Form	9	9	0
Departm	ient o	fthe	Treasury

# **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.

..... ~~~ ..... . . . .... ۰.

2 Open to Public

OMB No. 1545-0047

Interna	al Reven	nue Service	e .	► I	nformation a	bout Form 990 a	nd its in	structions	is at www.i	rs.gov/fc	orm990.		Inspection
A F	or the	e 2014	calend	lar year, or ta	k year begiı	nning		, 2014,	and end	ing			, 20
_		C	Name o	of organization $_{THE}$	AMERICAN S	OCIETY FOR THE P	REVENTI	ON OF			D Employer id	lentific	ation number
B Ch	eck if app	olicable:		TY TO ANIMALS									
	Addres: change		Doing B	Business As							13-162	3829	)
	Name o		Numbe	er and street (or P.	O. box if mail is	not delivered to stree	t address	)	Room/suite		E Telephone	number	r
	Initial r	return	424	EAST 92ND	STREET						(212) 87	16-7	700
	Termin	nated	City or	town, state or pro	vince, country, a	and ZIP or foreign pos	stal code						
Х	Amend return	led	NEW	YORK, NY	10128-68	04					G Gross recei	pts \$	228,761,758.
	Applica		Name a	and address of prir	cipal officer:	MATTHEW H	BERSH	ADKER,	PRES/CI	EO	H(a) Is this a gro		rn for Yes X No
	, bourn	9	520	EIGHTH AV	ENUE NEW	YORK, NY 1	0018				subordinate H(b) Are all subor		ncluded? Yes No
1 1	Гах-ехе	empt statu	us: X	✓ 501(c)(3)	501(c) (	)    (insert no	.)	4947(a)(1) d	or 5	27	If "No," atta	ach a list	t. (see instructions)
J١	Nebsite	e: 🕨 W		SPCA.ORG			<u> </u>				H(c) Group exen	nption n	umber 🕨
K F	orm of	f organiza	ation: X	Corporation	Trust	Association C	Other 🕨		L Year				of legal domicile: NY
	rt I	Sum		·							I		
				the organizatio	n's mission o	r most significant a	ctivities:	TO PRO	VIDE E	FFECT	IVE MEANS	5 FO	R THE
e				-		NIMALS THRO							
and	-	PROGI	RAM I	NITIATIVES	G, ANIMAI	L HEALTH SV	CS, A	NTI-CRU	JELTY.	SEE SO	CHEDULE (	).	
Governance	-					iscontinued its op							
õ					-	body (Part VI, line		•				3	17.
~						he governing body						4	16.
Activities &						endar year 2014 (P						5	953.
ti						sary)						6	947.
Ac	- 7a <sup>-</sup>	Total un	related	business revenu	le from Part V	III, column (C), line	• • • • •					7a	-4,550
						Form 990-T, line 3						7b	-42,510
							••••			<u> </u>	Prior Year	1.2	Current Year
	8 (	Contrib	utions ar	nd grants (Part V	(III line 1h)					<b>1</b>	45,059,0	94.	163,600,103
Revenue	9 F	Program	n service	e revenue (Part \	/III_line 2a)	2 4 and 7d)	••••	COP	f for		14,649,0		14,585,922
eve	<b>10</b> 1	Investm	ent inco	ome (Part VIII o	$\operatorname{olumn}(A)$ line	es 3, 4, and 7d)	••••	PUBLIC IN	ISPECTION		9,661,2		8,188,373
Å						6d, 8c, 9c, 10c, ar				J	2,296,4		4,431,672
						equal Part VIII, co					71,665,7		190,806,070
						umn (A), lines 1-3)					16,929,4		14,244,160
						mn (A), line 4)					-,,	0	, ,
						efits (Part IX, colun					66,957,7	81.	68,493,518
se						ı (A), line 11e)				•	2,092,5		1,972,596
Expenses	b T	Total fu	ndraisin	na expenses (Par	t IX column (	D), line 25) ►	36.5	560,058		•	_,,.		_,
ш						a-11d, 11f-24e)					87,084,9	65.	91,229,925
						Part IX, column (A				· 1	73,064,7		175,940,199
						n line 12					-1,398,9		14,865,871
	10 1	i to venu									ning of Current		End of Year
anc	20	Total as	sets (Pa	art X line 16)							24,598,0		233,141,070
0,00										•	26,686,3		26,526,052
und						from line 20.				•	97,911,7		206,615,018
Pa⊧			ature			nom me 20				•   -	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		20070107010
		- 5			e examined th	is return, including a	accomna	nvina schedu	les and state	ements a	nd to the best o	of mv I	nowledge and belief it is
true,	correc	ct, and co	mplete.	Declaration of prep	parer (other than	officer) is based on	all inform	nation of which	ch preparer h	nas any kn	owledge.		knowledge and belief, it is
Sigı	n	► <del>S</del> i	gnature	of officer							Date		
Her			•	IA RICHMAN				CFO					
				int name and title				CEU					
			· ·	arer's name		Preparer's signatur	e		Date		01-	]. <u>,</u> [F	PTIN
Paid								in R. Tuck		1/16/201	15 Check self-emplo	_ "	
Prep	arer		CIA R								3en-emplo	-	P00505155
Use	Only	Firm's n	ame 👂	► KPMG LLP							Firm's EIN 🕨	<u> </u>	5565207

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

Firm's address ► 345 PARK AVENUE NEW YORK, NY 10154-0102

212-758-9700

X Yes

Phone no.

2669107

No

Cumulative E-File History 2014					
Federal					
Locator:	2891JM				
Taxpayer Name:	THE AMERICAN SOCIETY FOR THE PREVENTION OF				
Return Type:	990, 990				
Submitted Dat	te 11/13/2015 10:35:16 AM				
Acknowledger	ment Date 11/13/2015 10:58:18 AM				
Status	Accepted				
Submission ID	13407320153175000011				
Print	Close				

Form 8879-EO	OMB No. 1545-1878							
Department of the Treasury Internal Revenue Service	for an Exempt Organization For calendar year 2014, or fiscal year beginning <u>0</u> 1/ <u>0</u> 1, 2014, and ending <u>1</u> 2/ <u>3</u> 1 ▶ Do not send to the IRS. Keep for your records. ▶ Information about Form 8879-E0 and its instructions is at <i>www.irs.gov/form887</i>		2014					
Name of exempt organization Employer identific								
THE AMERICAN SOCIETY FOR THE PREVENTION OF 13-162								
JOHANNA RICHN	AN, SVP & CFO eturn and Return Information (Whole Dollars Only)							
check the box on line fleave line 1b, 2b, 3b,	return for which you are using this Form 8879-EO and enter the applicable amou la, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being file 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered elow. Do not complete more than 1 line in Part I.	d with this fo	orm was blank, then					
1a Form 990 check h		1b	190806070.					
2a Form 990-EZ chec		. 2b _						
3a Form 1120-POL ch		3b						
4a Form 990-PF chec								
5a Form 8868 check	here 🕨 🔝 b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	<sup>5b</sup>						
Part II Declaratio	n and Signature Authorization of Officer							
organization's 2014 ele	ury, I declare that I am an officer of the above organization and that I have examin ctronic return and accompanying schedules and statements and to the best of m amplete. I further declare that the amount is Part I above is the compared between	ny knowledge	and belief, they					

are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

	o r nitronook ono box only			
X	lauthorize KPMG LLP	to enter my PI	N 76443	as my signature
	ERO firm name	,	Enter five numbers, but do not enter all zeros	as my signature
	on the organization's tax year 2014 electronically filed return. If being filed with a state agency(ies) regulating charities as part ERO to enter my PIN on the return's disclosure consent screen.	of the IRS Fed/State p	n this return that a copy c program, I also authorize t	of the return is he aforementioned
	As an officer of the organization, I will enter my PIN as my sign If I have indicated within this return that a copy of the return is to the IRS Fed/State program. I will enter my PIN on the return's of	being filed with a state	agency(ies) regulating c	ronically filed return harities as part of
Contractor of the local division of the loca	signature Dele Dele	2	Date 11/12/15	<u> </u>
Part II	Certification and Authentication		/ /	
ERO's I	EFIN/PIN. Enter your six-digit electronic filing identification			
	(EFIN) followed by your five-digit self-selected PIN.		1 3 4 0 7 3 1	1646
			do not enter all	
indicate	that the above numeric entry is my PIN, which is my signature of ad above. I confirm that I am submitting this return in accordance tion for Authorized IRS <i>e-file</i> Providers for Business Returns.	on the 2014 electronicate with the requirements	ally filed return for the org s of <b>Pub. 4163,</b> Moderniz	ganization ed e-File (MeF)
	Felin	cia R. Tucker	11/12/15	
ERO's sigr	nature	Date	►	
	ERO Must Retain This For Do Not Submit This Form To the IR			
For Pap	perwork Reduction Act Notice, see back of form.			n 8879-EO (2014)

JSA 4E1676 1.000 2891JM 2231

V 14-7.6F

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Х

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

#### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions

-	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or						
Type or	THE AMERICAN SOCIETY FOR THE PREVENTION OF							
print	CRUELTY TO ANIMALS	13-1623829						
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)						
filing your	424 EAST 92ND STREET							
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	·						
	NEW YORK, NY 10128-6804							

01 Enter the Return code for the return that this application is for (file a separate application for each return) .....

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶MATTHEW BERSHADKER, CEO, 520 EIGHTH AVENUE NEW YORK, NY 10018

Т	elephone No. ▶ _ 212 876-7700 FAX No. ▶				_
• If	the organization does not have an office or place of business in the United States, check this box				
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		. If	this is	
for t	he whole group, check this box		and a	attach	
	t with the names and EINs of all members the extension is for.				
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time				-
	until 08/17, 2015, to file the exempt organization return for the organization named al	oove	e. The	extension is	;
	for the organization's return for:				
	► X calendar year 20 14 or				
	▶ tax year beginning, 20, and ending,	20			
		-			
2	If the tax year entered in line 1 is for less than 12 months, check reason:	า			
	Change in accounting period				
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				_
	nonrefundable credits. See instructions.	3a	\$		0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				_
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		0
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS		1		-
	(Electronic Federal Tax Payment System). See instructions.	3c	\$		0
Caut	ion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Forn		1	) for payment	Ĩ
	uctions.				

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box
 Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

				jinal (no copies needed).	
			E	nter filer's identifying number, se	ee instructions
	Name of exempt organization or other filer, see in	structions.		Employer identification number (	(EIN) or
Type or	THE AMERICAN SOCIETY FOR THE	PREVENT	ION OF		
print	CRUELTY TO ANIMALS			13-1623829	
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)	
due date fo					
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
instructions	S. NEW YORK, NY 10128-6804				
Enter the	e Return code for the return that this application			ach return)	01
Applica	tion	Return	Application		Return
Is For		Code	Is For		Code
Form 9	90 or Form 990-EZ	01			
Form 99		02	Form 1041-A		08
Form 4	720 (individual)	03	Form 4720 (other than in	idividual)	09
Form 99	90-PF	04	Form 5227		10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	90-T (trust other than above)	06	Form 8870		12
	oo not complete Part II if you were not already ooks are in the care of ▶ <sub>MATTHEW BERSHADK</sub>				
If this for the weight of	organization does not have an office or place of I is for a Group Return, enter the organization's for whole group, check this box ▶	ur digit Gro f it is for pa n is for. ntil onths, cheo MATION LABLE .	Dup Exemption Number (GE         art of the group, check this         1	N) If the box and a and a and a and a and a	this is
	nefundable credits. See instructions.	90-1, 4720		alive tax, less any 8a \$	0
	this application is for Forms 990-PF, 990-T,	4720 0	r 6069 enter anv refur		0
	imated tax payments made. Include any pri		-		
		or year c	seepayment anowed as		0
	ount paid previously with Form 8868. Iance Due. Subtract line 8b from line 8a. Include	VOUR DOVM	ont with this form if roqui	8b \$	0
	ectronic Federal Tax Payment System). See instru		ient with this form, if fequi		0
(	• • •		st he completed for P	8c \$	0
	Signature and Verifica enalties of perjury, I declare that I have examined the e and belief, it is true, correct, and complete, and that I	nis form, in	cluding accompanying sched	dules and statements, and to th	

Form 8868 (Rev. 1-2014)

Page 2

JSA

THE AMERICAN SOCIETY FOR THE PREVENTION OF

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in t	this Part III
Briefly describe the organization's mission:	
THE ASPCA PROVIDES EFFECTIVE MEANS FOR THE PREVEN	
ANIMALS THROUGHOUT THE UNITED STATES. THE VISION	
THE UNITED STATES IS A HUMANE COMMUNITY IN WHICH	ALL ANIMALS ARE
TREATED WITH RESPECT AND KINDNESS.	
Did the organization undertake any significant program services during prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
Did the organization cease conducting, or make significant changes services?	
If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for ea expenses. Section 501(c)(3) and 501(c)(4) organizations are required the total expenses, and revenue, if any, for each program service reported	to report the amount of grants and allocations to oth
a (Code: ) (Expenses \$ 36,325,918, including grants of \$	) (Revenue \$ 14,585,922.)
ANIMAL HEALTH SERVICES - SEE SCHEDULE O	
b (Code:) (Expenses \$	
Code:) (Expenses \$ including grants of \$ ANTI CRUELTY PROGRAMS - SEE SCHEDULE O	) (Revenue \$)
d Other program services (Describe in Schedule O.) ATTACHMEN	
	Revenue \$ )
e Total program service expenses ► 129,575,087.	
A 1.000	Form <b>990</b> (2
2891JM 2231 V 14-7.6F	2669107 PA

