | 13-2726232 | 501(c)3                            | 15,000                   |                                   |                                                        |                                        | SPAY/NEUTER Equine                 |



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|---------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| National Mill Dog RescueP O Box 88468 Colorado Spgs, CO 80908 | 26-0574783 | 501(c)3                            | 5,500                    |                                   |                                                       |                                        | SPAY/NEUTER Anti-Cruelty           |

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|---------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Neigh Savers Foundation Inc<br>1547 Palos Verdes MallWalnut Creek<br>Walnut Creek, CA 94597 | 26-0265377 | 501(c)3                            | 7,000                    |                                   |                                                        |                                        | EQUINE Equine                      |

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|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Nevada Humane Society Inc<br>2825 B Longley Lane<br>Reno, NV 89502 | 88-0072720 | 501(c)3                            | 9,950                    |                                   |                                                        |                                        | SPAY/NEUTER Live Release           |

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|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| New Vocation Racehorse Adoption Program3293 Wright Rd Laura, OH 45337 | 31-1681380 | 501(c)3                            | 25,000                   |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |

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|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| New York City Police DepartmentOne Police Plaza<br>New York, NY 10038 | 13-6400434 | Governmental (M                    | 1,000,000                |                                   |                                                       |                                        | DISASTER/EMERGENCY<br>Anti-Cruelty |

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|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| New York State Animal Protection FederationPO Box 1115<br>Albany, NY 12201 | 27-3037382 | 501(c)4                            | 50,000                   |                                   |                                                       |                                        | LIVE RELEASE Anti-Cruelty          |

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|-----------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Norfolk Society For The Prevention Of Cruelty To A<br>916 Ballentine Boulevard<br>Norfolk, VA 23504 | 54-0515759 | 501(c)3                            | 7,500                    |                                   |                                                       |                                        | EQUINE Live Release                |

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|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Northwest Organization For Animal Help31300 Brandstrom Road Stanwood,WA 98292 | 91-1362069 | 501(c)3                            | 11,800                   |                                   |                                                       |                                        | DISASTER/EMERGENCY Relocation      |



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|--------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| NYCLASS - New Yorkers for Clean Liveable and Safe131 Varick St<br>New York, NY 10013 | 26-3207326 | 501(c)4                            | 50,000                   |                                   |                                                       |                                        | RELOCATION Equine                  |

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|----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Ocean State Animal CoalitionPO Box 6785Warwick, RI 02882 | 26-4536470 | 501(c)3                            | 11,925                   |                                   |                                                       |                                        | DISASTER/EMERGENCY Spay/Neuter     |

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|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| OneOCEarthheart1901 East Fourth Street Ste 100 Santa Ana, CA 92705 | 95-2021700 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |

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|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Operation Catnip of GainesvillePO Box 141023 Gainesville,FL 32614 | 59-3522372 | 501(c)3                            | 20,000                   |                                   |                                                       |                                        | LIVE RELEASE Spay/Neuter           |

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|----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Operation Pets The SpayNeuter Clinic of Western N3443 South Park Ave Blasdel, NY 14219 | 16-1543255 | 501(c)3                            | 50,000                   |                                   |                                                        |                                        | LIVE RELEASE Spay/Neuter           |

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Oregon Humane Society<br>1067 NE Columbia Blvd<br>Portland,OR 97211 | 93-0386880 | 501(c)3                            | 13,723                   |                                   |                                                        |                                        | INTAKE REDUCTION<br>Relocation     |

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| PETS Low Cost Spay and Neuter ClinicPO Box 4669 Wichita Falls, TX 76308 | 68-0648159 | 501(c)3                            | 8,400                    |                                   |                                                       |                                        | DISASTER/EMERGENCY Anti-Cruelty    |

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|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|--------------------------------------|
| PAAWSRI2944 Post Road<br>Warwick,RI 02886          | 45-3341660 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | INTAKE REDUCTION<br>Intake Reduction |



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|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Paradise Garden Animal Haven598 Kent Hill Road Woodhull, NY 14898 | 13-4244183 | 501(c)3                            | 48,000                   |                                   |                                                       |                                        | DISASTER/EMERGENCY Spay/Neuter     |

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|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Parelli Education Institute Inc4400 nScottsdale Rd Scottsdale,AZ 85251 | 45-4780912 | 501(c)3                            | 5,500                    |                                   |                                                        |                                        | LIVE RELEASE Equine                |

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|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Paris Animal Welfare Society<br>6 Legion Rd<br>Paris, KY 40361 | 61-1224933 | 501(c)3                            | 14,000                   |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |

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

| (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC Code 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 |
|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| PAWS (Providing Animal Welfare Services) Inc1<br>Gemini Circle<br>Rochester, NY 14606 | 45-4876715 | 501(c)3                            | 82,008                   |                                   |                                                        |                                        | RELOCATION Intake Reduction        |

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

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|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Paws to the RescuePO Box 146<br>Marion, SC 29571   | 26-2218786 | 501(c)3                            | 7,500                    |                                   |                                                       |                                        | RELOCATION Anti-Cruelty            |

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

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|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| PAWS the Philadelphia Animal Welfare Society100 N 2nd Street Philadelphia, PA 19106 | 26-3862631 | 501(c)3                            | 5,500                    |                                   |                                                       |                                        | RELOCATION Intake Reduction        |

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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Peaceful Ridge Rescue Inc<br>2995 SW 121st Avenue<br>Davie,FL 33023 | 46-1523629 | 501(c)3                            | 10,500                   |                                   |                                                        |                                        | LIVE RELEASE<br>Equine             |

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

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|------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Peggy Adams Animal Rescue League3200 N Military Trail<br>West Palm Beach, FL 33409 | 59-0637811 | 501(c)3                            | 147,900                  |                                   |                                                       |                                        | LIVE RELEASE Live Release          |



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

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|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Pet Alliance of Greater Orlando2727 Conroy Road Orlando, FL 32839 | 59-0637883 | 501(c)3                            | 25,000                   |                                   |                                                       |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Pet Prevent A Litter Pals Of Central TexasPO Box 401 San Marco,TX 78667 | 74-2586062 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Pima Animal Care Center<br>4000 N Silverbell Rd<br>Dallas, AZ 85745 | 86-6000543 | Governmental (M                    | 6,000                    |                                   |                                                       |                                        | INTAKE REDUCTION<br>Live Release   |

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

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|-----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Polk County Sheriff's Office<br>850 Main St<br>Dallas, OR 97338 | 93-6002310 | Governmental (M                    | 7,000                    |                                   |                                                       |                                        | EQUINE Farm Animals                |

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

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|------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Pretty Good Cat6475 E Pacific Coast Highway long Beach, CA 90803 | 45-0829960 | 501(c)3                            | 15,000                   |                                   |                                                       |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Progressive Animal Welfare Society IncPO Box 1037 Lynnwood, WA 98046 | 91-6073154 | 501(c)3                            | 7,398                    |                                   |                                                       |                                        | SPAY/NEUTER Relocation             |

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

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|------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Puerto Rico Animal Welfare Society Inc Paws10228 Bo Bajuras Isabela,PR 00662 | 66-0588444 | 501(c)3                            | 11,720                   |                                   |                                                        |                                        | RELOCATION Live Release            |

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

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|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Ramona Humane Society Inc<br>690 Humane Way<br>San Jacinto, CA 92583 | 23-7374470 | 501(c)3                            | 8,000                    |                                   |                                                        |                                        | ANTI-CRUELTY Live Release          |



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

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|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Red Bucket Equine Rescue<br>2885 English Road<br>Chino Hills, CA 91709 | 26-4455325 | 501(c)3                            | 40,000                   |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |

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

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|--------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Regents Of The University Of CaliforniaUniversity of CA Davis 1 Shields Ave Davis,CA 95616 | 94-6036494 | 501(c)3                            | 134,500                  |                                   |                                                        |                                        | ANTI-CRUELTY Equine                |

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

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|-------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Rerun Inc901 Beacontree Ct<br>Virginia Beach,VA 23462 | 61-1336739 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | LIVE RELEASE<br>Equine             |

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

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|-------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Rescue Farm Inc7101 Flowing Well Road Poland,IN 47868 | 27-0104387 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | EQUINE Relocation                  |

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

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|-------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| RezDawg Rescue Inc14138 Burgess Lane Paonia, CO 81428 | 46-1412023 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | ANTI-CRUELTY Relocation            |

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

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|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Richland County Sheriff's Department5623 Two Notch RoadColumbia, SC 29223 | 47-0378997 | Governmental (M                    | 10,030                   |                                   |                                                       |                                        | LIVE RELEASE Anti-Cruelty          |

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

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|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Richmond Animal League Inc<br>11401 International Dr<br>Richmond, VA 23236 | 51-0240493 | 501(c)3                            | 20,000                   |                                   |                                                       |                                        | INTAKE REDUCTION<br>Relocation     |

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

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|------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Riverside County Department of Animal Services6851 Van Buren Blvd<br>Riverside, CA 92509 | 95-6000930 | Governmental (M                    | 7,000                    |                                   |                                                        |                                        | LIVE RELEASE Live Release          |



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

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|------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Robinson's Rescue Inc2515 Line Avenue Shreveport, LA 71104 | 42-1717278 | 501(c)3                            | 9,954                    |                                   |                                                        |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|--------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| S T A R Ranch970 Rabbit Skin Road Waynesville,NC 28785 | 06-1808105 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | LIVE RELEASE Equine                |

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

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Sacramento County Animal Care3839 Bradshaw Road<br>Sacramento, CA 95827 | 94-6000529 | Governmental (M                    | 30,000                   |                                   |                                                       |                                        | EQUINE Spay/Neuter                 |

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

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|--------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Sacramento SPCA6201 Florin Perkins Road Sacramento, CA 95828 | 94-1312343 | 501(c)3                            | 168,875                  |                                   |                                                       |                                        | ANTI-CRUELTY Intake Reduction      |

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

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|-----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Safe Haven Canine Rescue and Humane Society824 North Poplar Lane Midwest City, OK 73130 | 59-3795235 | 501(c)3                            | 7,000                    |                                   |                                                       |                                        | ANTI-CRUELTY Spay/Neuter           |

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

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|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SafeHaven Humane Society<br>32220 Old Hwy 34<br>Tangent, OR 97389 | 93-0676661 | 501(c)3                            | 6,800                    |                                   |                                                       |                                        | INTAKE REDUCTION<br>Relocation     |

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

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|-------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Salinas Animal Services222 Lincoln Avenue Salinas, CA 93901 | 94-6000412 | Governmental (M                    | 10,000                   |                                   |                                                       |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| San Diego Humane Society and SPCA5500 Gaines Street San Diego, CA 92110 | 95-1661688 | 501(c)3                            | 6,000                    |                                   |                                                       |                                        | DISASTER/EMERGENCY Live Release    |



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

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|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Santa Fe Animal Shelter Inc<br>100 Caja del Rio Road<br>Santa Fe,NM 87507 | 85-6000484 | 501(c)3                            | 21,000                   |                                   |                                                        |                                        | EQUINE Live Release                |

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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Sarges Animal Rescue Foundation IncPO Box 854 Waynesville, NC 28786 | 20-3783032 | 501(c)3                            | 11,634                   |                                   |                                                        |                                        | INTAKE REDUCTION Relocation        |

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

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|-----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SCRAPS Hope Foundation<br>6815 E Trent<br>Spokane Vly, WA 99212 | 26-4118735 | 501(c)3                            | 37,000                   |                                   |                                                       |                                        | ANTI-CRUELTY Relocation            |

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|---------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Sean Casey Animal Rescue<br>153 E 3rd St<br>Brooklyn,NY 11218 | 35-2244558 | 501(c)3                            | 7,500                    |                                   |                                                        |                                        | RELOCATION<br>Spay/Neuter          |

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

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|----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Search And Care Inc1844 Second Avenue New York, NY 10128 | 23-7444790 | 501(c)3                            | 7,500                    |                                   |                                                        |                                        | SPAY/NEUTER Intake Reduction       |

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

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|-------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Second Stride Inc7204 Highway 329 Crestwood, KY 40014 | 20-2947614 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |

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

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|----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Shelby Humane Society381 McDow Road Columbiana, AL 35051 | 63-0817987 | 501(c)3                            | 5,500                    |                                   |                                                       |                                        | LIVE RELEASE Live Release          |

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

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|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Shelter Outreach Services (SOS)78 Dodge Rd<br>Ithaca, NY 14850 | 06-1697719 | 501(c)3                            | 62,500                   |                                   |                                                       |                                        | LIVE RELEASE<br>Spay/Neuter        |



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

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|---------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Shelter Transport Animal Rescue Team (START)PO Box 4792 Valley Village,CA 91617 | 45-4258426 | 501(c)3                            | 52,500                   |                                   |                                                        |                                        | ANTI-CRUELTY Relocation            |

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

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|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Shenandoah Valley SpayNeuter Clinic910 N Liberty St Harrisonburg, VA 22802 | 20-8358468 | 501(c)3                            | 15,000                   |                                   |                                                       |                                        | LIVE RELEASE Spay/Neuter           |

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

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|------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Society of Animal Welfare Administrators15508 W Bell Road Surprise, AZ 85374 | 41-1618666 | 501(c)6                            | 12,500                   |                                   |                                                       |                                        | ANTI-CRUELTY Live Release          |

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

| (a) Name and address of organization or government        | (b) EIN    | (c) IRC Code 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 |
|-----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Soul Dog Rescue4844 S Kalamath Street Englewood, CO 80110 | 45-4137227 | 501(c)3                            | 54,500                   |                                   |                                                       |                                        | RELOCATION Spay/Neuter             |

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

| (a) Name and address of organization or government                             | (b) EIN    | (c) IRC Code 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 |
|--------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| South Suburban Humane Society1103 West End Avenue<br>Chicago Heights, IL 60411 | 23-7165004 | 501(c)3                            | 6,000                    |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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

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|-----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Southern California Thoroughbred RescuePO Box 5 Norco, CA 92860 | 26-3166279 | 501(c)3                            | 9,000                    |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |

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

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|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Southern Oregon Humane Society2910 Table Rock Rd Medford, OR 97501 | 93-0391640 | 501(c)3                            | 45,000                   |                                   |                                                       |                                        | SPAY/NEUTER Relocation             |

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

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|---------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Southern Pines Animal ShelterPO Box 2021Hattiesburg, MS 39403 | 64-0514796 | 501(c)3                            | 52,000                   |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |



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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Spay And Neuter Kansas City1116 E 59th Street Kansas City, MO 64110 | 82-0563117 | 501(c)3                            | 9,000                    |                                   |                                                        |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Spay Neuter Project Of Los Angeles Inc957 N Gaffey St San Pedro, CA 90731 | 20-8542566 | 501(c)3                            | 12,000                   |                                   |                                                        |                                        | LIVE RELEASE Spay/Neuter           |

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

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|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPAYMART IncPO Box 6493 Metairie, LA 70009         | 72-1418016 | 501(c)3                            | 14,000                   |                                   |                                                       |                                        | RELOCATION Relocation              |

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

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|----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Spokane Animal Care<br>10 N Napa St<br>Spokane, WA 99202 | 91-1223929 | 501(c)3                            | 18,200                   |                                   |                                                       |                                        | SPAY/NEUTER Relocation             |

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

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|----------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| SPOT Fund Inc550 South Third Street Louisville, KY 40202 | 38-3749218 | 501(c)3                            | 20,000                   |                                   |                                                       |                                        | SPAY/NEUTER Intake Reduction       |

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

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|-----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| St Huberts Animal Welfare CenterPO Box 159<br>Madison, NJ 07940 | 22-1627726 | 501(c)3                            | 208,000                  |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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

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|------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| St Vincent Senior Citizen Nutrition Program Inc2131 W 3rd Street Angeles, CA 90057 | 95-3696693 | 501(c)3                            | 5,400                    |                                   |                                                       |                                        | SPAY/NEUTER Intake Reduction       |

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

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|------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Standardbred Retirement Foundation Inc353 Sweetmans Lane Ste 101 Millstone Twp, NJ 08535 | 52-0325043 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | INTAKE REDUCTION Equine            |



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

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|---------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Stray Cat AlliancePO Box 41021<br>Los Angeles, CA 90041 | 95-4787231 | 501(c)3                            | 70,000                   |                                   |                                                       |                                        | ANTI-CRUELTY Intake Reduction      |

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

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|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Sumner Spay Neuter Alliance<br>720 Blythe Avenue<br>Gallatin, TN 37066 | 26-4175450 | 501(c)3                            | 30,000                   |                                   |                                                        |                                        | FARM ANIMALS<br>Spay/Neuter        |

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

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|---------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Texas Animal Shelter Coalition1330 Columbia St Richardson, TX 75081 | 31-1717528 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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

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|---------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Texas Humane Heroes<br>10930 E Crystal Falls Parkway<br>Leander, TX 78641 | 74-2069592 | 501(c)3                            | 6,057                    |                                   |                                                       |                                        | LIVE RELEASE Live Release          |

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

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|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Texas Humane Legislation Network IncPO Box 685283 Austin, TX 78768 | 75-2236932 | 501(c)4                            | 30,000                   |                                   |                                                       |                                        | SPAY/NEUTER Anti-Cruelty           |