THE AMERICAN SOCIETY FOR THE PREVENTION OF

Form 9	90 (2014)		F	Page 3
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	X	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h)	4	Х	
	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	445	v	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b	X	
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
	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	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47	Х	
19	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	Δ	
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		<b></b>
13	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Vis         No           21         Did the organization report more than \$5,000 of grants or other assistance to any domestic organization and the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 /f *ks, 'complete Schedule I, Parts I and II.         21         X           23         Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 /f *ks, 'complete Schedule I, Parts I and II.         22         x           24         Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensated employees? If 'Ks, 'complete Schedule I, TWA's, 'for the Status II, TWA's, 'for the Status III, TWA's, 'for the Status IIII, TWA's, 'for the Status IIIII, TWA's, 'for the Status IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		90 (2014)		F	Page 4
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 17 // "Yes," complete Schedule I, Parts I and II.       21       X         2       Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on part IX, scolumn (A), line 27 // "Yes," complete Schedule J.       22       X         2       Did the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization saver "Yes" to Part VI, Section A, line 3, 2, 0027 II "Yes," answer lines 240       23       X         24       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 Docember 31, 20027 II "Yes," answer lines 240       24a       X         24       Did the organization maintain an escrow account other than a refunding principal amount of more than \$100.000 as of the last as more black beyond tamporary period exception?       24a         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization regins in a nore target target and an excess benefit transaction with a disqualified person of 10 wes?       25a         25       Did the organization avere that it engaged in an excess benefit transaction with a disqualified person or payables to any of the organization regins and the transaction has not been reported on any of the organization regins with the organization avere that it engaged in an excess benefit transaction with a disqualified person or 10 wes?       25a	Part	V Checklist of Required Schedules (continued)			
21       X       21       X         22       Did the organization expent more than S5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.       22       X         23       Did the organization answer "Yes," to Part VII, Section A, line 3, 4, or 6 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b       24a       X         24b       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b       24a       X         24c       Did the organization means and scorew account other than a refunding escrew at any time during the year       24c       24a         24d       Did the organization areas an "on behalf of issue for bonds outstanding at any time during the year?       24c         24d       Did the organization area as an "on behalf of issue for bonds outstanding the arganization area as an "on behalf of issue for bonds outstanding the year, that was associated 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 area as that it engaged in an excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part II.       25b       X         27       Did the organization area any or bhese r				Yes	No
22       Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 21 M Yes," complete Schedule I, Parts I and III	21				
Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III.       22       X         23       Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer Tyse". To Part VII, Section A, line 3, 4, or 5 about compensation of the employees? If "Yes," complete Schedule I, Tho", go to Ime 25a.       23       X         24       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? II "Yes," answer lines 24b       124a       X         24       Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?.       24a       24a         25       Did the organization amintain an escrew account other than a refunding escrew at any time during the year?       24d       24d         26       Edit to defease any tax-exempt bonds beyond a temporary period exception?       24d       24d         26       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization may time during the year?       24d       24d         27       M task day of the tass an 'on behall of' issuer for bonds outstanding at any time during the year?       25a       X         26       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization situal may anount on Part X. Ime 5, or 22 for receivables from or payables to any current or former officers, director, trustee, wey employees the organization reporta a grant or other assistance			21	X	
23       Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization scurrent of forers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J       23       X         24a       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer fines 24       24       X         24b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       246       244         25       Bection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in exaction aware that it engaged in an excess benefit transaction with a disqualified person during the year?       246       24d         25       Bection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year, and that the transaction has not been reported on any of the organization spore forms 90 or 900-E27       256       X         26       Did the organization aware that it engaged in an excess benefit transaction with a disqualified persons? If "Yes." complete Schedule L Part II       25a       X         27       Did the organization aware that the engase person? If "Yes," complete Schedule L Part II       25a       X         28       Did the organization aware that engase person? If "Yes," complete Schedule L, Part II       25a       X         29       Did the organization access person? If "Y	22				
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes," complete Schedule J.         Z3         X           24a         Did the organization have a tax-axempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes," answer ince 24b         Z4a         X           24b         Did the organization invest any proceeds of tax-axempt bonds beyond a temporary period exception?         Z4a         X           24b         Did the organization amintain an escress tow account other than a refunding escrow at any time during the year?         Z4d         Z4d           25         Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are that it engaged in an excess benefit transaction with a disqualified person if UPes, "complete Schedule L, Part I         Z5a         X           26         Did the organization are that it engaged in an excess benefit transaction with a disqualified person in pay of the organization are that it engaged in an excess benefit transaction with a disqualified person in pay of the organization are proteed schedule L, Part I         Z5b         X           27         If 'Yes, 'complete Schedule L, Part I         Z6b         X           28         Did the organization are prot any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, substantial contributors of any of these persons? If 'Yes,' complete Schedule L, Part II         Z6a </td <td></td> <td></td> <td>22</td> <td></td> <td>X</td>			22		X
employees? If "Yes," complete Schedule J       23       X         24a       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K II "No", go to line 25a,	23	-			
24a       Did the organization have at tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a,					
<ul> <li>\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K III "No," go to line 25a.</li> <li>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>Did the organization invest any proceeds of tax-exempt bonds buy any time during the year?</li> <li>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization excess benefit transaction with a disqualified person in a prior year, and that the transaction na to been reported on any of the organization's prior Forms 990 or 990-E22</li> <li>If "Yes," complete Schedule L, Part I</li> <li>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, director, trustee, key employees, highest componented employees, or disqualified persons? If "Yes," complete Schedule L, Part II</li> <li>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee?</li> <li>Was the organization of any of these persons? II "Yes," complete Schedule L, Part IV</li> <li>Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.</li> <li>A current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee,</li></ul>			23	X	
through 24d and complete Schedule K II "No," go to line 25a,	24a				
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?       24c         d       Did the organization act as an "on behal of "issuef for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3), and Sol(c)(2) and Sol(c)(2) anganizations. Did the organization engage 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 organizations of or 930-E27       25a         25       With the organization control the organization solit (C)(3) organizations. Did the organization solit (C)(3) organization. Did or ganization and the organization and the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If 'Yes,' complete Schedule L, Part I       25a       X         26       Did the organization a party to a business transaction with one of the transaction has no provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified person of a partice of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part II.       27       X         27       Was the organization aparty to a business transaction with one of the tollowing parties (see Schedule L, Part IV.       28a       X         28       Was the organization receive wore than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV.					
<ul> <li>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt books?</li> <li>d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27.</li> <li>16 'Yes," complete Schedule L, Part I</li> <li>25b X</li> <li< td=""><td></td><td></td><td></td><td></td><td>X</td></li<></ul>					X
d       Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?       24c         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spore Schedule L, Part I       25a         25b       X         25c       Vertice 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?       25b       X         25c       Vertice organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with sees Schedule L Part I       25b       X         25c       Vertice organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any of disqualified persons? If "Yes," complete Schedule L Part II       25c       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, or tass prior to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       27c       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.       28a       X         29       A damily member of a current or former officer, director, trustee, or key employee? If "Yes," c	b		24b		
d       Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27.       18         b       Is 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, trustes, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV.       28       X         28       Was the organization for officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.       28a       X         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N.       30       X         31       Did the organization sell, exchange, di	С				
25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year/l "Yes," complete Schedule L, Part I       25a       X         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?       1/// Yes," complete Schedule L, Part I       25b       X         25       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, expendivees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         4       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contibutions of ant, historical treasures, or other similar assets, or qualified       28a       X         30       Did the organization receive contibutions of ant, historical treasures, or other similar assets, or qualified					
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a       X         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-E2?       If "Yes," complete Schedule L, Part I       25b       X         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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         28       Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV.       28a       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)       28a       X         4       A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or currentor? If "Yes," complete Schedule L, Part IV       28a       X         30       Did the organization receive more than \$25,000 in non-cask contributions? If "Yes," complete Schedule M, Part I       30	d		24d		
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?         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' completes Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,'' complete Schedule L, Part III.       27       X         28       Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       28       X         29       A current or former officer, director, trustee, or key employee? If 'Yes,'' complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? II 'Yes,'' complete Schedule L, Part IV.       28c       X         29       Did the organization receive contributions of art, historical treasures, or outpilete Schedule M.       29       X         30       Did the organization neceive contributions of art, historical treasures, or outpilete Schedule M.       30	25a				
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?       If "Yes," complete Schedule L, Part I       Z5b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       Z6       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV       Z6       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       Z8a       X         29       A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or infiber Schedule L, Part IV       28a       X         30       X       X       29       X         31       bid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       20       X         31       bid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       30       X         32 <td< td=""><td></td><td></td><td>25a</td><td></td><td>X</td></td<>			25a		X
If "Yes," complete Schedule L, Part I       25b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28       Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       29       X         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part I.       31       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R. Part I       33       X         32       X       34       X       35a	b				
<ul> <li>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Ves," complete Schedule L, Part II</li> <li>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 of family member of any of these persons? If "Yes," complete Schedule L, Part II.</li> <li>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):</li> <li>a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>28b X</li> <li>29 A an entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule M.</li> <li>29 X</li> <li>20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.</li> <li>20 X</li> <li>20 Did the organization in geneve contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule M.</li> <li>21 X</li> <li>22 X</li> <li>23 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R.</li> <li>24 X</li> <li>25 A</li> <li>26 X</li> <li>27 X</li> <li>28 X</li> <li>29 X</li> <li>20 Id the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R.</li> <li>30 X</li> <li>31 X</li> <li>34 Was the organization. How the organization make any transfers to an exempt non-charitable related organization. Not Me organization make any transfers to an exempt non-charitable</li></ul>					
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, entity or family member of any of these persons? If 'Yes," complete Schedule L, Part II.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.       28       X         29       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.       28       28       X         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.       28       28       X         c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.       28       28       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I.       29       X       30       X         31       Did the organization numeration one dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.       31       X         32       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, III, or IV, and Part V, Ime 1       33       X			25b		X
disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II)       28       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)       X       28a       X         28       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28c       X         30       Did the organization incecive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization injuidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule L, Part IV.       30       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.       33       X         33       Di	26				
<ul> <li>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? II "Yes," complete Schedule L, Part II.</li> <li>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):</li> <li>a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .</li> <li>b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .</li> <li>c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .</li> <li>28 b X</li> <li>c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .</li> <li>29 Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .</li> <li>21 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I, .</li> <li>30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I, III, or IV and Part V, line 1 .</li> <li>33 Did the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 .</li> <li>35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? .</li> <li>35 B Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization sculu for than 5% of its activities through an entity that is not a related organization and that is treated as a partners</li></ul>					
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         b       A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, econservation contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I.       31       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       33       X         33       Did the organization nealed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       34       X         34       Was the organization have a controlled entity within the meaning of section		disqualified persons? If "Yes," complete Schedule L, Part II	26		X
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):       28       X         28       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28c       X         30       X       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.       30       X         32       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.       31       X         33       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, III, III, III, III, III, III	27				
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<ul> <li>Part IV instructions for applicable filing thresholds, conditions, and exceptions): <ul> <li>A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>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? If "Yes," complete Schedule L, Part IV</li> <li>28b X</li> </ul> </li> <li>29 X</li> <li>29 X</li> <li>20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.</li> <li>30 X</li> <li>31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.</li> <li>32 Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</li> <li>34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</li> <li>35 a Did the organization sell exchange of section 512(b)(13)?</li> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 fderal income tax purposes? If "Yes," complete Schedule R, Part V, line 2</li> <li>36 X</li> </ul>			27		X
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,       37       X         Part VI       37       X	~-		30		
Part VI	37				
			27		v
se una teo organization complete Senegulo ( ) and provide evolutions in Schedule ( ) for Port VI, lines 11b and	~~		31		
19? Note. All Form 990 filers are required to complete Schedule O	38		32	x	

bl	Check if Schedule O contains a response or note to any line in this Part V         Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	. X
bl	Enter the number reported in Box 3 of Form 1096. Enter $-0$ - if not applicable $ 1a $ 247			
bl				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C I	Did the organization comply with backup withholding rules for reportable payments to vendors and			
I	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	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 l	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
I	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
bl	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		X
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			
a	account)?	4a		X
bl	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c l	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
I	required to file Form 8282?	7c		X
dl	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e l	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
fl	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g١	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ş	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	IJa		
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<b>τ</b> α Ι	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
b				<u> </u>
<b>b</b> SA 0 1.000		Form	990	(201

Form §	990 (2014) THE AMERICAN SOCIETY FOR THE PREVENTION OF 13-1623	3829	I	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	a "No'
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion 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 1a 17	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16	5		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			37
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			x
-	stockholders, or persons other than the governing body?	7b		A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	Х	
a	The governing body?	8a 06	X	
b	Each committee with authority to act on behalf of the governing body?	8b	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	 	
		000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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			37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.01		
Soct	organization's exempt status with respect to such arrangements? ion C. Disclosure	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2	E04/	$\sim$	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501((	2)(3)8	oniy)
	X       Own website       X       Another's website       X       Upon request       Other (explain in Schedule O)			
10		aract	nolic	1 200
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	POIIC	y, and
20	State the name, address, and telephone number of the percent who percentee the organization's backs and record	lo · 🕨		

4E1042 1.000

 <sup>20</sup> State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

 JOHANNA RICHMAN, CFO 520 EIGHTH AVENUE NEW YORK, NY 10018
 212-876-7700

 JSA
 For

13-1623829

Page 7

Part VII	Independent Contractors	Directors, Trust	es, Key	Employees,	Highest	Compensated	Employees,	an
	Check if Schedule O contains	a response or not	e to any l	ine in this Part	VII			

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			<b>(C</b> Pos				(D)	(E)	(F)
Name and Title	Average	(do r	not ch			e than c	one	Reportable	Reportable	Estimated
	hours per	box,	unles	ss pe	rson	is both	an	compensation	compensation from	amount of
	week (list any	office	r and		lirect	or/trust		from	related	other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)ARRIANA BOARDMAN	1.00									
DIRECTOR	0	x						0	0	0
(2)C. ALLEN PARKER	1.00									
DIRECTOR	0	x						0	0	0
(3)CATHY_WALLACH	1.00									
DIRECTOR	0	x						0	0	0
(4)DODIE_GUMAER	1.00									
DIRECTOR	0	Х						0	0	0
(5) FREDERICK TANNE	1.00									
VICE CHAIRPERSON	0	Х		Х				0	0	0
(6) FREDRIK_GRADIN	1.00									
TREASURER	0	Х		Х				0	0	0
(7)GEORGINA_BLOOMBERG	1.00									
DIRECTOR	0	Х						0	0	0
(8)HELEN S.C. PILKINGTON	1.00									
DIRECTOR	0	Х						0	0	0
(9) JANE W. PARVER	1.00									
DIRECTOR	0	Х						0	0	0
(10)JEFF PFEIFLE	1.00									
DIRECTOR	0	Х						0	0	0
(11)LINDA_LLOYD_LAMBERT	1.00									
DIRECTOR	0	Х						0	0	0
(12)MARTIN PURIS	1.00									
DIRECTOR	0	Х						0	0	0
(13) SALLY SPOONER	1.00									
SECRETARY	0	X		Х				0	0	0
(14)SCOTT THIEL	1.00									
DIRECTOR	0	Х						0	0	0

JSA

Form	990	(2014)	

CHAIRPERSON       0       x       x       0       0         CHAIRPERSON       1.00       1.00       0       0         OTRACY V. MATTLAND       1.00       0       0       0         DIRECTOR       0       0       0       0         PRESIDENT & CEO       0       x       x       497,818.       0       40,         8) ALEXANDRA G. BISHOP       0       0       0       0       0       0         EMERITI DIRECTOR THRU 3/19/14       0       x       0       0       0       0         SMATTHEW BERSHADKER       60.00       x       x       0       0       0       0         EMERITI DIRECTOR THRU 3/19/14       0       x       0       17,       0       17,       1,       1,       1,       1,       0       17,       0       17,       0       12,       1,       1,       0       17,       1,       1,       1,       1,       1,       1,       0       <	Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	yee	es, a	and ⊦	ligl	hest Compensat	ed Employ	ees (co	ontinue	ed)	
reweak       organization instruction       organization (W-21099-MISC)       (W-21099-MISC)       (W-21099-MISC)       from the organization (W-21099-MISC)         5)       TIM F. WRAY       3.00       X       X       0       0         6)       TRACY V. MAITLAND       1.00       X       X       0       0         7)       MAITLAND       1.00       X       X       0       0         7)       MAITLAND       0       X       X       0       0         9)       FRAINCLIN MAISANCER       60,00       X       X       497,818.       0       40,         9)       FRAINCLIN MAISANCER       0 <td< th=""><th></th><th>Average hours per week (list any</th><th>box, office</th><th>unles</th><th>Posi heck ss pei</th><th>ition more rson</th><th>is both</th><th>an</th><th>Reportable compensation from</th><th>Reporta compensatio related</th><th>on from</th><th>am</th><th>timated ount of other</th><th>f</th></td<>		Average hours per week (list any	box, office	unles	Posi heck ss pei	ition more rson	is both	an	Reportable compensation from	Reporta compensatio related	on from	am	timated ount of other	f
CHAIRPERSON       O       X       X       O       O         61 TRACY V. MAITLAND       1.00       1.00       0       0         0 TRACY V. MAITLAND       1.00       0       0       0         0 TRACY V. MAITLAND       0.00       0       0       0         0 TRACY V. MAITLAND       0.00       0       0       0         0 TRACY V. MAITLAND       0.00       0       0       0         0 PRESIDENT & CEO       0       X       X       497,818.       0         0 ALEXANDR G. BISHOP       0       0       0       0       0         EMERITI DIRECTOR THRU 3/19/14       0       X       0       0       0         9) FEANKLIN MAISANO       0       X       73,761.       0       17,         10 BERT TROUGHTON       50.00       X       176,772.       0       33,         2) FEVERLY JONES       50.00       X       186,755.       42,         3) ELIZABETH ESTROFF       50.00       X       213,590.       26,         SVP & COMUNICATIONS       0       X       213,590.       26,         SVP ANDAL HEALTH SVCS.       0       X       213,590.       26,		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	-		fro orga and	om the anizatio d related	n d
6)       TRACY V. MATTLAND       1.00       x       0       0         DIRECTOR       0       x       x       0       0         7.       MATTHEW BERSHADKER       60.00       x       x       497,818.       0         9.       ALEXANDRA G. BISHOP       0       x       x       497,818.       0       0         SMRITIT DIRECTOR THRU 3/19/14       0       x       x       0       0       0         SMRITIT DIRECTOR THRU 3/19/14       0       x       0       0       0       0         SVP SCRO       0       x       73,761.       0       17,       0       33,         10.00HANNA RICHWAN       50.00       x       176,772.       0       33,         2)       BEVERLY JONES       50.00       x       186,755.       42,         3)       LILZABETH ESTROFF       50.00       x       213,590.       0       26,         SVP & CLO       0       x       270,030.       45,       5,       5,       5,         11       DERCENTRE       0       x       213,590.       0       26,       5,         SVP ACLO       0       x       270,030.	CHAIRDERSON		x		x				0		0			
7)       MATTHEW       BERSHADKER       60.00       x       x       497,818.       0       40,         8)       ALEXANDRA G. BISHOP       0       x       0       0       x       0       0         8)       ALEXANDRA G. BISHOP       0       x       0       0       0       0       0         91       PERAINLIN MAISANO       0       0       x       0       0       0         EMERITI DIRECTOR THRU 1/16/14       0       x       0       17,       0       33,       176,772.       0       33,       2       280,884.       0       51,       0       24,       3       21,2590.       0       26,       51,       49,       34, <t< td=""><td>6) TRACY V. MAITLAND</td><td>1.00</td><td></td><td></td><td>Λ</td><td></td><td></td><td></td><td>0</td><td></td><td>0</td><td></td><td></td><td></td></t<>	6) TRACY V. MAITLAND	1.00			Λ				0		0			
8) ALEXANDRA G. BISHOP       0       0       0         EMERITI DIRECTOR THRU 3/19/14       0       x       0       0         9) FRANKLIN MAISANO       0       x       0       0         9) FRANKLIN MAISANO       0       x       0       0         01 JOHANNA RICHMAN       50.00       x       73,761.       0         SVP & CPO       0       x       176,772.       0       33,         1) BERT TROUGHTON       50.00       x       176,772.       0       33,         2) BEVERLY JONES       50.00       x       186,755.       0       42,         3) ELIZABETH ESTROFF       50.00       x       280,884.       0       51,         4) GAIL BUCHWALD       50.00       x       213,590.       0       26,         5V P COMMUNICATIONS       0       x       270,030.       0       45,         5V ADOPTION CENTER       0       x       270,030.       0       5,285,103.       0       750,1         5V ADOPTION CENTER       128       128       100,000 of       5,285,103.       0       750,1         5 JJED ROGERS III, DVM       50.00       x       270,030.       0       45,	7) MATTHEW BERSHADKER	60.00			x						0		40,2	23
EMERITI DIRECTOR THRU 1/16/14       0       17,       0       17,       0       17,       0       17,       0       33,       0       17,       0       33,       0       17,       0       33,       0       17,       0       33,       0       17,       0       33,       0       17,       0       33,       0       17,       0       33,       0       17,       0       33,       0       17,       0       33,       0       17,       0       33,       0       17,       0       33,       0       17,       0       33,       0       12,       0       0       12,       12,       0       12,       0       12,       0       12,       0       12,       0       12,       0       0	8) ALEXANDRA G. BISHOP EMERITI DIRECTOR THRU 3/19/14								0		0			
SYP & CFO       0       x       73,761.       0       17,         1) BERT TROUGHTON       50.00       x       176,772.       0       33,         2) BEVERLY JONES       50.00       x       176,772.       0       33,         2) BEVERLY JONES       50.00       x       186,755.       0       42,         3) ELIZABETH ESTROFF       50.00       x       280,884.       0       51,         4) GALL BUCHNALD       50.00       x       213,590.       0       26,         5) JED ROGERS III, DVM       50.00       x       270,030.       0       45,         5) JED ROGERS III, DVM       50.00       x       270,030.       0       45,         6 Total from continuation sheets to Part VII, Section A       5,285,103.       0       750,         c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       128         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated organization and related organization?       3       x         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization?       3       x         5	9) FRANKLIN MAISANO EMERITI DIRECTOR THRU 1/16/14		X						0		0			
SVP STRATEGY MGMT.       0       x       176,772.       0       33,         2)       BEVERLY JONES       50.00       x       186,755.       0       42,         3)       ELIZABETH ESTROFF       50.00       x       280,884.       0       51,         4)       GAIL BUCHWALD       50.00       x       213,590.       0       26,         5)       JED ROGERS III, DVM       50.00       x       270,030.       0       45,         5)       JED ROGERS III, DVM       50.00       x       270,030.       0       45,         61       SUP ANIMAL HEALTH SVCS.       0       x       270,030.       0       45,         7       Total (add lines 1b and 1c).       50.00       x       270,030.       0       750,1         7       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b       128       128         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated for such individual.       4       x         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for serv		0			x				73,761.		0		17,3	;2
SVP & CLO       0       X       186,755.       0       42,         3)       ELIZABETH ESTROFF       50.00       X       280,884.       0       51,         4)       GAIL BUCHWALD       50.00       X       213,590.       0       26,         5)       JED ROGERS III, DVM       50.00       X       213,590.       0       26,         5)       JED ROGERS III, DVM       50.00       X       270,030.       0       45,         6       SVP ANIMAL HEALTH SVCS.       0       X       270,030.       0       45,         1b       Sub-total        0       0       0       0       0         c       Total from continuation sheets to Part VII, Section A       5,285,103.       0       750,1         d       Total (add lines 1b and 1c)       128       5,285,103.       0       750,1         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization? If "Yes," complete Schedule J for such individual       4       X         5       Did any		0				х			176,772.		0		33,3	;5
SVP COMMUNICATIONS       0       X       280,884.       0       51,         4) GAIL BUCHWALD       50.00       X       213,590.       0       26,         5) JED ROGERS III, DVM       50.00       X       270,030.       0       45,         6) SVP ANIMAL HEALTH SVCS.       0       X       270,030.       0       45,         1b Sub-total       0       X       270,030.       0       45,         c Total from continuation sheets to Part VII, Section A       5,285,103.       0       750,4         c Total from continuation sheets to Part VII, Section A       5,285,103.       0       750,4         c Total from continuation sheets to Part VII, Section A       5,285,103.       0       750,4         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for such person       3       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		0				x			186,755.		0		42,4	5
SVP ADOPTION CENTER       0       X       213,590.       0       26,         5) JED ROGERS III, DVM       50.00       X       270,030.       0       45,         SVP ANIMAL HEALTH SVCS.       0       X       270,030.       0       45,         th Sub-total       >       0       0       0       0       45,         c Total from continuation sheets to Part VII, Section A       >       5,285,103.       0       750,4         d Total (add lines 1b and 1c)       .       128       \$       5,285,103.       0       750,4         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       128       Yes         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5         Section B. Independent Contractors	SVP COMMUNICATIONS	0				x			280,884.		0		51,9	)0
SVP ANIMAL HEALTH SVCS.       0       X       270,030.       0       45,         1b Sub-total       0       0       0       0       0       0         c Total from continuation sheets to Part VII, Section A       5,285,103.       0       750,1         d Total (add lines 1b and 1c)       5,285,103.       0       750,1         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       Yes         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .       5       5         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 wi	SVP ADOPTION CENTER	0				X			213,590.		0		26,5	57
c Total from continuation sheets to Part VII, Section A       >       5,285,103.       0       750,4         d Total (add lines 1b and 1c)       >       5,285,103.       0       750,4         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >       128       Yes         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         5 Section B. Independent Contractors       5         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	SVP ANIMAL HEALTH SVCS.					х					0		45,2	29
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 128       Yes         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII, Se								5,285,103.		0			
<ul> <li>3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>	2 Total number of individuals (including but not I	limited to t	hose l	iste			e) who	re		\$100,000 c		/	50,0	<u> </u>
<ul> <li>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>.</li> <li>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>.</li> <li>Section B. Independent Contractors</li> <li>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</li> </ul>												3	Yes	٩
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         5       Section B. Independent Contractors       5         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	4 For any individual listed on line 1a, is the sorganization and related organizations greated	sum of rep eater than	ortab \$15	le c 0,0	omj 00?	pen <i>If</i>	satior <i>"Yes</i>	n ar ," (	nd other compens	sation from	the			
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												5		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax	Section B. Independent Contractors													
	compensation from the organization. Report c													
(A) (B) (C)	•													

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
A	ITACHMENT 3		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 148	e listed above) who received	

Form	990	(2014)	

	rt VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average			(C)		ing	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any	box,	not che unless er and	eck mo perso	ore than on is both ctor/trus	an	compensation from the organization (W-2/1099-MISC)	compensation fro related organizations (W-2/1099-MISC	m amount of other compensation
26)	JULIE MORRIS	50.00		Φ		ated				
	SVP COMM. OUTREACH	0			2	:		274,844.		0 32,69
27)	NANCY PERRY SVP GOV'T RELATIONS	50.00			Σ	:		232,829.		0 36,40
8)	SARAH LEVIN GOODSTINE	50.00								
	SVP OPERATIONS	0	1		2	:		231,918.		0 48,28
9)	STACY WOLF	50.00			$\neg$					
	SVP ANTI-CRUELTY	0			2	:		236,589.		0 25,40
0)	STEPHEN MUSSO	50.00								
	EVP CAPITAL PROJECTS	0			2	:		272,637.		0 40,86
1)	TODD HENDRICKS	50.00						2/2/00/1		
= :	SVP DEVELOP & MKTG	0			2			281,207.		0 40,02
2)	ELYSIA HOWARD	40.00					-	201,207.		10,02
	VP MKTG. & LICENSING					x		169 607		0 42,27
2 1		-			_	A	-	168,607.		0 42,27
3)	J'MAI GAYLE	40.00						050 045		4 7 9 9
	DIRECTOR OF SURGERY	0			_	X		252,947.		0 47,09
4)	LOUISE MURRAY	40.00								
	VP ANIMAL HEALTH	0			_	X		276,048.		0 50,77
5)	RANDALL LOCKWOOD	40.00								
	SVP FORENSIC SCIENCES	0				Х		219,514.		0 43,77
6)	WILHELMINA WALDMAN	40.00								
	VP PHILANTHROPY	0				X		180,188.		0 42,18
С	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	limited to tl		listed		ve) wh	o re	ceived more than	\$100,000 of	Yes
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	ividua	al 🚬		••			3 X
4	For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> .	eater than	\$15	0,00	0?	lf "Ye	s,"			<b>4</b> X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y									5
Se	ction B. Independent Contractors									
	Complete this table for your five highest com compensation from the organization. Report of									
1	year.									

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

-		(	
Form	990	(2014)	

Part VII Section A. Officers, Directors, Tr	ustees, Ke	<u>ey En</u>	nplo	ye	es,	and I	ligl	hest Compensat	ed Employe	es (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles er and	Pos heck ss pe	erson direct	e than c is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportabl compensation related organizatio (W-2/1099-M	from ns	am com fro	(F) timated rount of other pensation om the anization	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			and	related inizations	
37) MARK ABRAHAMS SVP & CFO THRU 4/16/14	50.00						x	113,104.		0		12,52	4
38) MELISSA NORDEN FORMER SVP & CHIEF OF STAFF	0	-					x	127,000.		0			
39) STEVEN HANSEN COO THRU 10/15/2013	0						x	289,660.		0			
40) EDWIN SAYRES FORMER PRESIDENT & CEO	0	-					х	191,666.		0			
41) ARTURO RIOS SVP HR THRU 10/31/14	50.00 0						x	236,735.		0		31,39	8
		-											_
		-											
		-											
	+												
	+												
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A												_
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose	liste				o re	ceived more than	\$100,000 of				
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes N X	1
4 For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> .	eater than	\$15	50,0	00?	P If	"Yes	s," (	complete Schedu	le J for su	ıch	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	uni	related organization	on or individ	Jal	5		X
<ol> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>													_
(A) Name and business add	dress							<b>(B)</b> Description of se	ervices	C	(C) ompens	ation	
													_
													_
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	thos	se li	sted above) who	received				

		Check if Schedule O co	ontains a respor	nse or note to an	y line in this Part VII	<u> </u>		· · · · · · []
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a	1,802,168.				
ioui	b	Membership dues	1b					
Am (	с	Fundraising events		733,364.				
lar Gif	d	Related organizations						
sini'	е	Government grants (contribution						
er 🧿	f	All other contributions, gifts,	·					
ēŧ		and similar amounts not included		161,064,571.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included i		1,072,714.				
	h	Total. Add lines 1a-1f			163,600,103.			
nue				Business Code				
Program Service Revenue	2a	ANIMAL POISON CONTROL CEN	ITER		8,811,804.	8,811,804.		
R	b	ANIMAL HOSPITAL FEES		900000	4,675,563.	4,675,563.		
/ice	c	MOBILE CLINIC VETERINARY	AND CLINIC REVE	900000	705,720.	705,720.		
Ser	d	ADOPTION CENTER FEES		900000	392,835.	392,835.		
Ē	e				,			
gra	f	All other program service rev						
- La	g	Total. Add lines 2a-2f			14,585,922.			
_	3		cluding divider		11,505,522.			
	3	and other similar amounts).	0		2,800,696.		-4,550.	2,805,246.
	4				2,000,090.		4,550.	2,003,240.
	4 5	Income from investment of Royalties	•		2,180,428.			2 1 9 0 4 2 9
	5	Royanes	(i) Real	(ii) Personal	2,100,420.			2,180,428.
	-							
	6a	Gross rents	112,408.					
	b	Less: rental expenses	789,951.					
	C	Rental income or (loss)	-677,543.					
	d Zo	Net rental income or (loss	(i) Securities	(ii) Other	-677,543.			-677,543.
	7a	Gross amount from sales of						
		assets other than inventory	42,089,154.					
	b	Less: cost or other basis						
		and sales expenses	36,701,477.					
	c	Gain or (loss)						
	d	Net gain or (loss)		· · · · · · •	5,387,677.			5,387,677.
ne	8a	Gross income from fundra	•					
len		events (not including \$						
Š		of contributions reported on						
ž		See Part IV, line 18						
Other Revenue	b	Less: direct expenses						
ō	С	Net income or (loss) from fu	indraising events	· · · · · · • •	556,141.			556,141.
	9a	Gross income from gaming						
		See Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from g	aming activities.	· · · · · · •	0			
	10a	Gross sales of invente						
		returns and allowances						
	b	Less: cost of goods sold	b					
	C	Net income or (loss) from sa	les of inventory	<u></u>	0			
		Miscellaneous Reven	iue	Business Code				
	11a	MISCELLANEOUS REVENUE		900099	2,372,646.			2,372,646.
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d			2,372,646.			
	12	Total revenue. See instruction			190.806.070.	14.585.922.	-4,550.	12.624.595.

<b>Part IX</b> Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mu		s All other organizatio	ns must complete colum	nn (A)
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> 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	0 470	0 470		
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 disgualified	1,,01,2,0	3,033,,031	100,1011	110,000
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
0 Payroll taxes	4,752,641.	4,053,324.	295,116.	404,203
1 Fees for services (non-employees):				
a Management	447,840.	275,221.	127,171.	45,44
<b>b</b> Legal	1,412,292.	498,908.	417,744.	495,64
c Accounting	914,187.	9,930.	874,696.	29,56
d Lobbying	384,494.	384,494.		1 072 504
e Professional fundraising services. See Part IV, line 17.	1,972,596. 750,000.		750,000.	1,972,590
f Investment management fees	750,000.		750,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column	7,747,048.	6,088,881.	311,659.	1,346,508
(A) amount, list line 11g expenses on Schedule O.) 2 Advertising and promotion	26,940,839.	14,410,710.	198,004.	12,332,125
3 Office expenses	3,775,064.	3,330,254.	248,912.	195,898
4 Information technology	11,060,107.	4,750,916.	525,456.	5,783,735
5 Royalties	0			
6 Occupancy	5,337,696.	3,923,225.	653,635.	760,836
7 Travel	3,598,953.	3,392,594.	45,060.	161,299
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0			
9 Conferences, conventions, and meetings	971,941.	824,803.	62,130.	85,008
0 Interest	0			
1 Payments to affiliates	0			
<b>2</b> Depreciation, depletion, and amortization	4,533,316.	3,953,530.	402,279.	177,507
3 Insurance	929,043.	780,488.	81,526.	67,029
4 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.)				
aOPERATING_SUPPLIES	15,139,936.	8,182,638.	121,178.	6,836,120
bVETERINARY_&_MEDICAL_SERVICE	4,790,220.	4,790,220.	, _, _, _, _,	.,,
cREPAIRS_AND_MAINTENANCE	1,190,686.	1,097,915.	76,963.	15,808
dTRANSPORT_EXPENSES	477,956.	473,530.	816.	3,61
e All other expenses	828,307.	531,791.	86,887.	209,629
5 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 fundations of light the cost of the				
fundraising solicitation. Check here <b></b>		25 501 502	277 600	
SA	52,508,744.	25,584,593.	377,602.	26,546,549

JSA 4E1052 1.000

Forn	n 990 (2	THE AMERICAN SOCIETY FOR THE PREVEN 2014)		10	1623829 Page <b>11</b>
	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X	<u> </u>	
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	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 Loans and other receivables from other disqualified persons (as defined under section	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			
s		organizations (see instructions). Complete Part II of Schedule L	0	•	C
Assets	7	Notes and loans receivable, net	0	7	C
As	8	Inventories for sale or use	10,237.	8	C
	9	Prepaid expenses and deferred charges	3,054,408.	9	3,702,250.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 76,402,745.			
		Less: accumulated depreciation	45,377,229.		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.		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. 224,598,048.	15	20,781,144.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	13,713,168.	16 17	233,141,070. 9,476,729.
	18	Accounts payable and accrued expenses	2,468,190.	18	2,928,818.
	10	Grants payable	2,408,190.	19	2,520,010.
	20	Deferred revenue Tax-exempt bond liabilities	2,000:		0
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0		0
Liabilities	22	Loans and other payables to current and former officers, directors,	0	21	
lid		trustees, key employees, highest compensated employees, and			
Ë		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		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	Total liabilities. Add lines 17 through 25	26,686,328.	26	26,526,052.
es		Organizations that follow SFAS 117 (ASC 958), check here ► ⊥ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	135,314,763.	27	140,188,321.
3ali	28	Temporarily restricted net assets	36,925,063.	28	40,365,414.
Б	29	Permanently restricted net assets	25,671,894.	29	26,061,283.
<b>Assets or Fund Balances</b>		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	197,911,720.	33	206,615,018.
_	34	Total liabilities and net assets/fund balances	224,598,048.	34	233,141,070.
					Form <b>990</b> (2014)