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

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|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| The Amanda Foundation351 North Foothill Road Beverly Hills, CA 90210 | 51-0183667 | 501(c)3                            | 68,200                   |                                   |                                                       |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|---------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| The Animal Foundation655 N Mojave Road<br>Las Vegas, NV 89101 | 88-0144253 | 501(c)3                            | 7,000                    |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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

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|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| The Animal Rights Alliance<br>Inc42 Ackerman Rd<br>Warwick, NY 10990 | 13-3269965 | 501(c)3                            | 89,889                   |                                   |                                                        |                                        | INTAKE REDUCTION<br>Live Release   |



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

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|--------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| The Anti-Cruelty Society157 W Grand Avenue Chicago, IL 60654 | 36-2179814 | 501(c)3                            | 26,000                   |                                   |                                                       |                                        | LIVE RELEASE Live Release          |

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

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|------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| The Board of Regents of the University of Wisconsin Grants Administration<br>Madison, WI 53706 | 39-6006492 | Governmental (O                    | 35,200                   |                                   |                                                       |                                        | LIVE RELEASE Live Release          |

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

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|-----------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| The City of San Antonio<br>Texas - Animal Care Servi<br>4710 State Highway 151<br>Antonio, TX 78227 | 74-6002070 | Governmental (M                    | 6,500                    |                                   |                                                       |                                        | EQUINE Live Release                |

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

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|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| The Curators OfThe University Of Missouri310 Jesse Hall Columbia, MO 65211 | 26-6440629 | 501(c)3                            | 60,000                   |                                   |                                                        |                                        | LIVE RELEASE Anti-Cruelty          |

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

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|------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| The Exceller Fund IncPO Box 4237 Lexington, KY 40544 | 75-2937532 | 501(c)3                            | 7,000                    |                                   |                                                       |                                        | DISASTER/EMERGENCY Equine          |

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

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|---------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| The Foundation of Animal Care and Education (FACE)<br>10455 Sorrento Valley Road<br>San Diego, CA 92121 | 20-5333261 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | SPAY/NEUTER Intake Reduction       |

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

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|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| The Humane League1601 Walnut St Ste 502 Philadelphia, PA 19102 | 20-5333261 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | ANTI-CRUELTY Farm Animals          |

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

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|------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| The Humane Society For Seattle-King County13212 SE Eastgate Way Bellevue, WA 98005 | 91-0282060 | 501(c)3                            | 13,200                   |                                   |                                                        |                                        | LIVE RELEASE Relocation            |



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

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|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| The Pennsylvania SPCA 350 E Erie Avenue Philadelphia, PA 19134 | 23-1352269 | 501(c)3                            | 17,819                   |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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

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|-------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| The Science and Conservation Center Inc<br>2100 S Shiloh Road<br>Billings, MT 59106 | 81-0539631 | 501(c)3                            | 76,250                   |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |

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

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|--------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| The Spay and Neuter Intercommunity Project Team (TPO Box 9334 Fresno, CA 93791 | 90-0796665 | 501(c)3                            | 9,950                    |                                   |                                                       |                                        | SPAY/NEUTER Spay/Neuter            |

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|-----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| The Wild Animal Sanctuary<br>1946 CR 53<br>Keenesburg, CO 80643 | 84-1351483 | 501(c)3                            | 51,265                   |                                   |                                                       |                                        | DISASTER/EMERGENCY<br>Anti-Cruelty |

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

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|--------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Thomasville-Thomas County Humane Society Inc180 Big Star Drive Thomasville, GA 31757 | 58-1299962 | 501(c)3                            | 11,000                   |                                   |                                                        |                                        | ANTI-CRUELTY Live Release          |

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

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|--------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Toby Wells Foundation DBA Blue Apple Ranch17083 Old Coach Road Poway, CA 92064 | 33-0946827 | 501(c)3                            | 20,000                   |                                   |                                                       |                                        | SPAY/NEUTER Equine                 |

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|---------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Tompkins County SPCA<br>1640 Hanshaw Road<br>Ithaca, NY 14850 | 15-0624378 | 501(c)3                            | 73,735                   |                                   |                                                       |                                        | RELOCATION<br>Relocation           |

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|---------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Tony La Russa's Animal Rescue Foundation2890 Mitchell Dr Walnut Creek, CA 94598 | 68-0240341 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | RELOCATION Live Release            |



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

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|---------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Tri-County Humane Society<br>PO Box 701<br>St Cloud, MN 56302 | 23-7449686 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | LIVE RELEASE<br>Spay/Neuter        |

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|-------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Tufts University Tufts Shelter Medicine Program Cummings School of Veterinary Medic Grafton, MA 01536 | 23-7449686 | 501(c)3                            | 90,440                   |                                   |                                                       |                                        | EQUINE Live Release                |

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

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|----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Ulster County Society For The Prevention Of Cruelt20 Wiedy Rd Kingston, NY 12401 | 14-1422082 | 501(c)3                            | 8,000                    |                                   |                                                        |                                        | ANTI-CRUELTY Anti-Cruelty          |

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

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|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| United Pegasus Foundation<br>PO Box 173<br>Tehachapi, CA 93581 | 95-4497611 | 501(c)3                            | 5,350                    |                                   |                                                        |                                        | SPAY/NEUTER Equine                 |

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

| (a) Name and address of organization or government                                                    | (b) EIN    | (c) IRC Code 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 |
|-------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| University of Florida<br>Foundation IncMaples<br>Center for Forensic Medicine<br>Gainesville,FL 32608 | 59-0974739 | 501(c)3                            | 401,523                  |                                   |                                                       |                                        | DISASTER/EMERGENCY<br>Anti-Cruelty |

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

| (a) Name and address of organization or government                    | (b) EIN    | (c) IRC Code 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 |
|-----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| University of PennsylvaniaP<br>O box 785326<br>Philadelphia, PA 19178 | 23-1352685 | 501(c)3                            | 81,350                   |                                   |                                                        |                                        | EQUINE Farm<br>Animals             |

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

| (a) Name and address of organization or government                                                       | (b) EIN    | (c) IRC Code 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 |
|----------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| University of Tennessee<br>College of Veterinary Medi<br>2621 Morgan Circle Drive<br>Knoxville, TN 64506 | 62-6001636 | Governmental (O                    | 17,000                   |                                   |                                                       |                                        | INTAKE REDUCTION<br>Spay/Neuter    |

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

| (a) Name and address of organization or government | (b) EIN    | (c) IRC Code 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 |
|----------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| UnleashedFCNYPO Box 8175<br>New York, NY 10150     | 13-2612524 | 501(c)3                            | 12,500                   |                                   |                                                       |                                        | SPAY/NEUTER Anti-Cruelty           |



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

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|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Urban Resource Institute75 Broad Street Suite 505 New York, NY 10004 | 11-2561648 | 501(c)3                            | 75,000                   |                                   |                                                       |                                        | RELOCATION Intake Reduction        |

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

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|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Ventura County Animal Services600 Aviation Dr<br>Camarillo, CA 93010 | 95-6000944 | Governmental (M                    | 6,000                    |                                   |                                                       |                                        | EQUINE Live Release                |

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

| (a) Name and address of organization or government                 | (b) EIN    | (c) IRC Code 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 |
|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Vieques Humane Society & Animal RescuePO Box 1399 Vieques,PR 00765 | 66-0463223 | 501(c)3                            | 13,940                   |                                   |                                                        |                                        | RELOCATION<br>Relocation           |

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

| (a) Name and address of organization or government                      | (b) EIN    | (c) IRC Code 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 |
|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Villa Chardonnay Horses With Wings42200 Calle Barbona Temecula,CA 92592 | 27-0666624 | 501(c)3                            | 6,500                    |                                   |                                                        |                                        | LIVE RELEASE Equine                |

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

| (a) Name and address of organization or government             | (b) EIN    | (c) IRC Code 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 |
|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Virginia Beach SPCA 3040 Holland Road Virginia Beach, VA 23453 | 54-6061532 | 501(c)3                            | 9,020                    |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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

| (a) Name and address of organization or government                      | (b) EIN    | (c) IRC Code 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 |
|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Virginia Federation of Humane SocietiesPO Box 545<br>Edinburg, VA 22824 | 51-0208873 | 501(c)3                            | 7,500                    |                                   |                                                       |                                        | RELOCATION<br>Spay/Neuter          |

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

| (a) Name and address of organization or government                         | (b) EIN    | (c) IRC Code 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 |
|----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Walton County Sheriff's Office752 Triple G Road Defuniak Springs, FL 32435 | 59-6000897 | Governmental (M                    | 8,000                    |                                   |                                                       |                                        | EQUINE Equine                      |

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

| (a) Name and address of organization or government                                                            | (b) EIN    | (c) IRC Code 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 |
|---------------------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Washington Humane Society<br>Society For The Prevention<br>4590 MacArthur Blvd NW 200<br>Washington, DC 20007 | 53-0219724 | 501(c)3                            | 7,500                    |                                   |                                                       |                                        | RELOCATION Live Release            |