THE AMERICAN SOCIETY FOR THE PREVENTION OF 13-1623829

Form 99	90 (2014)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	90,8	06,0	)70.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	75,9	40,1	.99
3	Revenue less expenses. Subtract line 2 from line 1	3		14,8	65,8	371.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	97,9	11,7	20.
5	Net unrealized gains (losses) on investments	5		-3,1	92,9	920.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-2,9	69,6	553.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	2	06,6	15,0	)18.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	• •				X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
•	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	plied	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			01-	х	
b	Were the organization's financial statements audited by an independent accountant?			2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		•	2c	х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			20	21	
	If the organization changed either its oversight process or selection process during the tax year, e	xpiall	n In			
<b>n</b> -	Schedule O.	6 6 a rel				
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as se	rorti	n In	3a		Х
h	the Single Audit Act and OMB Circular A-133?	araa	the			
a	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		uie	3b		

**SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

(Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						2014		
Depa	artment of the Treasury nal Revenue Service		►	Attach to Form 990 or	Form 990	D-EZ.		Open to Public
							is at www.irs.gov/form9	
	-		ICAN SOCIETY	FOR THE PREVEN	FION O	F		tification number
-	JELTY TO ANIMA				omplot	o thio no	13 art.) See instructions	-1623829
			•	is: (For lines 1 through			/	).
1 1	<u> </u>			tion of churches desc			,	
2				. (Attach Schedule E.)			70(D)(T)(A)(I).	
2				rganization described		n 170(h)	(1)(A)(iii)	
4			-	-			n section 170(b)(1)(A)	(iii) Enter the
4	hospital's nam	-	-		spilai ue	Scribeu ii		
5		-		a college or universit	v owned	d or ope	erated by a governme	ental unit described in
Ŭ		-	Complete Part II.)	a conogo er aniveren	.y enne		fatoa by a govornine	
6				rnmental unit describe	d in <b>sect</b>	ion 170	b)(1)(A)(v).	
7		-	-					om the general public
			(1)(A)(vi). (Compl	-				
8				<b>b)(1)(A)(vi).</b> (Complete	e Part II.)			
9	An organizatio	on that norma	ally receives: (1) n	nore than 331/3% of	its supp	ort from	contributions, memb	ership fees, and gross
	receipts from	activities rela	ated to its exemp	t functions - subject	to certa	in excep	otions, and (2) no mo	ore than 331/3% of its
	support from	gross invest	tment income an	d unrelated business	taxable	income	e (less section 511	tax) from businesses
	acquired by th	e organizatio	n after June 30, 19	975. See section 509	(a)(2). (C	Complete	e Part III.)	
10	An organizatio	on organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
11	An organizatio	on organized	and operated exclu	usively for the benefit o	of, to per	form the	functions of, or to ca	rry out the purposes of
	one or more p	ublicly suppo	orted organizations	described in section s	509(a)(1	) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check
	the box in line	s 11a througl	h 11d that describe	es the type of support	ing orga	nization	and complete lines 11	e, 11f, and 11g.
а	🔄 Type I. A su	pporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supporte	ed organizatio	on(s) the power to	regularly appoint or e	elect a m	ajority o	f the directors or trus	tees of the supporting
	organization	. You must c	omplete Part IV, S	ections A and B.				
b	<b>Type II</b> . A s	upporting org	anization supervise	ed or controlled in co	nnectior	with its	supported organizati	on(s), by having
	control or m	anagement o	of the supporting o	organization vested in	the sam	e persor	ns that control or mar	hage the supported
	organization	(s). You must	complete Part IV	, Sections A and C.				
С	Type III fund	ctionally integ	<b>grated</b> . A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,
	its supported	d organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Section	ons A, D, and E.	
d		-			-		ection with its suppor	
	that is not fu	inctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
				omplete Part IV, Sect				
е		•					hat it is a Type I, Type	II, Type III
_				ionally integrated sup		organizat	tion.	
t								••••
g		-		orted organization(s).				( )) .
	(i) Name of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above or IRC section		ment?	instructions)	instructions)
				(see instructions))	Yes	No		
					162	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2014

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</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.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</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.) ATCH 1	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. (s	ee instructions)				12	73,041,903.
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2014 (li	ne 6, column (f)	) divided by line	11, column (f))		14	94.57%
15	Public support percentage from 2013	Schedule A, Pa	rt II, line 14			15	94.05%
16a	331/3% support test - 2014. If the o this box and stop here. The organization	-					
b	331/3% support test - 2013. If the c check this box and stop here. The organization of the stop here is the organization of the stop here is t						
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization	2014. If the org meets the "fa	anization did no cts-and-circumst	ot check a box ances" test, ch	on line 13, 16a eck this box a	a, or 16b, and I nd <b>stop here.</b> E	ine 14 is Explain in
h	Part VI how the organization meets to organization						
	15 is 10% or more, and if the orga Explain in Part VI how the organizati	anization meets on meets the "	the "facts-and facts-and-circum	l-circumstances nstances" test.	" test, check t The organizatio	his box and <b>st</b> on qualifies as a	op here. a publicly
18	supported organization Private foundation. If the organization	did not check a	a box on line 13,	, 16a, 16b, 17a	, or 17b, check	this box and see	<b>,</b>
	instructions						<u> ►                                   </u>

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

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.)

0-1	tion A. Public Support	(2) 2010	(h) 2011	(0) 2012	(1) 2042	(1) 2014	(A) Total
	ndar 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						
2	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						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
4	unrelated trade or business under section 513 Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	, .						
6	organization without charge Total. Add lines 1 through 5						
1 a	Amounts included on lines 1, 2, and 3 received from disgualified 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 Add lines 7a and 7b						
	Public support (Subtract line 7c from						
Ũ	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
	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						
с	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	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13	Total support. (Add lines 9, 10c, 11,						
13 14			n's first, second,	third, fourth, or	fifth tax year a	s a section 5	501(c)(3)
	Total support. (Add lines 9, 10c, 11, and 12.)	the organizatio			•		
14	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	the organizatio	age	<u></u>	<u></u>		
14	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here	the organizatio	age	<u></u>	<u></u>		
14 Sec	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	the organizatio <b>pport Percent</b> , column (f) divid	<b>age</b> ed by line 13, colu	mn (f))		15	▶
14 Sec 15 16	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8	the organization port Percent r, column (f) divid edule A, Part III, lii	<b>age</b> ed by line 13, colu ne 15	mn (f))		15	▶
14 Sec 15 16 Sec	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (li	the organization opport Percent , column (f) divid edule A, Part III, lin nt Income Per ne 10c, column	age ed by line 13, colu ne 15	mn (f)) 13, column (f))	·····	15	····►
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (li Investment income percentage from 2013	the organization port Percent , column (f) divid edule A, Part III, lii nt Income Per ne 10c, column Schedule A, Part	age ed by line 13, colu ne 15 <b>centage</b> (f) divided by line III, line 17	mn (f))	·····	15 16 17 18	· · · · · · ► □ % % %
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (li	the organization port Percent , column (f) divid edule A, Part III, lii nt Income Per ne 10c, column Schedule A, Part	age ed by line 13, colu ne 15 <b>centage</b> (f) divided by line III, line 17	mn (f))	·····	15 16 17 18	· · · · · · ► □ % % % % % % % % % % % % % % % % % % %
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (li Investment income percentage from 2013	the organization port Percent , column (f) divid edule A, Part III, lin nt Income Per ne 10c, column ( Schedule A, Part ganization did n	age ed by line 13, colu ne 15 <b>ccentage</b> (f) divided by line III, line 17 ot check the bo	mn (f)) 13, column (f)) x on line 14, and	d line 15 is more	15 16 17 18 e than 331/3	▶ % % %, and line
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 19 a	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (li Investment income percentage from 2013 331/3% support tests - 2014. If the or	the organization port Percent , column (f) divid edule A, Part III, lin nt Income Per ne 10c, column Schedule A, Part ganization did n is box and sto	age ed by line 13, colu ne 15 <b>Centage</b> (f) divided by line III, line 17 ot check the bo <b>p here.</b> The org	mn (f)) 13, column (f)) x on line 14, and anization qualifie	d line 15 is more s as a publicly	15           16           17           18           e than 331/3 °           supported org	▶ % % %, and line ganization ▶
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 19 a	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8 Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (li 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	the organization port Percent , column (f) divid edule A, Part III, lin nt Income Per ne 10c, column Schedule A, Part ganization did n is box and sto anization did not t this box and s	age ed by line 13, colu ne 15 <b>centage</b> (f) divided by line III, line 17 ot check the bo <b>p here.</b> The org check a box on <b>top here.</b> The or	mn (f)) 13, column (f)) x on line 14, and anization qualifie line 14 or line 19 ganization qualifi	d line 15 is more s as a publicly Da, and line 16 is es as a publicly	15       16       17       18       e than 331/3°       supported org       s more than 33       supported org	► % % %, and line ganization ► 31/3 %, and ganization ►

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (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.
- **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 **Part VI** when and how the organization made the determination.
- **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 **Part VI** what controls the organization put in place to ensure such use.
- **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.
- **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.
- **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.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.*
- 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)*.
- 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 I of Schedule L (Form 990).
- **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 **Part VI.**
- **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 Part VI.*
- **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 Part VI.*
- **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.* 
  - **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.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2014

Yes No

	THE AMERICAN SOCIETY FOR THE PREVENTION OF 13-162	3829		
Schedu	le A (Form 990 or 990-EZ) 2014		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 in	structi	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.		-	
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ictions).		
<u> </u>			Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	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</b> those supported organizations and explain 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 **Part VI** 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 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in 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. 3b Schedule A (Form 990 or 990-EZ) 2014

2a

2b

3a

# 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 Adjusted Net Income (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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

Part		Supporting Organizat	tions (continued)	1				
Secti	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ea	xempt purposes						
2								
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in <b>Part VI</b> ). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in <b>Part VI</b> ). See instructions.							
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount	1						
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable 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:							
а								
b								
С								
d								
е	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: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2014 distributable amount							
С	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								
b								
c								
d	Excess from 2013							
e	Excess from 2014							

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	OTHER INCOM	E			ATTACHMENT	1
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
LIST RENTALS	370,638.	349,857.	350,780.	360,693.		1,431,968.
ANIMAL ASSISTED THERAPY	8,965.					8,965.
ANIMAL TRAINING FEES	43,495.					43,495.
FUNDRAISING EVENTS	1,292,544.	1,934,331.	2,118,713.	1,108,668.		6,454,256.
SALES OF INVENTORY	690,889.					690,889.
MISCELLANEOUS	149,283.	189,161.	23,390.	210,957.	2,372,646.	2,945,437.
TOTALS	2,555,814.	2,473,349.	2,492,883.	1,680,318.	2,372,646.	11,575,010.

		For C	organizations Exempt From Incom	e Tax Under sectio	on 501(c) and section 52	27
	rtment of the Treasury al Revenue Service		lete if the organization is described be tion about Schedule C (Form 990 or 9		to Form 990 or Form 990-l tions is at <i>www.irs.gov/for</i>	
	•		to Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not compl		(Political Campaign Activit	ies), then
٠	Section 501(c) (othe	er than secti	on 501(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-B.	
	Section 527 organiz					
	•		to Form 990, Part IV, line 4, or Form			
		0	that have filed Form 5768 (election un that have NOT filed Form 5768 (election		•	•
	( )( )	0	to Form 990, Part IV, line 5 (Proxy	( )		•
Tax)	(see separate instru	ictions), thei	n i i i i i i i i i i i i i i i i i i i			
			anizations: Complete Part III.			
			AN SOCIETY FOR THE PREV	ENTION OF		ntification number
	ELTY TO ANIM				13-16	
-	-		organization is exempt under			nization.
1			organization's direct and indirect p			
2 3						
3	volunteer nours.				•••••	
Par	t I-B Comple	te if the c	organization is exempt under s	section 501(c)(3).		
1			cise tax incurred by the organizatio		5 ▶\$	
2	Enter the amount	t of any exc	cise tax incurred by organization m	anagers under secti	on 4955 🕨 \$	
3			a section 4955 tax, did it file Form			
4a	Was a correction	made?				Yes No
b	If "Yes," describe	in Part IV.				
Par	t I-C Comple	te if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	5).
1			expended by the filing organization			
2			ng organization's funds contributed			
3	line 17b		enditures. Add lines 1 and 2. En		▶\$	
4 5	Enter the names, organization mad the amount of po	addresses le payment plitical cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom nd or a political action committee (I	er (EIN) of all section ter the amount paid ptly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing ation's funds. Also enter plitical organization, such
	<b>(a)</b> 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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
			1	1	1	1

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

Schedule C (Form 990 or 990-EZ) 2014

SCHEDULE C

(Form 990 or 990-EZ)

OMB No. 1545-0047

**Political Campaign and Lobbying Activities** 



Sch	edule C (Form 990 or 990-EZ) 2014 THE AM	ERICAN SOCIETY FOR THE PREVENTIO	N OF 13-1	.623829 Page <b>2</b>
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ction under
Α		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expense		roup member's
В	Check ► if the filing organization	checked box A and "limited control" provisi	ons apply.	
		ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
		public opinion (grass roots lobbying) a legislative body (direct lobbying)		
		a and 1b)		
		l lines 1c and 1d)		
f		e amount from the following table in both		
	columns.	č		
	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.		
ç	g Grassroots nontaxable amount (enter 25	% of line 1f)		
ł	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting section 4911 tax for this year?		<u></u>	Yes No
		-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 Expen	ditures During 4-Ye	ear Averaging Period	1	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

Schedule C	Form	990	or 990	-F7) 2014	
Schedule C		330	01 330	- 2014	

# 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			a)	(b)		
	cription of the lobbying activity.	Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:	37				
a	Volunteers?	X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		x			
C L	Media advertisements?	x			2.2	,467.
d	Mailings to members, legislators, or the public?		x		22	,407.
e r	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?	x			174	,278.
f	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				<u>,278</u> . ,929.
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X				, <u>929</u> . ,441.
;		X				,948.
;	Other activities? Total. Add lines 1c through 1i			1	.,002	
, 2а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x		.,	,
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?					
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 50		. or s	ection		
	501(c)(6).		,			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?					
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?					
Ра	rt III-B Complete if the organization is exempt under section 501(c)(4), section 50					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (	b) Pa	rt III-A, lin	e 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 amo	unts	of			
_	political expenses for which the section 527(f) tax was paid).					
а	Current vear			2a		

а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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.

SEE PAGE 4

Schedule C (Form 990 or 990-EZ) 2014

Part IV Supplemental Information (continued)

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

V 14-7.6F

#### Schedule C (Form 990 or 990-EZ) 2014

#### **Part IV** Supplemental Information (continued)

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,

Schedule C (Form 990 or 990-EZ) 2014

#### Part IV Supplemental Information (continued)

OR ANY OTHER MEANS: THE ASPCA HOLDS VOICES FOR ANIMALS DAYS, LOBBY DAYS, LEADERSHIP TRAINING SUMMITS, CITIZEN LOBBYING WORKSHOPS, INCLUDING SPEECHES AND SEMINARS, AND GIVES PRESENTATIONS AND SPEECHES TO ENCOURAGE PUBLIC AWARENESS OF HUMANE LEGISLATION AND TO PROMOTE ACTION INFLUENCING POSITIVE OUTCOMES FOR ANIMAL WELFARE POLICY.

11. OTHER ACTIVITIES: THE ASPCA WORKS CLOSELY WITH OTHER NATIONAL, STATE, AND LOCAL SHELTERS AND ANIMAL WELFARE ORGANIZATIONS AS WELL AS OTHER INDUSTRY OR NON-PROFIT ORGANIZATIONS WITH COMMON INTERESTS TO ALIGN PUBLIC POLICIES WITH BEST PRACTICES FOR ANIMAL WELFARE AND TO ENSURE THAT LAW ENFORCEMENT, FIELD WORK, DISASTER RELIEF, 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.