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

| (a) Name and address of organization or government                | (b) EIN    | (c) IRC Code 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 |
|-------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Wayne County Humane Society1475 County House Road Lyons, NY 14489 | 22-2541964 | 501(c)3                            | 28,000                   |                                   |                                                       |                                        | SPAY/NEUTER Spay/Neuter            |

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

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|----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Wayside Waifs Inc3901 Martha Truman Road Kansas City, MO 64137 | 44-0605374 | 501(c)3                            | 7,500                    |                                   |                                                       |                                        | SPAY/NEUTER Live Release           |

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

| (a) Name and address of organization or government               | (b) EIN    | (c) IRC Code 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 |
|------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Wenatchee Valley Humane Society IncPO Box 55 Wenatchee, WA 98807 | 91-0838299 | 501(c)3                            | 10,000                   |                                   |                                                       |                                        | SPAY/NEUTER Relocation             |

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

| (a) Name and address of organization or government                       | (b) EIN    | (c) IRC Code 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 |
|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Western PA Humane Society<br>1101 Western Avenue<br>Pittsburgh, PA 15233 | 25-0965608 | 501(c)3                            | 5,324                    |                                   |                                                       |                                        | SPAY/NEUTER<br>Disaster/Emergency  |

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

| (a) Name and address of organization or government                               | (b) EIN    | (c) IRC Code 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 |
|----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| White Bird Appaloosa Horse Rescue1688 Burkes Tavern Road<br>Burkeville, VA 23922 | 16-1650231 | 501(c)3                            | 14,000                   |                                   |                                                       |                                        | DISASTER/EMERGENCY Equine          |

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

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|----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Wild for Life Foundation<br>19510 van Buren Blvd<br>F3236<br>Riverside, CA 92508 | 26-3052458 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | ANTI-CRUELTY<br>Equine             |

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

| (a) Name and address of organization or government           | (b) EIN    | (c) IRC Code 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 |
|--------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Wild Horse Observers AssociationPO Box 932 Placitas,NM 87043 | 56-2410081 | 501(c)3                            | 10,000                   |                                   |                                                        |                                        | SPAY/NEUTER Equine                 |

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

| (a) Name and address of organization or government                                                 | (b) EIN    | (c) IRC Code 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 |
|----------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Williamson County Animal Control & Adoption Center<br>106 Claude Yates Drive<br>Franklin, TN 37064 | 62-6000913 | Governmental (M                    | 21,500                   |                                   |                                                       |                                        | DISASTER/EMERGENCY Live Release    |



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

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|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Wisconsin Humane Society<br>4500 W Wisconsin Ave<br>Milwaukee, WI 53208 | 39-0810533 | 501(c)3                            | 50,500                   |                                   |                                                        |                                        | RELOCATION<br>Spay/Neuter          |

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

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|------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Woods Humane Society Inc<br>875 Oklahoma Avenue<br>San Luis Obispo, CA 93405 | 95-2058587 | 501(c)3                            | 15,000                   |                                   |                                                        |                                        | DISASTER/EMERGENCY<br>Live Release |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number  
  
13-1623829

Part I

Questions Regarding Compensation

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No  |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |     |     |
| b  | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1b  |     |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2   |     |
| 3  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                            |     |     |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:<br><div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                            | 4a  | Yes |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4b  | No  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4c  | No  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| 5  | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.<br>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5a  | No  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5b  | No  |
| 6  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6a  | No  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6b  | No  |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7   | Yes |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8   | No  |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9   |     |

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title        | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred in prior Form 990 |
|---------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|----------------------------------------------------------------------|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                      |
| See Additional Data Table |                                                    |                                     |                                     |                                                |                         |                                 |                                                                      |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE J, PART I, LINE 4  | IN RECOGNITION OF HIS MANY YEARS OF SERVICE, STEVEN R. HANSEN RECEIVED SEVERANCE PAYMENTS TOTALING \$289,660 DURING 2014. THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN B(III). IN RECOGNITION OF HER MANY YEARS OF SERVICE, MELISSA S. NORDEN RECEIVED SEVERANCE PAYMENTS TOTALING \$127,000 DURING 2014. THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN B(III).                                                                                                |
| SCHEDULE J, PART I, LINE 7A | the following employees received discretionary, non-fixed payments that are reported in Schedule J, Part II, Column B(II): -Matthew Bershadker \$100,000 -Steven Musso \$7,700                                                                                                                                                                                                                                                                                                    |
| SCHEDULE J, PART II         | Edwin Sayres served the ASPCA for many years as its president and CEO until his retirement in May, 2013. In order to ensure a smooth transition to a new CEO and senior management team, the ASPCA Board of Directors entered into a written contract for consulting services for the period of one year beginning in June 2013. During 2014, Mr. Sayres received five contractual payments totaling \$191,666. The last payment on this one-year contract was made in May, 2014. |

Additional Data

Software ID:

Software Version:

EIN: 13-1623829

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

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

| (A) Name and Title                            |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|-----------------------------------------------|-------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                               |             | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1 Mark Abrahams, SVP & CFO THRU 4/16/14       | (i)<br>(ii) | 89,243<br>0                                        | 0<br>0                              | 23,861<br>0                         | 5,231<br>0                                     | 7,293<br>0              | 125,628<br>0                    | 0<br>0                                                                |
| 1 Melissa Norden, FORMER SVP & Chief of Staff | (i)<br>(ii) | 0<br>0                                             | 0<br>0                              | 127,000<br>0                        | 0<br>0                                         | 0<br>0                  | 127,000<br>0                    | 0<br>0                                                                |
| 2 Steven Hansen, COO THRU 10/15/2013          | (i)<br>(ii) | 0<br>0                                             | 0<br>0                              | 289,660<br>0                        | 0<br>0                                         | 0<br>0                  | 289,660<br>0                    | 0<br>0                                                                |
| 3 MATTHEW BERSHADKER, president & ceo         | (i)<br>(ii) | 397,257<br>0                                       | 100,000<br>0                        | 561<br>0                            | 20,800<br>0                                    | 19,439<br>0             | 538,057<br>0                    | 0<br>0                                                                |
| 4 Arturo Rios, SVP HR thru 10/31/14           | (i)<br>(ii) | 194,457<br>0                                       | 0<br>0                              | 42,278<br>0                         | 13,811<br>0                                    | 17,587<br>0             | 268,133<br>0                    | 0<br>0                                                                |
| 5 Bert Troughton, SVP Strategy Mgmt           | (i)<br>(ii) | 176,451<br>0                                       | 0<br>0                              | 321<br>0                            | 13,440<br>0                                    | 19,917<br>0             | 210,129<br>0                    | 0<br>0                                                                |
| 6 Beverly Jones, SVP & CLO                    | (i)<br>(ii) | 186,404<br>0                                       | 0<br>0                              | 351<br>0                            | 15,241<br>0                                    | 27,211<br>0             | 229,207<br>0                    | 0<br>0                                                                |
| 7 Elizabeth Estroff, SVP Communications       | (i)<br>(ii) | 280,043<br>0                                       | 0<br>0                              | 841<br>0                            | 20,620<br>0                                    | 31,288<br>0             | 332,792<br>0                    | 0<br>0                                                                |
| 8 Gail Buchwald, SVP Adoption Center          | (i)<br>(ii) | 213,298<br>0                                       | 0<br>0                              | 292<br>0                            | 17,164<br>0                                    | 9,414<br>0              | 240,168<br>0                    | 0<br>0                                                                |
| 9 Jed Rogers III DVM, SVP Animal Health Svcs  | (i)<br>(ii) | 269,647<br>0                                       | 0<br>0                              | 383<br>0                            | 19,202<br>0                                    | 26,097<br>0             | 315,329<br>0                    | 0<br>0                                                                |
| 10 Julie Morns, SVP Comm Outreach             | (i)<br>(ii) | 273,699<br>0                                       | 0<br>0                              | 1,145<br>0                          | 20,800<br>0                                    | 11,898<br>0             | 307,542<br>0                    | 0<br>0                                                                |
| 11 Nancy Perry, SVP Gov't Relations           | (i)<br>(ii) | 231,713<br>0                                       | 0<br>0                              | 1,116<br>0                          | 18,339<br>0                                    | 18,070<br>0             | 269,238<br>0                    | 0<br>0                                                                |
| 12 Sarah Levin Goodstine, SVP Operations      | (i)<br>(ii) | 231,720<br>0                                       | 0<br>0                              | 198<br>0                            | 19,022<br>0                                    | 29,267<br>0             | 280,207<br>0                    | 0<br>0                                                                |
| 13 Stacy Wolf, SVP Anti-Cruelty               | (i)<br>(ii) | 236,084<br>0                                       | 0<br>0                              | 505<br>0                            | 16,493<br>0                                    | 8,915<br>0              | 261,997<br>0                    | 0<br>0                                                                |
| 14 Stephen Musso, EVP Capital Projects        | (i)<br>(ii) | 262,525<br>0                                       | 7,700<br>0                          | 2,412<br>0                          | 20,492<br>0                                    | 20,372<br>0             | 313,501<br>0                    | 0<br>0                                                                |
| 15 Todd Hendrncks, SVP Develop & Mktg         | (i)<br>(ii) | 280,796<br>0                                       | 0<br>0                              | 411<br>0                            | 20,800<br>0                                    | 19,229<br>0             | 321,236<br>0                    | 0<br>0                                                                |
| 16 Elysia Howard, VP Mktg & Licensing         | (i)<br>(ii) | 168,068<br>0                                       | 0<br>0                              | 539<br>0                            | 7,194<br>0                                     | 35,085<br>0             | 210,886<br>0                    | 0<br>0                                                                |
| 17 J'mai Gayle, Director of Surgery           | (i)<br>(ii) | 252,780<br>0                                       | 0<br>0                              | 167<br>0                            | 19,260<br>0                                    | 27,839<br>0             | 300,046<br>0                    | 0<br>0                                                                |
| 18 Louise Murray, VP Animal Health            | (i)<br>(ii) | 275,207<br>0                                       | 0<br>0                              | 841<br>0                            | 20,668<br>0                                    | 30,107<br>0             | 326,823<br>0                    | 0<br>0                                                                |
| 19 Randall Lockwood, SVP Forensic Sciences    | (i)<br>(ii) | 213,715<br>0                                       | 0<br>0                              | 5,799<br>0                          | 17,340<br>0                                    | 26,439<br>0             | 263,293<br>0                    | 0<br>0                                                                |