SCHEDULE D		Supplem	ental Financial Statements	5	OMB No. 1545-0047
(Form 990)		► Complete if t	he organization answered "Yes" to Form 990,		2014
		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1		
	rtment of the Treasury al Revenue Service	Information about Schedule	<ul> <li>Attach to Form 990.</li> <li>D (Form 990) and its instructions is at www.irs</li> </ul>	.gov/form990.	Open to Public Inspection
		THE AMERICAN SOCIETY F	<u> </u>	Employer identifica	
CRU	JELTY TO ANIMA	ALS		13-162382	29
Ра		-	ised Funds or Other Similar Funds or	Accounts.	
	Complete	e if the organization answered	"Yes" to Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and	other accounts
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4 5		at end of year	advisors in writing that the assets held	in donor advised	
5	-		e organization's exclusive legal control?		Yes No
6	-		and donor advisors in writing that grant fu		
	-	-	fit of the donor or donor advisor, or for a		
	conferring imperm	issible private benefit?			Yes No
Pa		tion Easements.			
			"Yes" to Form 990, Part IV, line 7.		
1			organization (check all that apply).		
		n of land for public use (e.g., rec	·	of a historically im	
		of natural habitat		of a certified histor	ric structure
2		n of open space	eld a qualified conservation contribution in	the form of a con-	servation
-		last day of the tax year.			End of the Tax Year
а				2a	
b			6	2b	
с			historic structure included in (a)	2c	
d	Number of conse	rvation easements included in (	c) acquired after 8/17/06, and not on a		
			l	2d	
3			nsferred, released, extinguished, or termin	ated by the orgar	ization during the
	•				
4			rvation easement is located		
5	•		garding the periodic monitoring, inspect sements it holds?	•	
6			sements it holds?		
Ŭ			ispecting, and emercing concervation cas		your
7	Amount of expens	es incurred in monitoring, inspec	ting, and enforcing conservation easemer	nts during the year	
	▶\$				
8			e 2(d) above satisfy the requirements of se		)
					Yes No
9		•	conservation easements in its revenue and	•	
		d include, if applicable, the text of counting for conservation easeme	of the footnote to the organization's financi	al statements that	describes the
Pa			of Art, Historical Treasures, or Other	Similar Assets	
1 0			"Yes" to Form 990, Part IV, line 8.	China Assets.	
1a	•	•		evenue statemen	t and balance sheet
.u	works of art, hist	orical treasures, or other simila	FAS 116 (ASC 958), not to report in its r ar assets held for public exhibition, educ potnote to its financial statements that des	cation, or researc	h in furtherance of
h			SFAS 116 (ASC 958), to report in its re		
b	works of art. hist	orical treasures. or other simila	ar assets held for public exhibition, educ	cation. or researc	h in furtherance of
	public service, pro	vide the following amounts relat	ing to these items:		
	(i) Revenue inclue	ded in Form 990, Part VIII, line 1		►\$	
	(ii) Assets included in Form 990, Part X				
2	•		rt, historical treasures, or other similar a		al gain, provide the
-			FAS 116 (ASC 958) relating to these items		
a b					
		Act Notice, see the Instructions fo			edule D (Form 990) 2014
JSA	8 1.000				- *

THE AMERICAN SOCIETY FOR THE PREVENTION OF 13-1623829

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): <ul> <li>a</li> <li>b</li> <li>b</li> <li>c)</li> <lic)< li=""> <lic)< li=""> <lic)< li=""> <li>c)</li></lic)<></lic)<></lic)<></ul>	-	dule D (Form 990) 2014 t III Organizations Maintainir	ng Collections of	Art. Historical 1	reasures.	or Other Simi	ar Asset	s (contir	Page <b>2</b>	
collection items (check all that apply):       d X       Loan or exchange programs         b       Scholarly research       e       Other         c       Z) Preservation for future generations       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill.         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 X No         PartIV       Escrew 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.       Yes K       No         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X2.       Yes K       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provide in Part XII.       No       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provide in Part XII.       No         During balance			•						/	
a       Public exhibition       d       ⊥       Chain or exchange programs         b       Scholarly research of the organization's collections and explain how they further the organization's exempt purpose in Part Xill.         2       During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part Xill.         3       During the year, did the organization's collections and explain how they further the organization's collection?       Yes INO         7       No       Part Vistor       Yes INO         7       Part Vistor       Yes (Doron addition of the intermediary for contributions or other assets not included on Form 990, Part X?, line 21.         1a       Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X?, line 21.       Intermediate Intermed	-				,	<u> </u>	5			
b       Scholarly research       e       Other         c       XP revaide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill.         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 X No         PartIV       Escow 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.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Ia       Is the organization include an amount on Form 990, Part X, line 21, for escrew 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.       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation answered "Yes" to Form 990, Part IV, line 0.       In         1a       Baginning of year balance       60 Provide year Adv. 0.       35, 555, 641.         1a       Baginning of year balance       60 Provide year Adv. 0.       35, 555, 641.         1b       Contributions	а		,	d X Loan	or exchange	e programs				
c       ∐       Preversation for future generations         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit or raise funds rather than to be maintained as part of the organization's collection?	b									
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' to Form 900, Part IV, line 9, or reported an amount on Form 900, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900 Part X? a reported an amount on Form 900, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 900 Part X? b If 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance	с		rations							
XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?       Yes X       No         Part V       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.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included 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, line 21.       In amount       In am	4			and explain how	they furthe	the organization	's exempt	purpose	in Part	
aesets to be sold to raise funds rather than to be maintained as part of the organizations collection?										
Part IV       Escrow and Custodial Arrangements. Complete if the organization answerd "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       Yes       No         c       Beginning balance       Amount       Id       Amount       Id       Id         Distributions during the year       Id       Id       Id       Id       Id       Id       Id         Part VIII Chock here if the organization has been provided in Parx XIII. Chock here if the explanation has been provided in ParXIII.       Yes       No         Mo       If "Yes," explain the arrangement in Part XIII. Chock here if the explanation has been provided in ParXIII.       Yes       No         Part VIII Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         Or the investment earnings, gains, and losses       1, 871, 471       7, 297, 776.       5, 023, 490.       359, 571.       2, 751, 204.         Grants or scholarships       1, 871, 471.       7, 297, 776.       5, 023, 490.       359, 571.       2, 751, 204. <th co<="" th=""><th>5</th><th>During the year, did the organization</th><th>on solicit or receive d</th><th>onations of art, hist</th><th>orical treas</th><th>ures, or other simi</th><th>lar</th><th></th><th></th></th>	<th>5</th> <th>During the year, did the organization</th> <th>on solicit or receive d</th> <th>onations of art, hist</th> <th>orical treas</th> <th>ures, or other simi</th> <th>lar</th> <th></th> <th></th>	5	During the year, did the organization	on solicit or receive d	onations of art, hist	orical treas	ures, or other simi	lar		
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?         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:         c Beginning balance         d Additions during the year         1d d         e Distributions during the year         1d It he organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII.         PartV       Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII.         1a Beginning of year balance       (4) Current year         (b) Current year       (b) Firot year         (c) Current year       (b) Firot year         (c) Current year       (b) Firot year         (c) Current year       (c) Current year All 46.6.09, 083.         (c) Current year end balance (ine 1g, column (a)) held as:         and programs,,, 2.315, 254.       2.237, 917.       2.320, 490.       2.398, 349.         f Administrative expenses       54, 180, 975.       54, 562, 237.       49, 486, 784.       46, 609, 083.		assets to be sold to raise funds rath	ner than to be mainta	ained as part of the	organizatior	n's collection?	<u></u>	Yes	X No	
Included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2       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.       No         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.       (e) Four years back.         1a       Beginning of year balance       54,562,237.       19,486,784.       46,609,083.       48,641,402.       35,555,641.         1b       Contributions       54,562,237.       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.       2,398,349.       1         4       Administrative expensitives for facilities and programs       1,84,020.%       54,180,975.       54,562,237.       49,486,784.       46,690,083.       48,641,402.       2.         <	Par				ization ans	swered "Yes" to	Form 990,	, Part IV	, line 9,	
b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance       1c         d       Additions during the year       1d         d       Additions during the year       1d         d       Additions during the year       1d         d       Distributions during the year       Ne         b       C'res" explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.         d       Distributions       62,562,237,49,486,784,46,609,083,48,641,402,35,555,5641.         h       Contributions       62,521,15,594,174,701,6,459,10,334,557.         e       Other expenditures for facilities and programs       1,871,471,7,297,776,5,023,490,2,398,349.         d       Administrative expenses       54,180,975,54,562,237,149,486,784,46,609,083,48,641,402.         f       Period designated or quasi-adnotoment ▶       8,2600,%      <	1a									
c       Beginning balance       Ic       Amount         c       Additions during the year       Ic       Ic         d       Additions during the year       Id       Id       Id         e       Distributions during the year       Id       Id       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escow 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, respective or Stock in the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII, respective provides back in the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII, respective provides back in the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII, respective provides back in the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII, respective provides back in the arrangement in Part XIII. Check here if the explanation has been provides in the arrangement in Part XIII. Check here if the explanation has been provides in the arrangement in Stags, stags, and losses, in the provides in the arrangement in Stags, stags, and losses, in the arrangement in Part XIII. Check here if the explanation (line 1g, column (a)) held as:         a dor designated or quasi-endowment \subscript 12, 6400 %       12, 315, 254, 2, 237, 917, 2, 320, 490, 2, 398, 349, 148, 641, 402.         f Administrative expensions       12, 4100, 975, 54, 562, 237, 49, 486, 784, 46, 609, 083, 48, 641, 402.<	h					• • • • • • • • • • •	••••	res		
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1e       1f         f       Ending balance       1f       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         bit "ves," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       No       No         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back       (e) Four years back       (e) Four years back       (f) Four years back       (e) Four years back       (e) Four years back       (e) Four years back       (f) Four years b	N N			nete the following ta		A	Amount			
d Additions during the year       Id         e Distributions during the year       Id         12       Distributions during the year       Id         2a Distributions during the year       Id       Id         2a Distributions during the year       In       Id         2a Distributions during the year       In       In       Id         2a Distributions during the year       In       Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.       Id       Id         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.       Id       Id         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.       Id       Id         Id       Garants or scholarships.       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.       2,398,349.       Id         d Carants or scholarships        1,871,471.       7,297,917.       2,320,490.       2,398,349.       Id       Id       Id       Id       Id       Id </th <th>с</th> <th>Beginning balance</th> <th></th> <th></th> <th>10</th> <th>,</th> <th></th> <th></th> <th></th>	с	Beginning balance			10	,				
e       Distributions during the year										
f       Ending balance	е									
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.       No         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (d) Twre years back.       (e) Four years back.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (d) Twre years back.       (e) Four years back.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (d) Twre years back.       (e) Four years back.         1a       Contributions       (b) Current year       (c) Two years back.       (d) Twre years back.       (e) Four years back.         1a       Contributions       (c) Two years back.       (d) Twre years back.       (e) Four years back.       (e) Four years back.         1b       Contributions       (c) Two years back.       (e) Four years back.       (e) Four years back.       (e) Four years back.         add Grants or scholarships       (c) Add yeans balance       (c) Add yeans balance.       (c) A	f									
Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Four years       (c) Prior year       (c) Three years back       (e) Four years back       (f) Three years back       (e) Four years back       (f) Three years back       f, ff, ff, ff, ff, ff, ff, ff, ff, ff,	2a					ustodial account lia	ability?	Yes	No	
Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (b) Prior year       (c) Three years back       (e) Four years back       (f) Three years back       (e) Four years back       (f) Three years back       f, f	b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	n has been p	provided in Part XIII		i		
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       2,315,254.       2,237,917.       2,320,490.       2,398,349.         f       Administrative expenses       54,180,975.       54,562,237.       49,486,784.       46,609,083.       48,641,402.         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:       abcard designated or quasi-endowment ▶       84,2800.%         b       Permanent endowment ▶       12,6400 %       3600.%       The percentages in lines 2a, 20, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations       3a(i)       x         y       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3a(i)       x         <	Par	t V Endowment Funds. Com	plete if the organi	zation answered '	Yes" to Fo	rm 990, Part IV,	line 10.			
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			(a) Current year	(b) Prior year	(c) Two yea	ars back (d) Three	years back	(e) Four ye	ars back	
c       Net investment earnings, gains, and losses			54,562,237.	49,486,784.	46,609	,083. 48,64	1,402.	35,55	5,641.	
and losses       1,871,471.       7,297,776.       5,023,490.       359,571.       2,751,204.         d Grants or scholarships			62,521.	15,594.	174	,701.	6,459.	10,33	4,557.	
d Grants or scholarships	С									
e       Other expenditures for facilities and programs       2,315,254.       2,237,917.       2,320,490.       2,398,349.         f       Administrative expenses       54,180,975.       54,562,237.       49,486,784.       46,609,083.       48,641,402.         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 ▶ 84.2800.%         b       Permanent endowment ▶ 12.6400.%		and losses	1,871,471.	7,297,776.	5,023	,490. 35	9,571.	2,75	1,204.	
and programs       2,315,254.       2,237,917.       2,320,490.       2,398,349.         f       Administrative expenses       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 ▶       84.2800.%         b       Permanent endowment ▶       12.6400.%										
f       Administrative expenses       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 ▶ 12,6400 %         b       Permanent endowment ▶ 12,6400 %       C remporarily restricted endowment ▶ 3,0800 %         c       Temporarily restricted endowment ▶ 3,0800 %         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) x         b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?         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 (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation         1a       Land,	е									
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 ▶84.2800 %         b Permanent endowment ▶12.6400 %       c Temporarily restricted endowment ▶3.0800 %         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: <ul> <li>(i) unrelated organizations.</li> <li>(ii) related organizations.</li> <li>(ii) related organizations.</li> <li>(ii) related organizations.</li> <li>(iii) related organizations.</li> <li>(ii) related organizations.</li> <li>(i) are the related organizations listed as required on Schedule R?</li> <li>(iii) related organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <li>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.</li> <li>Description of property</li> <ul> <li>(a) Cost or other basis</li> <li>(b) Cost or other basis</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(investment)</li> <li>(a) Cost or other basis</li> <li>(b) Cost or other basis</li> <li>(c) Accumulated Action (d) Book value</li> <li>(a) Buildings</li> <li>(a) Cost or other basis</li> <li>(b) Cost or other basis</li> <li>(c)</li></ul>			2,315,254.	2,237,917.	2,320	,490. 2,39	8,349.			
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶84.2800 %         b       Permanent endowment ▶12.6400 %         c       Temporarily restricted endowment ▶3.0800 %         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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> 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 (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation depreciation depreciation depreciation as 33, 153, 514. 7, 114, 029. 26, 039, 485.         c       Leasehold improvements.       133, 153, 514. 7, 114, 029. 26, 039, 485.         c       Equipment.			F 4 100 07F		40.400	704 46 60	0.000	10 64	1 400	
a Board designated or quasi-endowment ▶ 12.6400 %         b Permanent endowment ▶ 12.6400 %         c Temporarily restricted endowment ▶ 3.0800 %         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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(i) unrelated organizations</li> <li>(i) unrelated organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> 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 (other)       (c) Accumulated depreciation         1a Land       5,041,057.       5,041,057.         b Buildings       14,761,877.       7,584,054.       7,177,823.               c Leasehold impro							9,083.	48,64	1,402.	
b       Permanent endowment ▶ 12.6400 %         c       Temporarily restricted endowment ▶ 3.0800 %         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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations listed as required on Schedule R?</li> <li>(iii) related organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> 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 (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation (d) must equal Form 990, Part X, column (B), line 10(c).)       5, 041, 057.           b         Buildings         14, 761, 877. 7, 584, 054. 7, 177, 823.         5, 041, 057.           c         Leasehold improvements         17, 163, 257. 12, 822, 000. 4, 341, 257.         6, 039, 040. 4, 555, 820	2				, column (a)	) neid as:				
c       Temporarily restricted endowment ▶ 3.0800 % 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:	a b									
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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?</li> <li><b>3a(ii)</b></li> <li><b>3a(ii)</b></li> <li><b>3a(iii)</b></li> <li><b>3b</b></li> <li><b>b</b></li> </ul> <li><b>1a</b> Land</li> <ul> <li><b>b</b></li> <li><b>b</b>&lt;</li></ul>										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(i) Cost or other basis</li> <li>(b) Cost or other basis</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Book value</li> </ul> 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. <ld>7,114,029. <li>26,039,485.</li> <li>d Equipment</li> <li>17,163,257.</li> <li>12,822,000.</li> <li>4,341,257.</li> <li>e Other</li> <li>(Column (d) must equal Form 990, Part X, column (B), line 10(c).)</li> <li>44,326,842.</li> </ld>	U			10%						
organization by:       Yes       No         (i) unrelated organizations       3a(i)       x         (ii) related organizations       3a(ii)       x         b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         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.       0         Description of property       (a) 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.	3a				are held ar	d administered for	r the			
(i) unrelated organizations       3a(i)       x         (ii) related organizations       3a(ii)       x         b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         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.       0         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.	•••							Ye	s No	
(ii) related organizations       3a(ii)       x         b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b       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.       (d) Book value         1       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       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.										
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.		(ii) related organizations								
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.	b	If "Yes" to 3a(ii), are the related or	ganizations listed as	required on Schedul	<b>B</b> .0					
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.         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.	4	Describe in Part XIII the intended u	uses of the organization	tion's endowment fu				LI		
Ia       Land       (investment)       (other)       depreciation         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).)       ▲ 4,326,842.	Par	t VI Land, Buildings, and Equi Complete if the organiza	<b>ipment.</b> tion answered "Ye	s" to Form 990, P	art IV, line	11a. See Form	990, Part 2	X, line 1	0.	
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.		Description of property					(d)	Book value		
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.	1a	Land	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	,			5,041	,057.	
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.	b					7,584,054.				
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.	С									
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.	d									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)         44,326,842.	e	-		6,	283 <u>,</u> 040.	4, <u>555</u> ,820.		1,727	,220.	
	Tota			n 990, Part X, colum	n (B), line 10					

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

# Page 3

# Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

1 5	,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITY LONG	8,252,116.	FMV
(B) DISTRESSED DEBT	6,607,544.	FMV
(C) GLOBAL ASSET ALLOCATION	8,419,334.	FMV
(D) FUND OF FUNDS	5,941,534.	FMV
(E) FUND OF FUNDS- PRIVATE EQUITY	2,516,110.	FMV
(F) FUND OF FUNDS- CAPITAL	6,603,192.	FMV
(G) PRIVATE EQUITY	6,637,478.	FMV
(H) EMERGING MARKETS	5,982,816.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	50,960,124.	