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

| (A) Name and Title                     | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|----------------------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                        | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 21 Wilhelmina Waldman, VP Philanthropy | (i)                                                | 179,812                             | 0                                   | 376                                            | 14,721                  | 27,459                          | 222,368                                                               |
|                                        | (ii)                                               | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 1 Edwin Sayres, Former President & CEO | (i)                                                | 191,666                             | 0                                   | 0                                              | 0                       | 191,666                         | 0                                                                     |
|                                        | (ii)                                               | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number  
13-1623829

Part I Types of Property

|                                                                            | (a)<br>Check<br>if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII,<br>line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                                  |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                |                                  |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . . . . .                                        |                                  |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                                  |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                                | 88                                                     | 889,068                                                                               | FMV                                                          |
| 10 Securities—Closely held stock . . . . .                                 |                                  |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                                  |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                                  |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 16 Real estate—Commercial . . . . .                                        |                                  |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . . .                                             |                                  |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                                  |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . . .                                                |                                  |                                                        |                                                                                       |                                                              |
| 20 Drugs and medical supplies . . . . .                                    |                                  |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                                  |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . . . .                                          |                                  |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . . .                                       |                                  |                                                        |                                                                                       |                                                              |
| 25 Other ▶ ( Gifts in Kind )                                               | X                                | 4                                                      | 183,646                                                                               | FMV                                                          |
| 26 Other ▶ ( )                                                             |                                  |                                                        |                                                                                       |                                                              |
| 27 Other ▶ ( )                                                             |                                  |                                                        |                                                                                       |                                                              |
| 28 Other ▶ ( )                                                             |                                  |                                                        |                                                                                       |                                                              |

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2014)



Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference               | Explanation                                                                             |
|--------------------------------|-----------------------------------------------------------------------------------------|
| SCHEDULE M, PART I, COLUMN (B) | NUMBER OF CONTRIBUTIONS THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS |

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

|                                                                                              |                                                  |
|----------------------------------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>THE AMERICAN SOCIETY FOR THE PREVENTION OF<br>CRUELTY TO ANIMALS | Employer identification number<br><br>13-1623829 |
|----------------------------------------------------------------------------------------------|--------------------------------------------------|

| Return<br>Reference       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990<br>Part I Line 1 | <p>THE ASPCA WORKS TO ENSURE THE SAFETY AND PROTECTION OF ANIMALS THROUGH AN INTEGRATED ARRAY OF SERVICES INCLUDING EDUCATION TO INCREASE AWARENESS AND UNDERSTANDING OF OUR WORK, ANIMAL HEALTH SERVICES, ANTI-CRUELTY OPERATIONS, COMMUNITY OUTREACH, AND GOVERNMENT RELATIONS FORM 990, PART III, LINE 4A ANIMAL HEALTH SERVICES (REVENUE 14,585,922 EXPENSES 36,325,919) ANIMAL HEALTH SERVICES IS COMPRISED OF A WIDE ARRAY OF RESOURCES THAT WORK IN COLLABORATION FOR THE WELFARE OF ANIMALS AND TO ASSIST PET OWNERS AND INCLUDES THE ASPCA ANIMAL HOSPITAL, THE ASPCA ANIMAL POISON CONTROL CENTER, ASPCA IN LOS ANGELES, AND SPAY/NEUTER SERVICES IN NEW YORK CITY THE ASPCA ANIMAL HOSPITAL (AAH) IS A FULL-SERVICE VETERINARY FACILITY THE HOSPITAL PROVIDES QUALITY CARE TO ANIMALS WHO ARE VICTIMS OF CRUELTY, SHELTER ANIMALS IN NEED OF ADVANCED CARE, ANIMALS WHO ARE AT RISK FOR CRUELTY AND NEGLECT DUE TO ECONOMIC DISADVANTAGE, AND VETERINARY CARE FOR PETS IN THE METROPOLITAN NEW YORK CITY AREA IN 2014, AAH'S HIGHLY-SKILLED VETERINARIANS PROVIDED PRE- AND POST-ADOPTION EXAMS FOR 1,900 ANIMALS AT THE ASPCA ADOPTION CENTER THE HOSPITAL ALSO PROVIDED AN ARRAY OF SERVICES FOR ANIMAL CRUELTY VICTIMS, INCLUDING MEDICAL CARE, REHABILITATION, AND FORENSIC SUPPORT AS A RESULT OF THE ASPCA'S PARTNERSHIP WITH THE NEW YORK CITY POLICE DEPARTMENT (NYPD), THE NUMBER OF ANIMALS TREATED AT THE ASPCA ANIMAL HOSPITAL INCREASED MORE THAN 200% IN COMPARISON TO 2013 IN 2014, 2,564 ANIMALS WERE PROVIDED TREATMENT THROUGH THE ASPCA'S TROOPER FUND, WHICH COVERS MEDICAL EXPENSES FOR ANIMALS WHOSE GUARDIANS ARE UNABLE TO AFFORD THE COST OF CARE THIS REPRESENTED A 147% INCREASE OVER OUR GOAL FOR THE YEAR AND PROVIDED CARE TO ANIMALS WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO OBTAIN THE NEEDED SERVICES IN ADDITION TO THE WELLNESS AND URGENT CARE SERVICES PROVIDED BY THE ASPCA ANIMAL HOSPITAL, THE ASPCA PROVIDES SPECIALIZED SERVICES FOR VETERINARY-RELATED POISON SITUATIONS LOCATED IN URBANA, ILLINOIS, THE ASPCA ANIMAL POISON CONTROL CENTER (APCC) IS THE ONLY 24-HOUR, 365-DAY FACILITY OF ITS KIND STAFFED BY OVER 30 LICENSED VETERINARIANS, INCLUDING 15 WHO ARE CERTIFIED BY THE AMERICAN BOARD OF TOXICOLOGY AND/OR THE AMERICAN BOARD OF VETERINARY TOXICOLOGY, THE APCC IS THE NATION'S LEADING ANIMAL POISON CONTROL FACILITY IN 2014, THE ASPCA ANIMAL POISON CONTROL CENTER HANDLED 257,002 CALLS AND OPENED 167,761 CASES, PROVIDING LIFE-SAVING ASSISTANCE TO BOTH PET PARENTS AND VETERINARIANS PROVIDING AFFORDABLE SPAY/NEUTER SERVICES IS AN ESSENTIAL PART OF THE ASPCA'S EFFORTS TO END ANIMAL HOMELESSNESS AS PART OF A MULTI-FACETED, COLLABORATIVE APPROACH TO PROVIDE SERVICES THAT WILL SAVE LIVES AND KEEP MORE PETS WITH THEIR FAMILIES, IN 2014 THE ASPCA LAUNCHED A \$25 MILLION MULTI-YEAR COMMITMENT TO IMPROVE OUTCOMES FOR AT-RISK ANIMALS IN THE LOS ANGELES METROPOLITAN AREA THE ASPCA OPENED A STATIONARY SPAY/NEUTER CLINIC IN THE HIGH-DENSITY, UNDERSERVED SOUTH LOS ANGELES COMMUNITY WHERE MORE THAN 3,300 DOGS AND CATS RECEIVED SUBSIDIZED SPAY/NEUTER SERVICES IN ADDITION TO OPERATING TWO SPAY/NEUTER STATIONARY CLINICS OUTFITTED WITH STATE-OF-THE-ART MEDICAL EQUIPMENT IN THE NEW YORK AREA, THE ASPCA OPERATES SIX MOBILE VETERINARY VEHICLES THAT TRAVEL TO NEW YORK NEIGHBORHOODS WITH LIMITED ACCESS TO VETERINARY CARE THE MOBILE CLINICS, STAFFED WITH FULLY-LICENSED VETERINARIANS, BRING SUBSIDIZED SPAY/NEUTER SERVICES TO THESE COMMUNITIES IN 2014, THE SPAY/NEUTER CLINICS ON BOTH COASTS CONDUCTED A TOTAL OF 42,584 SURGERIES ON CATS AND DOGS, INCLUDING OWNED PETS AS WELL AS SHELTER ANIMALS</p> |