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)BEN. INTERESTS IN PERPET TRSTS	20,781,144.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	20,781,144.

#### Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	3,464,110.
(3) ANNUITY OBLIGATIONS	5,046,642.
(4) UNFUNDED PENSION OBLIGATION	5,609,753.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	14,120,505.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedu	le D (Form 990) 2014		Page <b>4</b>
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.	n.	
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:	-	
а	Net unrealized gains (losses) on investments 2a -3, 192, 920.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d -2,969,653.	]	
е	Add lines 2a through 2d	2e	-6,162,573.
3	Subtract line <b>2e</b> from line <b>1</b>	3	190,056,070.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 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 Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
1	Total averages and leases new oudited financial statements	1	175,190,199.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1,3,190,199.
a	Donated services and use of facilities 2a		
b			
c	Other losses 2c	-	
d	Other losses     2c       Other (Describe in Part XIII.)     2d		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 750,000.		
b	Other (Describe in Part XIII.) 4b		
C	Add lines <b>4a</b> and <b>4b</b>	4c	750,000.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	5	175,940,199.
	XIII Supplemental Information.		
2: Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr	nation	ine 4; Part A, line
	2 PAGE 5		
	, FAGE 5		

JSA

Schedule D (Form 990) 2014

#### PART III, LINE 4

**Part XIII** Supplemental Information (continued)

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

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014	THE AMERICAN SOCIETY FC	R THE PREVENTION OF	13-1623829
Part XIII Supplemental Inf	ormation (continued)		
POSITIONS ARE MORE LIKE	ELY THAN NOT OF BEING SUS	TAINED. NO PROVISION FOR	
INCOME TAXES WAS REQUIN	RED FOR 2014 OR 2013.		
PART XI, LINE 2D			
UNREALIZED GAIN ON BENN	EFICIAL INTEREST IN		
TRUST HELD BY OTHERS:		\$59,621	
WRITE DOWN OF PERMANENT	ILY RESTRICTED REVENUE:	\$(3,029,274)	
TOTAL:		\$(2,969,623)	

Page 5

					OMB No. 1545-0047	
(For	m 990) ► Complet	e if the organiza	ation answered	"Yes" on Form 990, Part IV,	, line 14b, 15, or 16.	2014
Depart	ment of the Treasury	on about Sched		to Form 990. ) and its instructions is at <i>w</i> v	ww.irs.gov/form990	Open to Public
	Revenue Service		•	REVENTION OF	-	Inspection entification number
	LTY TO ANIMALS	IN SOCIETY	FOR THE PI	REVENIION OF	13-162	
Part	General Information of Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the organization a	answered "Yes" on
1	For grantmakers. Does the orga		ain records to s	substantiate the amount o	f its grants and other	
	assistance, the grantees' eligibili					
	grants or assistance?					X Yes No
	For grantmakers. Describe in assistance outside the United Sta		ganization's p	rocedures for monitoring	the use of its gra	ants and other
3	Activities per Region. (The follow	ving Part I, line			pace 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 ( a program service, describe specific type service(s) in region	expenditures for and investments
(1)	NORTH AMERICA		1.	PROGRAM SERVICES	COMMUNITY OUTREACH	I SVC 137,022.
(2)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		23,484,522.
(3)	EUROPE			INVESTMENTS		1,386,218.
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
<u>(12)</u>						
(13)						
(14)						
(15)						
<u>(16)</u>						
<u>(17)</u>	<b>0</b> • • • • •					
3a b	Sub-total Total from continuation		1.			25,007,762.
r	sheets to Part I <b>Totals</b> (add lines 3a and 3b)		1.			25,007,762.
	perwork Reduction Act Notice, se	e the Instruction			Scl	hedule F (Form 990) 2014

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 4E1274 1.000 2891JM 2231 V 14

Schedule F (Form 990) 2014

Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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	<b>(g)</b> 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)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by t	er total number of recipient orga he IRS, or for which the grantee er total number of other organiz	or counsel has prov	vided a section 501(c)(3) e	quivalency lette	er	-			

Schedule F (Form 990) 2014

# Page **2**

#### Schedule F (Form 990) 2014

(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	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							

Schedule F (Form 990) 2014

JSA 4E1276 1.000 THE AMERICAN SOCIETY FOR THE PREVENTION OF

Schedu	ale F (Form 990) 2014		Page <b>4</b>
Part	V 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)	X Ye	s 🗌 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)	Ye	s X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Ye	s 🗌 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? <i>If</i> "Yes," <i>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)</i>	X Ye	s 🗌 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)	X Ye	s 🗌 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)	Ye	s X No
			Schedule F (Form 990) 2014

Page 5

## Part V Supplemental Information

Complete this part to 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).

	Supplemer	ntal Information R	Regarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047		
SCHEDULE G	Complete if	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.							
(Form 990 or 990-EZ)		•		15,000 on Fo or Form 990					
Department of the Treasury	Information at	pout Schedule G (Form				rs.gov/form990.	Open to Public Inspection		
Internal Revenue Service Name of the organization	THE AMERICAN			,		Employer identification	•		
CRUELTY TO ANIMA	-	SOCIETI FOR I		VENTION	01	13-1623829			
Eundraisi	ng Activities. Con	nplete if the organ	nization a	nswered	"Yes" to Form 9				
Port	)-EZ filers are not					, , -			
1 Indicate whether	the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.			
a 🛛 Mail solicitat	a X Mail solicitations e X Solicitation of non-government grants								
<b>b</b> X Internet and	email solicitations	solicitations f X Solicitation of government grants							
c X Phone solicit	tations	g	X Spe	cial fundra	ising events				
d X In-person so	licitations								
2a Did the organizat									
<b>b</b> If "Yes," list the t	s listed in Form 990 en highest paid ind east \$5,000 by the	ividuals or entities				0	X Yes No fundraiser is to be		
						(v) Amount paid to			
<b>(i)</b> Name and addre or entity (fu		(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization		
			Yes	No					
1		DIRECT							
DONOR SERVICES O	GROUP	MARKETING		Х	7,589,605.	1,020,129.	7,589,605.		
2		FUNDRAISING							
STRATEGIC FUNDRA	AISING INC	SERVICES		X	2,009,573.	475,304.	2,009,573.		
3		MEMBERSHIP							
TELEFUND		APPEALS		X	2,212,605.	490,338.	2,212,605.		
4									
5									
6									
7									
8									
9									
10									
Total					11,811,783.	1,985,771.	11,811,783.		
	which the organiza						it is exempt from		
AL, AK, AZ, AR, CA, C	-	,HI,ID,IL.IN.							
IA,KS,KY,LA,ME,M				NM,NY,N	C,ND,OH,				
OK, OR, PA, RI, SC, S									

Schedule G (Form 990 or 990-EZ) 2014

## Schedule G (Form 990 or 990-EZ) 2014

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.

			(a) Event #1 BERGH BALL	(b) Event #2 HUMANE AWARDS	(c) Other events 2.	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,187,552.	387,212.	179,001.	1,753,765.
R		Less: Contributions Gross income (line 1 minus	574,987.	124,833.	33,544.	733,364.
	3		612,565.	262,379.	145,457.	1,020,401.
	4	Cash prizes				
	5	Noncash prizes				
səsue	6	Rent/facility costs	122,796.	78,073.	52,741.	253,610.
Direct Expenses	7	Food and beverages				
Dire	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.
	-	Net income summary. Subtract line 1	8			556,141.
Ра	rt I			es" to Form 990, Par	t IV, line 19, or repo	rted more
		than \$15,000 on Form 990-E	Z, line 6a.			
nue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
es		Cash prizes				
xpense		Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
	l Is	nter the state(s) in which the organizat the organization licensed to conduct o "No," explain:		of these states?		_ Yes No
		'ere any of the organization's gaming l "Yes," explain:	icenses revoked, suspe			_ Yes No

Schedule G (Form 990 or 990-EZ) 2014

ΓHE	AMERICAN	SOCIETY	FOR	THE	PREVENTION	OF	
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	THE AMERICAN SOCIETY FOR THE PREVENTION OF	13-1623829	
Sched	lule G (Form 990 or 990-EZ) 2014		Page <b>3</b>
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 enti		
	formed to administer charitable gaming?		No
13	Indicate the percentage of gaming activity conducted in:		
-	The organization's facility	13a	%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book		,,,
	records:		
	Name		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming	
	revenue?		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 ► \$		
с	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:		
а	Is the organization required under state law to make charitable distributions from the gaming pro-	ceeds to	_
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizations	
	or spent in the organization's own exempt activities during the tax year 🕨 \$		
Part			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	nal information	
	(see instructions).		
NA			_

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE I Grants and Other Assistance to Organizations,								OMB No. 1545-0047
(Form 990)	Go	Governments, and Individuals in the United States						
	Com	olete if the o	rganization ans	wered "Yes" to F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury			► Att	ach to Form 990.				Open to Public
Internal Revenue Service	Information	tion about Se	chedule I (Form	990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization	THE AMERICAN SOCI	ETY FOR I	HE PREVENT	ION OF			Employer identification	ion number
CRUELTY TO ANIM	IALS						13-1623829	)
Part I General Ir	nformation on Grants and	d Assistanc	e					
the selection crite	<ul> <li>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?</li> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>							
Part IV, lin	d Other Assistance to D ne 21, for any recipient th address of organization overnment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash	(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
<u>_</u>					Cash assistance	otner)	non cash assistance	
(1) A FAIR SHAKE FOR 2	POUTH, INC.	27-3855519	501(C)3	10,000.				ANTI-CRUELTY
(2) ACTION PROGRAMS FO		27 3033319	501(0)5	10,000.				ANTI CROEDIT
P.O. BOX 125 LAS (		27-0234541	501(C)3	10,000.				LIVE RELEASE
	ORIAL SHELTER, INC., D.B.A							
2259 RIVER RD. CA	LVERTON, NY 11933	23-7007068	501(C)3	23,300.				SPAY/NEUTER
(4) AKINDALE REHABILIT	TATION & LAND CONSERVATION							
287 KING ST CHAPP	AQUA, NY 10514	20-1822473	501(C)3	10,000.				EQUINE
(5) ALACHUA COUNTY AND	IMAL SERVICES							
3400 NE 53RD AVE (	GAINESVILLE, FL 32609	59-6000501	GOVERNMENTAL (N	21,000.				LIVE RELEASE

(5) ALACHUA COUNTY ANIMAL SERVICES						
3400 NE 53RD AVE GAINESVILLE, FL 32609	59-6000501	GOVERNMENTAL (N	21,000.			LIVE RELEASE
(6) ALBUQUERQUE KENNEL KOMPADRES, INC.						
C/O 139 PALACIO RD. CORRALES, NM 87048	81-0579861	501(C)3	38,000.			SPAY/NEUTER
(7) ALL FUR LOVE ANIMAL RESCUE						
3587 ROUTE 9N #530 FREEHOLD, NJ 07728	45-4715848	501(C)3	10,500.			SPAY/NEUTER
(8) ALLEGANY COUNTY SOCIETY FOR PREVENTION OF C						
PO BOX 381 WELLSVILLE, NY 14895	23-7379932	501(C)3	100,000.			SPAY/NEUTER
(9) ALLEY CAT ADVOCATES						
3044 BARDSTOWN RD. #204,LOUISVILLE,KY	61-1343210	501(C)3	100,780.			SPAY/NEUTER
(10) ALLIANCE FOR CONTRACEPTION IN CATS AND DOGS						
11145 NW OLD CORNELIUS PASS ROAD	41-2185841	501(C)3	115,700.			SPAY/NEUTER
(11) AMERICAN BOARD OF VETERINARY PRACTITIONERS						
618 CHURCH ST.STE 220 NASHVILLE, TN 37219	16-1128973	501(C)6	15,000.			LIVE RELEASE
(12) AMERICAN ROTTWEILER CLUB DISASTER COMMITTEE						
975 CUMBERLAND AVE SE LOWELL, MI 18685	23-7351416	501(C)3	7,500.			RELOCATION
2 Enter total number of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 t	able	 	

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

Schedule I (Form 990) (2014)

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SCHEDULE I (Form 990)	Form 990)       Governments, and Individuals in the United States         repartment of the Treasury Iternal Revenue Service       ► Attach 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.						
Department of the Treasury Internal Revenue Service							
Name of the organization THE AMERICAN SOCIETY FOR THE PREVENTION OF Employer identification							
CRUELTY TO ANIM	IALS	13-1623829					
Part I General I	nformation on Grants and Assistance						
<ol> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol>							
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.							

1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ANGELS OF ASSISTANCE							
415 CAMPBELL AVE ROANOKE, VA 24016	54-2021941	501(C)3	31,000.				LIVE RELEASE
(2) ANIMAL ALLIANCE							
22 HARBOURTON MOUNT AIRY ROAD	77-0632827	501(C)3	10,000.				LIVE RELEASE
(3) ANIMAL ALLIES HUMANE SOCIETY							
4006 AIRPORT ROAD DULUTH, MN 55811	41-0917362	501(C)3	6,000.				LIVE RELEASE
(4) ANIMAL ALLIES OF IDAHO, INC							
PO BOX 1674 COEUR D ALENE, ID 83816	46-1909474	501(C)3	13,000.				SPAY/NEUTER
(5) ANIMAL CARE & CONTROL OF NYC							
11 PARK PLACE NEW YORK, NY 10007	13-3788986	501(C)3	75,440.				LIVE RELEASE
(6) ANIMAL CARE & PROTECTIVE SERVICES							
2020 FOREST STREET JACKSONVILLE, FL 32204	59-6000344	GOVERNMENTAL (M	9,200.				ANTI-CRUELTY
(7) ANIMAL GRANTMAKERS, INC.							
5556 CARUTH HAVEN LANE, SUITE 1000	26-0688246		20,500.				OTHER
(8) ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC							
615 VIRGINIA ST. SE ALBUQUERQUE, NM 87108	85-0207652	501(C)3	331,087.				SPAY/NEUTER
(9) ANIMAL HUMANE SOCIETY							
845 MEADOW LANE NORTH	41-0693842	501(C)3	9,000.				RELOCATION
(10) ANIMAL PROTECTION OF NEW MEXICO INC							
PO BOX 11395 ALBUQUERQUE, NM 87192	85-0283292	501(C)3	51,500.				EQUINE
(11) ANIMAL PROTECTIVE FOUNDATION OF SCHENECTADY							
53 MAPLE AVENUE SCOTIA, NY 12302	14-0472728	501(C)3	73,500.				SPAY/NEUTER
(12) ANIMAL RESCUE LEAGUE OF IOWA INCORPORATED	_						
5452 NE 22ND STREET DES MOINES, IA 50313	42-0680427		18,000.				DISASTER/EMERGENCY
<ul> <li>2 Enter total number of section 501(c)(3) an</li> <li>3 Enter total number of other organizations I</li> </ul>							

Schedule I (Form 990) (2014)

JSA

SCHEDULE I	Grants a	nd Other	Assistance t	o Organiza	tions,		OMB No. 1545-0047			
	Governme	nts, and Ir	ndividuals in swered "Yes" to F	n the Unite	d States		2014			
			tach to Form 990.	onn 550, i art iv,			Open to Public			
Department of the Treasury Internal Revenue Service	rmation about S	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection			
	me of the organization THE AMERICAN SOCIETY FOR THE PREVENTION OF Employer ide									
CRUELTY TO ANIMALS	13-162382	9								
Part I General Information on Grants	and Assistanc	е								
1 Does the organization maintain records			e grants or assista	nce, the grantees	' eligibility for the grants	s or assistance. and				
<ul><li>the selection criteria used to award the g</li><li>2 Describe in Part IV the organization's pr</li></ul>	grants or assistand	ce?	-				X Yes No			
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.										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) ANIMAL WELFARE ASSOCIATION INCORPORATED										
509 CENTENNIAL BOULEVARD VOORHEES, NJ 08	043 22-1752792	501(C)3	9,950.				SPAY/NEUTER			
(2) ANIMALS & SOCIETY INSTITUTE										
2512 CARPENTER RD #201 ANN ARBOR, MI 481	08 22-2527462	501(C)3	40,000.				ANTI-CRUELTY			
(3) ANNA FOUNDATION INC										
1555 E. 10TH STREET ERIE, PA 16511	20-1512416	501(C)3	10,000.				EQUINE			
(4) ARIZONA HUMANE SOCIETY										
1521 W DOBBINS RD PHOENIX, AZ 85041	86-0135567	501(C)3	30,000.				INTAKE REDUCTION			
(5) ASHEVILLE HUMANE SOCIETY										
14 FOREVER FRIEND LN ASHEVILLE, NC 28806	56-1444098	501(C)3	14,625.				LIVE RELEASE			
(6) ASLANS CATS, INC.										
486 WEST MAIN STREET CATSKILL, NY 12414	27-1643835	501(C)3	10,000.				SPAY/NEUTER			
(7) ASSOCIATION FOR PARROT C.A.R.E. DBA LOCK	WOO									
P.O. BOX 1510 FRAZIER PARK, CA 93225	26-0040658	501(C)3	20,000.				ANTI-CRUELTY			
(8) ASSOCIATION OF PROSECUTING ATTORNEYS										
1615 I ST, NW, STE 1100, WASHINGTON, DC	26-3117485	501(C)3	7,500.				ANTI-CRUELTY			
(9) ASSOCIATION OF SHELTER VETERINARIANS INC	<u>.</u>									
3225 ALPHAWOOD DRIVE APEX, NC 27539	73-1627937	501(C)3	28,900.				SPAY/NEUTER			
(10) AUSTIN HUMANE SOCIETY										

3940 LAUREL CANYON BLVD STE1506 STUDIO CITY 20-1329182 501(C)3

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

Schedule I (Form 990) (2014)

LIVE RELEASE

RELOCATION

►

INTAKE REDUCTION

(12) BARK AVENUE FOUNDATION

124 W ANDERSON LN AUSTIN, TX 78752

(11) BALTIMORE ANIMAL RESCUE AND CARE SHELTER IN

301 STOCKHOLM STREET BALTIMORE, MD 21230

74-6013665 501(C)3

86-1130456 501(C)3

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

40,000.

6,000.

35,000.

SCHEDULE I (Form 990)	Form 990) Separtment of the Treasury ernal Revenue Service 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.							
Department of the Treasury Internal Revenue Service								
Name of the organization	on THE AMERICAN SOCIETY FOR THE PREVENTION OF Employer identification n							
CRUELTY TO ANIM	ALS	13-1623829						
Part I General II	nformation on Grants and Assistance							
<ul> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>								
Part II Grants an Part IV, lir	d Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organizations 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	on answered "Yes" to Form 990, eded.						

<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) BE THE SOLUTION INC									
1400 VILLAGE SQUARE BLVD, TALLAHASSEE, FL	20-8492640	501(C)3	15,000.				SPAY/NEUTER		
(2) BEAM FOUNDATION									
1626 FAIR OAKS COURT WESTLAKE, TX 76262	35-2261710	501(C)3	8,000.				LIVE RELEASE		
(3) BEAUTY'S HAVEN FARM & EQUINE RESCUE, INC.									
2951 SE 160TH AVE MORRISTON, FL 32668	20-4783950	501(C)3	8,000.				EQUINE		
(4) BEGIN AGAIN HORSE RESCUE INC									
PO BOX 28 HONEOYE, NY 14471	27-0234285	501(C)3	15,000.				EQUINE		
(5) BEST FRIENDS ANIMAL SOCIETY									
5001 ANGEL CANYON RD KANAB, UT 84741	23-7147797	501(C)3	7,500.				LIVE RELEASE		
(6) BEST FRIENDS SANCTUARY									
PO BOX 1038 JAMESTOWN, TN 38556	62-1863859	501(C)3	10,000.				RELOCATION		
(7) BRAVE TIDE FOUNDATION INC									
PO BOX 735 BOYERTOWN, PA 19512	46-1046525	501(C)3	5,500.				RELOCATION		
(8) BROADWATER COUNTY SHERIFF'S OFFICE									
515 BROADWAY TOWNSEND, MT 59644	81-6001337	GOVERNMENTAL (M	14,500.				EQUINE		
(9) BROOK HILL RETIREMENT CENTER FOR HORSES INC									
7289 BELLEVUE ROAD FOREST, VA 24551	54-2058686	501(C)3	10,000.				EQUINE		
(10) BROOKHAVEN ANIMAL RESCUE LEAGUE									
P.O. BOX 3477 BROOKHAVEN, MS 39603	64-0659454	501(C)3	6,000.				RELOCATION		
(11) C.A.R.E.4PAWS INC.									
PO BOX 60524 SANTA BARBARA, CA 93160	27-0207473	501(C)3	10,000.				SPAY/NEUTER		
(12) CANTER COMMUNICATION ALLIANCE TO NETWORK TH									
8619 EDGEWOOD PARK DR., COMMERCE TOWNSHIP	38-3483606	501(C)3	30,850.				EQUINE		
3 Enter total number of other organizations li									

Schedule I (Form 990) (2014)

JSA

SCHEDULE I (Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.							
					uctions is at www	v.irs.gov/torin990.	Employer identifica	Inspection
0								
CRUELTY TO ANIMAL			_				13-162382	.9
	ormation on Grants and ion maintain records to su							
2 Describe in Part IV Part II Grants and	a used to award the grant the organization's procee <b>Other Assistance to D</b> 21, for any recipient th	dures for mor omestic Or	nitoring the use	of grant funds in the	e United States. rernments. Corr	plete if the organization	ation answered "	Yes" to Form 990,
<b>1 (a)</b> Name and add or gove	lress of organization ernment	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CAPITAL AREA HUMANE	SOCIETY							
3015 SCIOTO-DARBY EX		31-4379492	501(C)3	17,100.				INTAKE REDUCTION
(2) CAT ADOPTION TEAM								
14175 SW GALBREATH D	R SHERWOOD, FL 97140	20-0773189	501(C)3	7,500.				RELOCATION
(3) CAT DEPOT								
2542 17TH STREET SAR	RASOTA, FL 34234	20-0217681	501(C)3	14,410.				LIVE RELEASE
(4) CENTRAL CALIFORNIA S	OCIETY FOR THE PREVENTI							
103 S HUGHES AVE FRE		94-1207695	501(C)3	115,000.				LIVE RELEASE
(5) CENTRAL MISSOURT HUM								

12,500.

35,000.

42,200.

21,300.

9,000.

32,795

85,120.

228,500.

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

616 BIG BEAR BLVD. COLUMBIA, MO 65202

(6) CENTRAL NEW YORK CAT COALITION INCORPORATED P.O. BOX 6182 SYRACUSE, NY 13217

(7) CENTRAL NEW YORK SPAY NEUTER ASSISTANCE PRO 178 CENTRAL AVENUE CORTLAND, NY 13045

389 BOYDTON PLANK ROAD BRODNAX, VA 23920

2455 REMOUNT RD N CHARLESTON, SC 29406

(11) CHARLOTTE/MECKLENBURG ANIMAL CARE AND CONTR 8315 BYRUM DR CHARLOTTE, NC 28217

2825 STRUNK ROAD JAMESTOWN, NY 14701

(8) CENTRAL OKLAHOMA HUMANE SOCIETY 9300 N MAY AVENUE SUITE 400-281

(9) CENTRAL VIRGINIA HORSE RESCUE

(12) CHAUTAUQUA COUNTY HUMANE SOCIETY

(10) CHARLESTON ANIMAL SOCIETY

Schedule I (Form 990) (2014)

INTAKE REDUCTION

RELOCATION

SPAY/NEUTER

SPAY/NEUTER

LIVE RELEASE

ANTI-CRUELTY

LIVE RELEASE

►

EQUINE

JSA

2

4E1288 1.000

3

43-0666742 501(C)3

06-1688749 501(C)3

20-3322730 501(C)3

501(C)3

501(C)3

501(C)3

52-1333483 GOVERNMENTAL (M

16-6000221 501(C)3

20-8446621

27-2967793

57-6021863

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

SCHEDULE I	EDULE I Grants and Other Assistance to Organizations,										
(Form 990)				dividuals ir				2014			
	Com	plete if the o	rganization ans	wered "Yes" to F	orm 990, Part IV,	line 21 or 22.					
Department of the Treasury			► Atta	ach to Form 990.				Open to Public Inspection			
Internal Revenue Service	Informa	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.									
Name of the organization	THE AMERICAN SOCI	THE AMERICAN SOCIETY FOR THE PREVENTION OF Employer iden									
CRUELTY TO ANIM	IALS						13-162382	29			
Part I General I	nformation on Grants and	d Assistanc	е								
1 Does the organiz	zation maintain records to se	ubstantiate th	e amount of the	grants or assista	nce, the grantees	eligibility for the grants	or assistance, an	d			
the selection crit	eria used to award the grant	s or assistanc	e?					X Yes No			
2 Describe in Part	IV the organization's proceed	dures for mor	nitoring the use o	of grant funds in the	United States.						
	ne 21, for any recipient the address of organization	(b) EIN	(c) IRC section	(d) Amount of cash		(f) Method of valuation	(g) Description of	(h) Purpose of grant			
	government		if applicable	grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	non-cash assistance				
(1) CHEAHA REGIONAL H	UMANE SOCIETY										
3605 MORRISVILLE	RD ANNISTON, AL 36201	46-4185474	501(C)3	10,000.				RELOCATION			
(2) CHEROKEE COUNTY A	NIMAL SHELTER										
1015 UNIVETER ROA	D CANTON, GA 30115	58-6000799	GOVERNMENTAL (M	7,000.				ANTI-CRUELTY			
(3) CITIZENS FOR ANIM	AL PROTECTION INC										
17555 KATY FREEWA	Y HOUSTON, TX 77094	23-7296260	501(C)3	13,500.				LIVE RELEASE			
(4) CITY OF GRAND PRA	IRIE - PRAIRIE PAWS ANIMAL										
2222 W. WARRIOR T	RAIL GRAND, TX 75052	75-6000543	GOVERNMENTAL (M	10,500.				LIVE RELEASE			
(5) CITY OF MORENO VA	LLEY ANIMAL SERVICES										
P.O. BOX 88005 MO	RENO VALLEY, CA 92552	33-0076484	GOVERNMENTAL (M	6,000.				LIVE RELEASE			
(6) CITY OF OKLAHOMA	CITY										
200 N. WALKER AVE	NUE 3RD FL.OKLAHOMA CITY	73-6005359	GOVERNMENTAL (M	7,000.				LIVE RELEASE			

(7) CITY OF SACRAMENTO					
2127 FRONT STREET SACRAMENTO, CA 95818	94-6000410	GOVERNMENTAL (M	30,000.		
(8) CITY OF STOCKTON					
C/O STOCKTON ANIMAL SERVICES	94-6000436	GOVERNMENTAL (M	30,000.		
(9) CLAY COUNTY ANIMAL CARE AND CONTROL					
3984 STATE ROAD 16 WEST GREEN COVE SPRINGS	20-8446621	GOVERNMENTAL (M	43,000.		
(10) CLEVELAND ANIMAL PROTECTIVE LEAGUE	_				
1729 WILLEY AVE CLEVELAND, OH 44113	34-0714644	501(C)3	94,208.		
(11) COALITION OF PET AND PUBLIC SAFETY	_				
8581 SANTA MONICA BLVD. #511	95-4755210	501(C)3	15,000.		
(12) COALITION TO UNCHAIN DOGS	_				
PO BOX 3259 DURHAM, NC 27715	26-2584285	501(C)3	10,000.		
2 Enter total number of section 501(c)(3) and	d governmen	nt organizations I	listed in the line 1 t	able	

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

Schedule I (Form 990) (2014)

SPAY/NEUTER

LIVE RELEASE

LIVE RELEASE

SPAY/NEUTER

ANTI-CRUELTY

►

INTAKE REDUCTION

JSA

SCHEDULE I (Form 990)								
Department of the Treasury Internal Revenue Service		Open to Public Inspection						
Name of the organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF Employer identific							
CRUELTY TO ANIM	IALS	13-16238	829					
Part I General II	nformation on Grants and Assistance							
<ol> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol>								
Part II Grants an Part IV, lir	d Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization are 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ion answered eded.	1 "Yes" to Form 990,					

1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> 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
(1) COASTAL HUMANE SOCIETY							
190 PLEASANT STREET BRUNSWICK, ME 04011	01-6021200	501(C)3	15,000.				RELOCATION
(2) COLORADO FEDERATION OF ANIMAL WELFARE AGENC							
P.O. BOX 22603 DENVER, CO 80222	03-0385844	501(C)3	6,000.				LIVE RELEASE
(3) COLUMBIA-GREENE HUMANE SOCIETY, INC.							
125 HUMANE SOCIETY ROAD HUDSON, NY 12534	14-1487056	501(C)3	75,000.				SPAY/NEUTER
(4) COMPASSION WITHOUT BORDERS							
P.O. BOX 14995 SANTA ROSA, CA 95402	20-4698227	501(C)3	11,425.				RELOCATION
(5) CORNELL UNIVERSITY							
S1-066 SCHURMAN HALL ITHACA, NY 14850	15-0532082	501(C)3	10,000.				LIVE RELEASE
(6) DAKIN PIONEER VALLEY HUMANE SOCIETY, INC (D							
PO BOX 6307 SPRINGFIELD, MA 01101	20-5318898	501(C)3	15,250.				LIVE RELEASE
(7) DALLAS ANIMAL SERVICES							
1818 WESTMORELAND DRIVE DALLAS, TX 75212	75-6000508	GOVERNMENTAL (M	7,500.				RELOCATION
(8) DALLAS COMPANION ANIMAL PROJECT							
P.O. BOX 793574 DALLAS, TX 75379	75-2907302	501(C)3	12,000.				DISASTER/EMERGENCY
(9) DANE COUNTY HUMANE SOCIETY							
5132 VOGES ROAD MADISON, WI 53718	39-0806335	501(C)3	9,100.				LIVE RELEASE
(10) DAYS END FARM HORSE RESCUE INC							
PO BOX 309 LISBON, MD 21765	52-1759077	501(C)3	9,500.				EQUINE
(11) DENVER ANIMAL SHELTER							
1241 W BAYAUD AVENUE DENVER, CO 80223	84-6000580	GOVERNMENTAL (M	14,150.				SPAY/NEUTER
(12) DFW HUMANE SOCIETY OF IRVING INC							
4140 VALLEY VIEW LANE IRVING, TX 75038	75-1433154		20,000.				LIVE RELEASE
2 Enter total number of section 501(c)(3) an	d governmen istod in the lir	t organizations li	isted in the line 1 t	able			
3 Enter total number of other organizations I			<u></u>		<u></u>		

SCHEDULE I (Form 990)	( Gc	ŀ	OMB No. 1545-0047							
Department of the Treasury Internal Revenue Service		plete if the o tion about S		Open to Public Inspection						
Name of the organization         THE AMERICAN SOCIETY FOR THE PREVENTION OF         Employer identif								ication number		
CRUELTY TO ANIMALS 13-1623829										
Part I General I	Part I General Information on Grants and Assistance									
the selection crit	zation maintain records to se eria used to award the grant IV the organization's procee	s or assistance	ce?			• • •		Ind X Yes No		
Part II Grants an Part IV, lir	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.									
	address of organization povernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description c non-cash assistan			
(1) DOWNTOWN DOG RESC	UE	_								
10941 GARFIELD PL	ACE. SOUTH GATE, CA 90280	46-1958507	501(C)3	50,500.				SPAY/NEUTER		

15,000.

255,000.

11,500.

8,000.

16,000.

5,352.

14,000.

85,000.

14,440.

5,500.

10,500.

JSA

(2) DREAM CATCHER THERAPY CENTER

(3) EMANCIPET

(4) ENCORE PETS INC

(5) EQUAMORE FOUNDATION

(6) EQUINE OUTREACH, INC.

(7) ERIE COUNTY SPCA

(10) FARM SANCTUARY, INC.

(8) ESOLVED, INC.

5814 HIGHWAY 348 OLATHE, CO 81425

4723 HIGHWAY 66 ASHLAND, OR 97520

63220 SILVIS ROAD BEND, OR 97701

(9) ESPANOLA VALLEY HUMANE SOCIETY

(11) FARMINGTON REGIONAL ANIMAL SHELTER

(12) FAYETTE HUMANE SOCIETY INC.