| Return<br>Reference             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Form 990<br>Part III Line<br>4b | <p>PUBLIC EDUCATION &amp; COMMUNICATIONS (EXPENSES 33,606,739) EDUCATING THE PUBLIC AND BRINGING AWARENESS TO ITS PROGRAMS AND HOW PEOPLE AND ORGANIZATIONS CAN GET INVOLVED IS CRITICALLY IMPORTANT TO THE ASPCA'S MISSION. THE ASPCA HAD OVER 44.4 MILLION VISITS TO ITS WEBSITE IN 2014, BRINGING AWARENESS TO SUPPORTERS AND THE PUBLIC AT LARGE BY PROVIDING INFORMATION ON ACTION THEY CAN TAKE ON BEHALF OF ANIMALS. AS PART OF OUR EDUCATION PROCESS, SOCIAL MEDIA POSTINGS UPDATED THE PUBLIC OF REGULATORY WINS AND PROVIDED DETAILS OF THE ASPCA'S ANTI-CRUELTY EFFORTS. OUR PROMOTIONS GENERATED MILLIONS OF SOCIAL MEDIA IMPRESSIONS. THE PUBLIC WAS UPDATED ON ACTION THAT CAN BE TAKEN TO ENSURE THAT ANIMALS ARE GIVEN THE GREATEST POSSIBLE PROTECTION UNDER THE LAW AND MADE AWARE OF HOW EACH PERSON CAN HELP THIS EFFORT. MORE THAN 253,000 ADVOCACY E-MAILS WERE SENT IN 2014 TO LAWMAKERS BY ASPCA MEMBERS. WITH THE HELP OF OUR DEDICATED ADVOCATES, THE ASPCA SECURED NEW ANIMAL PROTECTION LAWS AND REGULATORY WINS FOR ANIMALS AT OUR NATION'S CAPITAL AND IN STATE LEGISLATURES FROM CALIFORNIA TO MASSACHUSETTS. WE DISTRIBUTED MORE THAN 1,650,000 COPIES OF OUR MEMBER MAGAZINE, ASPCA ACTION, AND 15,000 COPIES OF OUR ANNUAL REPORT IN 2014. ASPCA ACTION INCLUDES INFORMATION ON ASPCA EVENTS AND PROGRAMS AS WELL AS PET CARE BEHAVIOR AND ADVICE. LEGISLATIVE AND ANIMAL ADVOCACY NEWS KEEPS MEMBERS UP-TO-DATE ON CURRENT AND FUTURE INITIATIVES AND HOW THEY CAN HELP ENSURE THAT ANIMALS RECEIVE NECESSARY PROTECTION UNDER THE LAW. THIS MAGAZINE CAN ALSO BE OBTAINED ON THE ASPCA WEBSITE, WHICH HAS MANY ADDITIONAL EDUCATIONAL RESOURCES FOR THE PUBLIC. IN 2014, THE ASPCA GENERATED SIGNIFICANT VISIBILITY FOR THE ORGANIZATION AND ITS PROGRAMS ACROSS MANY INFLUENTIAL NATIONAL AND LOCAL MEDIA OUTLETS. THE ASPCA ALSO SECURED NUMEROUS TARGETED PLACEMENTS REACHING KEY INFLUENCERS VIA PROMINENT ONLINE OUTLETS. IN TOTAL, THE ASPCA GENERATED MORE THAN 27,792 FAVORABLE MEDIA PLACEMENTS ACROSS TRADITIONAL MEDIA OUTLETS AND BLOGS IN 2014. SIGNIFICANT DRIVERS OF MEDIA COVERAGE IN 2014 INCLUDED MULTIPLE CASES AND COMMUNITY PROGRAMS RESULTING FROM THE ASPCA'S PARTNERSHIP WITH THE NEW YORK CITY POLICE DEPARTMENT, THE ORGANIZATION'S INVOLVEMENT IN DOG FIGHTING BUSTS AND NEW YORK'S LARGEST COCKFIGHTING CASE IN HISTORY, NEWLY-INTRODUCED PUPPY MILL LEGISLATION, THE ASPCA'S NEW PROGRAMS IN LOS ANGELES, AND UNIQUE INITIATIVES HIGHLIGHTING EVENTS SUCH AS NATIONAL CAT DAY AND THE FIRST GRADUATING CLASS OF THE ASPCA'S NEONATE KITTEN NURSERY. IN AN EFFORT TO INCREASE AWARENESS AND UNDERSTANDING OF DOG FIGHTING, THE ASPCA DESIGNATED APRIL 8, 2014, AS THE FIRST NATIONAL DOG FIGHTING AWARENESS DAY. FROM THE ASPCA'S FIRST-EVER GOOGLE+ HANGOUT TO A SHORT FILM TITLED "LIFE ON A CHAIN," THE ASPCA'S PUBLIC EDUCATION AND COMMUNICATION EFFORTS CONSISTED OF 64 TRADITIONAL MEDIA AND BLOG PLACEMENTS, 53 MILLION OPPORTUNITIES TO SEE (OTS) ASPCA SPOKESPEOPLE, 45 MILLION SOCIAL MEDIA IMPRESSIONS, OVER 2,000 VIEWS OF GOOGLE+ HANGOUT, AND OVER 7,500 VIEWS OF "LIFE ON A CHAIN." "THE TRUTH ABOUT CHICKEN" CAMPAIGN BROUGHT NEARLY 100,000 NEW ADVOCATES WHO ADDED THEIR NAMES TO THE CAMPAIGN'S WEBSITE. THE ASPCA ALSO LED AWARENESS CAMPAIGNS DURING NATIONAL CHICKEN MONTH IN SEPTEMBER 2014, COUPLED WITH PUBLIC EDUCATION INFORMATION FOR CONSUMERS WISHING TO BUY MORE HUMANELY RAISED PRODUCTS.</p> |

| Return<br>Reference             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Form 990<br>Part III Line<br>4c | <p>ANTI-CRUELTY PROGRAMS (ANTI CRUELTY EXPENSE 22,399,770) FOR NEARLY 150 YEARS, THE ASPCA HAS USED GROUNDBREAKING STRATEGIES, NEW TECHNOLOGY, AND INNOVATIVE PROGRAMS TO HELP PUT AN END TO ANIMAL CRUELTY AND SAVE THE LIVES OF ANIMALS ACROSS AMERICA. IN 2014, THE ASPCA BROKE MORE RECORDS AND HELPED MORE ANIMALS FROM COAST TO COAST THAN EVER BEFORE. IN 2014, THE FIRST FULL YEAR OF THE ASPCA'S GROUNDBREAKING PARTNERSHIP WITH THE NYPD, 130 CRUELTY ARRESTS WERE MADE AND NEARLY 425 ANIMALS WERE RESCUED AND TREATED BY THE ASPCA, AN INCREASE OF MORE THAN 200% IN EACH CATEGORY OVER 2013. THE ASPCA INCREASED ASSISTANCE TO LAW ENFORCEMENT OFFICIALS IN THE FORM OF FORENSICS WORK, COMPREHENSIVE LEGAL SERVICES, FIELD ASSISTANCE, AND ONGOING TRAINING AND EDUCATIONAL MATERIALS FOR OFFICERS. THE ASPCA FIELD INVESTIGATIONS AND RESPONSE (FIR) TEAM HAD 17 DEPLOYMENTS AND 71 INVESTIGATIONS IN 2014, RESPONDING TO SITUATIONS INVOLVING ANIMALS THAT WERE NEGLECTED AND/OR ABUSED. THE FIR TEAM ALSO LENT EXPERTISE DURING LARGE-SCALE ANIMAL RESCUE OPERATIONS AND ASSISTED IN ALL ASPECTS OF CRIMINAL INVESTIGATIONS, PROVIDING EXPERT TESTIMONY AS NEEDED. IN 2014, THE ASPCA ASSISTED IN ONE OF THE LARGEST COCKFIGHTING CASES IN U.S. HISTORY WHERE SEVERAL ARRESTS WERE MADE AND 4,000 ROOSTERS AND BREEDING HENS WERE RESCUED AND REMOVED FROM DEPLORABLE CONDITIONS. AS A RESULT OF THE FIR TEAM'S EFFORTS THROUGHOUT 2014, 156 CRIMINAL CHARGES WERE FILED, AND 14,365 ANIMALS WERE RESCUED AND/OR ASSISTED. THE CRUELTY INTERVENTION ADVOCACY (CIA) PROGRAM ADDRESSED SITUATIONS WHERE PETS WERE AT RISK OF NEGLECT OR WERE SUFFERING DUE TO THEIR OWNER'S LACK OF ACCESS TO RESOURCES. THE CAUSES MAY INCLUDE POVERTY, FINANCIAL HARDSHIP, OR PHYSICAL OR MENTAL ILLNESS. IN 2014, CIA ASSISTED WITH 717 HOARDING CASES AND ARRANGED FOR 331 SPAY/NEUTER SURGERIES. CIA CONNECTED PET OWNERS TO VITAL SERVICES SUCH AS VETERINARY CARE, PET SUPPLIES AND BOARDING, AND OTHER SERVICES AS NEEDED. A TOTAL OF 294 ANIMALS WERE SURRENDERED AS A RESULT OF CIA'S ASSISTANCE AND 872 PARTNERS IN CARING (PIC) GRANTS WERE USED TO HELP 904 ANIMALS. MARKING ITS SECOND YEAR OF OPERATIONS IN 2014, THE ASPCA'S BEHAVIORAL REHABILITATION CENTER IN MADISON, NEW JERSEY, IS THE FIRST AND ONLY FACILITY DEDICATED SOLELY TO PROVIDING BEHAVIORAL REHABILITATION FOR FEARFUL, UNDER-SOCIALIZED DOGS, MOSTLY RESCUED FROM PUPPY MILLS AND HOARDING SITUATIONS. IN 2014, THE REHAB CENTER HELPED 89 DOGS OVERCOME EXTREME TRAUMA AND BECOME SUITABLE FOR ADOPTION.</p> |

| Return<br>Reference             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Form 990<br>Part III Line<br>4d | <p>OTHER PROGRAM SERVICE ACCOMPLISHMENTS (EXPENSES 37,242,660 GRANTS EXPENSE 14,244,160) COMMUNITY OUTREACH THE ASPCA'S STATE-OF-THE ART ADOPTION FACILITY ON THE UPPER EAST SIDE OF MANHATTAN WELCOMED 17,261 PEOPLE WHO CAME TO MEET THE DOGS AND CATS AVAILABLE FOR ADOPTION AND FIND THEIR PERFECT MATCH IN 2014, THE ASPCA ADOPTION CENTER SURPASSED ITS PREVIOUS RECORD WITH A TOTAL OF 3,800 ADOPTIONS THE ADOPTION CENTER ALSO PLACED 1,415 ANIMALS INTO LOVING TEMPORARY HOMES THROUGH THE CRITICALLY IMPORTANT FOSTER PROGRAM THE FOSTER PROGRAM HELPS ANIMALS RECOVER FROM ILLNESS OR INJURY, OR ADJUST TO HOME LIFE BEFORE A FORMAL ADOPTION THE ADOPTION CENTER ALSO TOOK 1,497 AT-RISK CATS FROM ANIMAL CARE CENTERS OF NYC IN 2014, AN INCREASE OF 421 CATS COMPARED TO 2013 IN 2014, THE ASPCA BEGAN OPERATING NEW YORK CITY'S FIRST KITTEN NURSERY IN A NEW FACILITY ON THE UPPER EAST SIDE DESIGNED TO PROVIDE HIGH-QUALITY CARE FOR FELINES TOO YOUNG TO SURVIVE ON THEIR OWN NEONATAL KITTEN CARE IS A TIME-CONSUMING, RESOURCE INTENSIVE PROCESS AS THE KITTENS REQUIRE CARE AROUND THE CLOCK THE NURSERY IS ABLE TO HOUSE MORE THAN 200 ADJUSTABLE CAGES, ACCOMMODATING A COMBINATION OF ORPHANED KITTENS OR A NURSING MOTHER WITH HER LITTER WHO ARE TAKEN IN BY ANIMAL CARE &amp; CONTROL OF NEW YORK CITY (AC&amp;C) THROUGHOUT THE FIVE BOROUGHES ON A DAILY BASIS UP TO 2,000 KITTENS CAN BE SAFELY HOUSED AND CARED FOR DURING THE FULL FELINE BREEDING SEASON (ROUGHLY APRIL THROUGH SEPTEMBER) THE NURSERY OPENED AT THE END OF THE 2014 KITTEN SEASON, AND CARED FOR NEARLY 300 KITTENS WHO THEN WENT INTO THE ADOPTION PROGRAM IN THE SUMMER OF 2014, THE ASPCA OPENED THE GLORIA GURNEY CANINE ANNEX FOR RECOVERY &amp; ENRICHMENT (CARE) THIS NEW FACILITY, ALSO LOCATED ON THE UPPER EAST SIDE, HOUSES DOGS SEIZED BY THE NYPD AS PART OF ANIMAL CRUELTY INVESTIGATIONS DUE TO THE GROUNDBREAKING PARTNERSHIP WITH THE NYPD, THE ASPCA IS CARING FOR MORE CRUELTY VICTIMS THAN EVER BEFORE THE CARE WARD ALLOWS THE ASPCA TO ACCOMMODATE THE SIGNIFICANT INCREASE IN INTAKE AND ALLOWS US TO GIVE THE ANIMALS THE TIME NECESSARY TO HEAL COMMUNITY OUTREACH EFFORTS INCLUDES PARTNERING WITH CITIES OR REGIONS AROUND THE COUNTRY TO HELP SAVE AT-RISK ANIMALS IN 2014, THE ASPCA PARTNERED WITH COMMUNITIES IN CHARLOTTE, MIAMI-DADE COUNTY, SACRAMENTO, LOUISVILLE, AND ALBUQUERQUE THROUGH THE SUCCESS OF VARIOUS INITIATIVES LIKE OFFSITE AND JOINT ADOPTION EVENTS, FEE-WAIVED ADOPTION AND PET RETENTION PROGRAMS AND MANY OTHERS, THE COMMUNITIES COLLECTIVELY SAVED 82,645 ANIMALS IN 2014 THIS YEAR ALSO MARKED THE FIFTH AND FINAL YEAR OF THE ASPCA RACHAEL RAY \$100K CHALLENGE IN THIS LAST ROUND, 50 ANIMAL SHELTERS COMPETED AND COLLECTIVELY SAVED THE LIVES OF 68,805 ANIMALS IN JUST THREE MONTHS A TOTAL OF \$600,000 IN GRANT PRIZES WAS AWARDED TO TOP PERFORMING SHELTERS IN 2014, TWO MAJOR ASPCA ANIMAL RELOCATION PROGRAMS - THE NANCY SILVERMAN RESCUE RIDE AND A LOS ANGELES RELOCATION INITIATIVE - RESULTED IN A COMBINED 1,547 ANIMALS TRANSPORTED TO LOCATIONS WHERE THEY WOULD HAVE A GREATER LIKELIHOOD OF BEING ADOPTED GRANTS A KEY COMPONENT OF THE ASPCA'S WORK TO SAVE LIVES IS GRANTING ESSENTIAL FUNDS TO ANIMAL WELFARE ORGANIZATIONS ACROSS THE COUNTRY THE ASPCA IS THE SECOND-LARGEST ANIMAL WELFARE GRANT MAKER IN THE UNITED STATES, PROVIDING SUPPORT TO U S -BASED NONPROFIT ANIMAL WELFARE ORGANIZATIONS IN 2014, THE ASPCA GRANTED \$14.4 MILLION TO 844 ORGANIZATIONS IN ALL 50 STATES, THE DISTRICT OF COLUMBIA, PUERTO RICO, AND CANADA THERE WERE 1,288 GRANTS MADE IN 2014, INCLUDING MORE THAN \$1.1 MILLION TO 169 EQUINE RESCUES AND SANCTUARIES ACROSS THE COUNTRY THE GRANT MONEY SUPPORTED SEVERAL AREAS OF EQUINE WELFARE, INCLUDING EMERGENCY FOOD GRANTS, TRAINING SCHOLARSHIPS, A NATIONWIDE "HELP A HORSE DAY" CONTEST INVOLVING MORE THAN 80 EQUINE RESCUE GROUPS, AND THE RESCUING RACERS INITIATIVE, WHICH AIDS IN THE RESCUE AND REHABILITATION OF RETIRED RACEHORSES TO SAVE THEM FROM SLAUGHTER THERE WERE 30,854 ANIMALS ASSISTED THROUGH ASPCA RELOCATION GRANTS, AND THE ORGANIZATION GRANTED \$3.7 MILLION FOR SPAY/NEUTER EFFORTS</p> |

| Return<br>Reference             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| FORM 990,<br>PART IV, LINE<br>2 | THE ASPCA IS NOT REQUIRED TO COMPLETE SCHEDULE B FOR THE PERIOD ENDED 12/31/2014, IN ACCORDANCE WITH THE FORM 990 AND 990 SCHEDULE B INSTRUCTIONS, BECAUSE NO ONE CONTRIBUTOR DONATED, IN THE AGGREGATE, AN AMOUNT GREATER THAN 2% OF THE TOTAL CONTRIBUTIONS RECEIVED BY THE ORGANIZATION DURING THE YEAR FORM 990, PART V, LINE 3B ASPCA will file a 2014 Form 990-T to report unrelated business gross income that exceeds \$1,000 how ever this will be filed after the FOrM 990 is filed |

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 1A | <p>THE ASPCA HAS TWO CATEGORIES OF MEMBERS, "GOVERNING MEMBERS" AND "MEMBERS", BUT ONLY GOVERNING MEMBERS HAVE VOTING RIGHTS. THE ASPCA'S "GOVERNING MEMBERS" CONSIST OF THOSE PERSONS WHO ARE CURRENTLY SERVING AS MEMBERS OF THE BOARD OF DIRECTORS. ONLY GOVERNING MEMBERS HAVE THE RIGHT TO ELECT THE MEMBERS OF THE BOARD OF DIRECTORS UNDER THE ASPCA'S BY-LAWS. THE ASPCA'S "MEMBERS" CONSIST OF ONE OR MORE MEMBERSHIP CATEGORIES (E.G., CHAMPIONS, BENEFACTORS, SPONSORS, ASSOCIATES, FRIENDS, JUNIORS, ETC.) AS MAY BE ESTABLISHED FROM TIME TO TIME BY THE BOARD OF DIRECTORS. WITH THE EXCEPTION OF THOSE MEMBERS WHO ARE ALSO GOVERNING MEMBERS, NO "MEMBER" HAS THE RIGHT TO VOTE ON THE ELECTION OF DIRECTORS TO THE BOARD OF DIRECTORS. ANY CONTRIBUTOR OVER AGE 18 WHO MAKES A DONATION OF \$25 OR MORE TO THE ASPCA IS DEEMED A "MEMBER".</p> <p>FORM 990, PART VI, SECTION A, LINE 4 In March 2014, the ASPCA's Bylaws were amended to make changes to ensure consistency with 2013 revisions to the New York Not-for-Profit Corporations law, as well as to make additional changes, including the addition of the President &amp; CEO as an ex officio voting member of the Board of Directors. The process that was followed to amend the Bylaws was as follows: an ad hoc committee of the Board of Directors was formed to consider certain changes, with the guidance of outside counsel, the amendments were proposed in writing at the January 22, 2014 regular meeting of the Board of Directors, and the comments and suggested revisions proposed by the Board of Directors were duly considered and incorporated. Subsequently, at the Board of Directors' March 20, 2014 regular meeting, the amended Bylaws were formally adopted by resolution.</p> |

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



| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                   |
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| FORM 990, PART VI, SECTION B, LINE 12C | ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES COMPLETE A WRITTEN CONFLICT OF INTEREST QUESTIONNAIRE AND DECLARATION ANNUALLY WHICH IS REVIEWED BY THE CORPORATE COUNSEL AND, WHERE NECESSARY, THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. ANY POTENTIAL CONFLICTS ARE ADDED TO RECORDS MAINTAINED BY ASPCA'S LEGAL DEPARTMENT. |

| Return<br>Reference              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| FORM 990,<br>PART VI,<br>LINE 15 | <p>The Audit Committee of the ASPCA Board is the authorized compensation-setting body that reviews and approves the compensation of the "Disqualified Persons" of the ASPCA. The ASPCA engages an independent compensation expert to conduct a compensation study to assess the reasonableness of each "Disqualified Person's" total compensation in accordance with the rebuttable presumption "safe harbor" provisions of Section 4958 of the Internal Revenue Code. The compensation expert assesses the reasonableness of each person's total compensation based on comparability data for the positions under review and provides such data and analysis to the Audit Committee for its review. The comparability data are drawn from industry surveys and data sources for comparable positions in organizations of similar scope, operating budget, and type. With respect to "Disqualified Persons" other than the President &amp; CEO, the Audit Committee reviews the compensation expert's study and comparability data and the President &amp; CEO's analysis of each individual's performance, deliberates, and votes on whether to approve the total compensation recommendation proposed by the President &amp; CEO. (The person whose compensation is under review is not present and does not participate in the deliberations, except that such person may answer questions that will help the committee in its deliberations.) With respect to the President &amp; CEO, the Audit Committee reviews the compensation expert's study and comparability data, deliberates, and votes on a recommendation for the President's total compensation (including performance bonus), which recommendation it provides to the full Board of Directors. The full Board of Directors assesses the Audit Committee's recommendations and votes whether to approve the total compensation (including performance bonus) for the President &amp; CEO. For all "Disqualified Persons," the Audit Committee documents the basis for its determinations concurrently with the approval of the compensation by drafting minutes of the meeting at which the determinations were made. The minutes include the following information: 1. The terms of the approved compensation and the date approved, 2. The names of members of the Audit Committee who were present during discussion of the compensation and those who voted on it, 3. The comparability data that was relied on by the Audit Committee and how such data was obtained, and 4. Any actions (such as recusal) taken by a member of the Audit Committee having a conflict of interest. The Audit Committee then approves the minutes within a reasonable period of time after its preparation. Similarly, the board documents the basis for its determination of the president &amp; CEO's compensation concurrently with the approval of the compensation by drafting minutes of the meeting at which the determination was made.</p> |

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

| Return Reference             | Explanation                                                                                                                    |
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| FORM 990, PART XI,<br>LINE 9 | PENSION RELATED ACTUARIAL GAINS (3,029,274) UNREALIZED GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST 59,621 ----- (2,969,653) |

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

| Return<br>Reference                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| SCHEDULE I, PART<br>IV -<br>SUPPLEMENTAL<br>INFORMATION | <p>ASPCA GRANTS PROVIDE SUPPORT TO A VARIETY OF U.S. BASED NON-PROFIT ANIMAL WELFARE ORGANIZATIONS THROUGH CASH GRANTS, SPONSORSHIPS, SCHOLARSHIPS AND TRAINING. THE ASPCA DOES NOT ACCEPT UNSOLICITED GRANT PROPOSALS BY MAIL, ELECTRONICALLY, OR IN ANY OTHER FORMAT OTHER THAN BY SUBMITTING A LETTER OF INQUIRY THROUGH ITS WEBSITE. THE ASPCA CAREFULLY CONSIDERS A NUMBER OF FACTORS IN OUR GRANT REVIEW PROCESS. AMONG THOSE FACTORS IS AN ORGANIZATION'S ABILITY TO DEMONSTRATE ITS STABILITY AND PROFESSIONALISM. ORGANIZATIONS THAT CAN DEMONSTRATE THE FOLLOWING QUALIFICATIONS IN THEIR APPLICATION ARE IN THE BEST POSITION TO RECEIVE FUNDING FROM THE ASPCA IN A TIMELY MANNER - ACCESS TO OTHER SOURCES OF FUNDING - ACTIVE FUNDRAISING EFFORTS - COLLABORATION WITH OTHER ANIMAL WELFARE ORGANIZATIONS - UP-TO-DATE AND ACCURATE WEBSITE. THE ASPCA'S FUNDING PRIORITIES INCLUDE GRANTS FOR THE FOLLOWING PURPOSES - ANTI CRUELTY EFFORTS - EMERGENCY AND DISASTER RESPONSE AND PREPAREDNESS - EQUINE PROJECTS - SHELTER AND SPAY/NEUTER PROGRAMS - ANIMAL RELOCATION INITIATIVES - ANIMAL WELFARE SPONSORSHIPS AND SCHOLARSHIPS - RESEARCH. THE ASPCA CONDUCTS REGULAR REVIEWS OF OUR APPLICANTS' NON-PROFIT STATUS. GRANTEES ARE EXPECTED TO REPORT BACK TO THE ASPCA WITH RESPECT TO THE USE OF THE GRANT FUNDS FOR THE PURPOSES REQUESTED.</p> |