205 ENSMINGER ROAD TONAWANDA, NY 14031

1445 ADAMS ST NE ALBUQUERQUE, NM 87110

3150 AIKENS ROAD WATKINS GLEN, NY 14891

133 BROWNING PARKWAY FARMINGTON, NM 87401

P. O. BOX 244 FAYETTEVILLE, GA 30214

108 HAMM PARKWAY ESPANOLA, NM 87532

7010 EASY WIND DRIVE #260 AUSTIN, TX 78752

1403 BRIDGES ST. MOREHEAD CITY, NC 28557

84-1488284 501(C)3

74-2913624 501(C)3

26-1577374 501(C)3

93-1053110 501(C)3

51-0484049 501(C)3

16-0425315 501(C)3

85-0406234 501(C)3

58-1592706 501(C)3

51-0292919

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

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

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

84-1565389 FOR-PROFIT (OTH

501(C)3

85-6000129 GOVERNMENTAL (M

EQUINE

EQUINE

EQUINE

SPAY/NEUTER

ANTI-CRUELTY

ANTI-CRUELTY

ANTI-CRUELTY

LIVE RELEASE

FARM ANIMALS

SPAY/NEUTER

LIVE RELEASE

Schedule I (Form 990) (2014)

►

►

SCHEDULE I	(	Grants a	nd Other A	ssistance t	o Organiza	tions.	1	OMB No. 1545-0047		
(Form 990)	Go	vernme	nts, and In	dividuals in	n the United	d States		2014		
	Com	plete if the o	•	wered "Yes" to Fe ach to Form 990.	orm 990, Part IV,	line 21 or 22.		Open to Public		
Department of the Treasury Internal Revenue Service	▶ Informa	tion about S	,		uctions is at www	v.irs.gov/form990.		Inspection		
Name of the organization	THE AMERICAN SOCI		•			v.ns.gov/10111990.	Employer identifica			
CRUELTY TO ANIM		EIY FOR I	THE PREVENTI	ON OF			13-162382			
	nformation on Grants and	d Accietanc	0				13-102302	9		
								4		
the selection crite 2 Describe in Part	zation maintain records to su eria used to award the grant IV the organization's proce	s or assistand dures for moi	ce? nitoring the use o	of grant funds in the	e United States.			X Yes No		
	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.									
<b>1 (a)</b> Name and a or g	address of organization government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) FEDERATION OF HUM	ANE ORGANIZATIONS OF WEST									
PO BOX 686 ELKINS		01-0933649	501(C)3	26,000.				SPAY/NEUTER		
(2) FIXNATION, INC.	,									
7680 CLYBOURN AVE	. LOS ANGELES, CA 91352	83-0452460	501(C)3	62,500.				SPAY/NEUTER		
(3) FLORIDA ANIMAL CO	NTROL ASSOCIATION INC									
P.O. BOX 211267 R	OYAL PALM BEACH, FL 33421	59-2929688	501(C)6	6,000.				LIVE RELEASE		
(4) FLORIDA THOROUGHB	RED RETIREMENT AND ADOPTIO									
2740 SW MARTIN DO	WNS BLVD. SUITE 110	27-3466408	501(C)3	22,000.				EQUINE		
(5) FOOTHILLS ANIMAL	SHELTER									
580 MCINTYRE STRE	ET GOLDEN, CO 80401	84-1311450	GOVERNMENTAL (M	51,000.				LIVE RELEASE		
(6) FORT COLLINS CAT	RESCUE & SPAY/NEUTER CLINI									
2321 EAST MULBERR	Y #1 COLLINS, CO 80524	20-4969731	501(C)3	13,000.				RELOCATION		
(7) FORT WAYNE ANIMAL	CARE & CONTROL									
3020 HILLEGAS ROA	D FORT WAYNE, IN 46808	35-6001029	GOVERNMENTAL (M	5,170.				SPAY/NEUTER		
(8) FOUND ANIMALS FOU	NDATION INC									
4079 REDWOOD AVE	LOS ANGELES, CA 90066	20-3944602	501(C)3	12,400.				RELOCATION		
(9) FOUNDATION AGAINS	T COMPANION ANIMAL EUTHANA									
1505 MASSACHUSETT	S AVE.	35-1917847	501(C)3	7,500.				SPAY/NEUTER		
(10) FRESNO H O P E AN	IMAL FOUNDATION									
5490 W. SPRUCE AV	ENUE FRESNO, CA 93722	77-0508414	501(C)3	10,000.				SPAY/NEUTER		
(11) FRIENDS OF THE AN	IMAL SHELTER IN HANCOCK CO									

POST OFFICE BOX 2274, BAY SAINT LOUIS, MS	04-3596790	501(C)3	10,000.				RELOCATION			
(12) FRIENDS OF THE OAKLAND ANIMAL SHELTER	-									
P.O. BOX 3132 OAKLAND, CA 94609	20-4053711	501(C)3	10,500.				RELOCATION			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table										
3 Enter total number of other organizations li	sted in the lir	ne 1 table								

SCHEDULE I	(	Grants a	nd Other A	Assistance t	o Organiza	tions.	1	OMB No. 1545-0047			
(Form 990)				dividuals in	•	•		କାଳ <b>ଏ</b> ଏ			
			•	wered "Yes" to F				2014			
Description of the Transmis	•••••		•	ach to Form 990.	,,			Open to Public			
Department of the Treasury Internal Revenue Service	Informa	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.									
Name of the organization	THE AMERICAN SOCI	ETY FOR T	THE PREVENT	LON OF		_	Employer identificat	ion number			
CRUELTY TO ANIMALS 13							13-1623829	9			
Part I General Ir	nformation on Grants and	d Assistanc	e								
the selection crite 2 Describe in Part Part II Grants an	zation maintain records to su eria used to award the grant IV the organization's procee ad Other Assistance to D the 21, for any recipient th	s or assistand dures for mor omestic Or	e? hitoring the use o ganizations an	of grant funds in the Id Domestic Gov	e United States. rernments. Com	plete if the organization	ation answered "Y	X     Yes     No       Yes" to Form 990,			
1 (a) Name and a	address of organization government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> 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			
(1) FRIENDS OF YOUNG-	WILLIAMS ANIMAL CENTER										
	KNOXVILLE, TN 37919	26-3911720	501(C)3	7,000.				SPAY/NEUTER			
(2) GARFIELD COUNTY A	NIMAL WELFARE FOUNDATION I										
PO BOX 1375 RIFLE	, CO 81650	84-1500637	501(C)3	10,000.				LIVE RELEASE			
(3) GLOBAL FEDERATION	OF ANIMAL SANCTUARIES										
P.O. BOX 32294 WA	SHINGTON, DC 20007	26-1676217	501(C)3	41,000.				OTHER			
(4) GREATER ANDROSCOG	GIN HUMANE SOCIETY										
55 STRAWBERRY AVE	LEWISTON, ME 04240	01-6011843	501(C)3	8,000.				SPAY/NEUTER			
(5) GREENHILL HUMANE	SOCIETY	_									
88530 GREEN HILL	RD. EUGENE, OR 97402	93-0467412	501(C)3	8,850.				LIVE RELEASE			
(6) GREENVILLE COUNTY	ANIMAL CARE SERVICES	_									
328 FURMAN HALL R	OAD GREENVILLE, SC 29609	57-6000356	GOVERNMENTAL (M	9,000.				LIVE RELEASE			
(7) GREY 2K USA WORLD	WIDE, INC.	_									
P.O.BOX F ARLINGT	ON, MA 02476	04-3554776	501(C)4	50,000.				ANTI-CRUELTY			
(8) GREY2K USA EDUCATION FUND											
P.O.BOX 122 ARLIN	GTON, MA 02476	04-3553133	501(C)3	25,000.				ANTI-CRUELTY			
(9) GREYHOUND ADOPTION CENTER											
3005 CAMINITO TORREBLANCA DEL MAR, CA 92014		95-4132021	501(C)3	34,000.				ANTI-CRUELTY			
(10) HABERSHAM COUNTY .	ANIMAL CARE & CONTROL	_									
555 MONROE ST, CL	ARKESVILLE, GA 30523	58-6001495	GOVERNMENTAL (M	5,500.				LIVE RELEASE			
(11) HALIFAX HUMANE SO	CIETY INC										

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

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

2364 LPGA BLVD DAYTONA BEACH, FL 32124

P.O. BOX 3013 BRIDGEHAMPTON, NY 11932

(12) HAMPTON CLASSIC HORSE SHOW, INC.

Schedule I (Form 990) (2014)

LIVE RELEASE

EQUINE

►

59-0530990 501(C)3

11-2597077 501(C)3

350,000.

15,000.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants an overnme plete if the o tion about So		OMB No. 1545-0047 20 <b>14</b> Open to Public Inspection				
Name of the organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF Employer idea						Employer identificat	ion number
CRUELTY TO ANIM	Y TO ANIMALS 13-1623						13-1623829	)
Part I General I	nformation on Grants an	d Assistanc	e					
the selection crit 2 Describe in Part	zation maintain records to s eria used to award the gran IV the organization's proce	ts or assistand dures for mor	e? hitoring the use	of grant funds in the	e United States.			X Yes No
	nd Other Assistance to E the 21, for any recipient t							es to Form 990,
	address of organization government	<b>(b)</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
(1) HOMEWARD BOUND WA	GGIN INC							
PO BOX 3261 QUINC	IL 62305 46-1927874 501(C)3 10,000.							RELOCATION
(2) HOOVED ANIMAL HUM	ANE SOCIETY							
10804 MCCONNELL R	OAD WOODSTOCK, IL 60098	23-7150339	501(C)3	11,000.				EQUINE

10804 MCCONNELL ROAD WOODSTOCK, IL 60098	23-7150339	501(C)3	11,000.	EQUINE
(3) HOPE FOR ANIMALS	_			
1333 MAYCREST DRIVE FORT WAYNE, IN 46805	26-2466638	501(C)3	20,000.	SPAY/NEUTER
(4) HOPE IN THE VALLEY EQUINE RESCUE AND SANCTU				
9025 N. BROADWAY VALLEY CENTER, KS 67147	20-4151013	501(C)3	5,500.	EQUINE
(5) HORSE CARE PROGRAM/COLORADO HORSECARE FOODB				
5178 SOUTH ELK RIDGE RD.EVERGREEN ,CO	26-4469232	501(C)3	19,000.	EQUINE
(6) HORSE HAVEN OF TENNESSEE INC				
P.O. BOX 22841 KNOXVILLE, TN 37933	62-1791407	501(C)3	8,000.	 EQUINE
(7) HUDSON VALLEY PET FOOD PANTRY, INC.	_			
9 ROMAR AVENUE WHITE PLAINS, NY 10605	27-2544684	501(C)3	14,500.	 INTAKE REDUCTION
(8) HUMANE ALLIANCE	_			
25 HERITAGE DRIVE ASHEVILLE, NC 28806	56-1856805	501(C)3	318,500.	 SPAY/NEUTER
(9) HUMANE ANIMAL WELFARE SOCIETY OF WAUKESHA C	_			
701 NORTHVIEW ROAD WAUKESHA, WI 53188	39-6108644	501(C)3	6,500.	 LIVE RELEASE
(10) HUMANE FARM ANIMAL CARE	_			
PO BOX 727 HERNDON, VA 20172	47-0910622	501(C)3	50,000.	 FARM ANIMALS
(11) HUMANE RESEARCH COUNCIL	_			
PO BOX 6476 OLYMPIA, WA 98507	01-0686889	501(C)3	10,500.	OTHER
(12) HUMANE SOCIETY FOR SOUTHWEST WASHINGTON				
1100 NE 192ND AVENUE VANCOUVER, WA 98684	91-0759124	501(C)3	6,500.	RELOCATION
2 Enter total number of section 501(c)(3) an	-	-		 ►
3 Enter total number of other organizations I	isted in the li	ne 1 table	<u></u>	 <b>&gt;</b>

Schedule I (Form 990) (2014)

JSA

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Comp	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.							
Name of the organization								ion number	
CRUELTY TO ANIM	ALS						13-162382	9	
Part I General I	nformation on Grants and	Assistance	e						
the selection crit	ation maintain records to su eria used to award the grants IV the organization's proced	s or assistanc	e?					X Yes No	
Part II Grants an Part IV, lin	d Other Assistance to Dene 21, for any recipient the	omestic Org at received	ganizations ar more than \$5	<b>d Domestic Gov</b> ,000. Part II can b	vernments. Com be duplicated if a	plete if the organiza additional space is n	ation answered "ነ eeded.	'es" to Form 990,	
	address of organization overnment	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> 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	
(1) HUMANE SOCIETY OF 2070 GRIFFIN ROAD	BROWARD COUNTY FORT LAUDERDALE, FL 33312	59-6002321	501(C)3	6,000.				LIVE RELEASE	

2070 GRIFFIN ROAD FORT LAUDERDALE, FL 33312	59-6002321	501(C)3	6,000.	LIVE RELEASE
(2) HUMANE SOCIETY OF CHARLOTTE INC				
2700 TOOMEY AVE. CHARLOTTE, NC 28203	58-1342479	501(C)3	113,204.	LIVE RELEASE
(3) HUMANE SOCIETY OF CHITTENDEN COUNTY				
142 KINDNESS COURT SOUTH BURLINGTON,VT	03-0193150	501(C)3	6,000.	LIVE RELEASE
(4) HUMANE SOCIETY OF GREATER MIAMI INC AND DAD	_			
16101 W. DIXIE HWY,MIAMI BEACH,FL	59-0711176	501(C)3	25,330.	LIVE RELEASE
(5) HUMANE SOCIETY OF JOHNSON COUNTY				
P.O. BOX 523 CLARKSVILLE, AR 72830	58-2046892	501(C)3	7,500.	LIVE RELEASE
(6) HUMANE SOCIETY OF LINCOLN COUNTY				
P.O. BOX 37 FAYETTEVILLE, TN 37334	62-1211346	501(C)3	10,000.	RELOCATION
(7) HUMANE SOCIETY OF MISSOURI				
1201 MACKLIND AVE ST LOUIS, MO 63110	43-0652638	501(C)3	5,500.	EQUINE
(8) HUMANE SOCIETY OF NORTH TEXAS				
1840 EAST LANCASTER AVE, FORT WORTH, TX	75-1245911	501(C)3	10,000.	LIVE RELEASE
(9) HUMANE SOCIETY OF PARK COUNTY INC DBA STAFF				
3 BUSINESS PARK ROAD LIVINGSTON, MT 59047	36-3432468	501(C)3	6,500.	SPAY/NEUTER
(10) HUMANE SOCIETY OF ROCHESTER AND MONROE COUN				
99 VICTOR ROAD FAIRPORT, NY 14450	16-0743047	501(C)3	12,500.	LIVE RELEASE
(11) HUMANE SOCIETY OF SCHUYLER COUNTY, INC				
PO BOX 427 MONTOUR FALLS, NY 14865	16-1315207	501(C)3	12,600.	SPAY/NEUTER
(12) HUMANE SOCIETY OF SOUTH MISSISSIPPI				
2615 25TH AVE GULFPORT, MS 39501	64-6034439		30,000.	RELOCATION
2 Enter total number of section 501(c)(3) and				· · · · · · · · · · · · · · · · · · ·
3 Enter total number of other organizations li	sted in the lir	ne 1 table	<u> </u>	· · · · · · · · · · · · · · · · · · ·

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	OMB No. 1545-0047								
Department of the Treasury Internal Revenue Service	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Open to Public Inspection								
Name of the organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF	Employer identification number								
CRUELTY TO ANIM	IALS	13-1623829								
Part I General I	nformation on Grants and Assistance	•								
the selection crit	zation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants o eria used to award the grants or assistance? IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II Grants ar										

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.

<b>1 (a)</b> 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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HUMANE SOCIETY OF TAMPA							
3607 N ARMENIA AVE TAMPA, FL 33607	59-0799907	501(C)3	10,000.				LIVE RELEASE
(2) HUMANE SOCIETY OF THE PIKES PEAK REGION							
4600 EAGLERIDGE PLACE PUEBLO, CO 81008	84-0410111	501(C)3	12,500.				ANTI-CRUELTY
(3) HUMANE SOCIETY OF THE SIERRA FOOTHILLS INC							
2945 BELL ROAD #175 AUBURN, CA 95603	32-0282752	501(C)3	14,500.				EQUINE
(4) HUMANE SOCIETY OF THE UNITED STATES							
700 PROFESSIONAL DR, GAITHERSBURG, MD	53-0225390	501(C)3	85,700.				EQUINE
(5) HUMANE SOCIETY OF UTAH							
PO BOX 573659 MURRAY, UT 84157	87-0256350	501(C)3	15,000.				RELOCATION
(6) HUMANE SOCIETY OF WASHINGTON COUNTY, INCORP							
13011 MAUGANSVILLE RD HAGERSTOWN, MD 21740	52-0542025	501(C)3	12,267.				FARM ANIMALS
(7) HUMANE SOCIETY OF WESTERN MONTANA							
5930 HIGHWAY 93 SOUTH MISSOULA, MT 59804	81-0290933	501(C)3	12,025.				LIVE RELEASE
(8) IAN SOMERHALDER FOUNDATION							
10990 WILSHIRE BLVD FL 8,LOS ANGELES,CA	27-3968460	501(C)3	10,000.				INTAKE REDUCTION
(9) IDAHO HUMANE SOCIETY INC							
4775 DORMAN STREET BOISE, ID 83705	82-0212536	501(C)3	20,000.				SPAY/NEUTER
(10) INTERNATIONAL SOCIETY FOR ANTHROZOOLOGY							
444 SOUTH 43RD ST, PHILADELPHIA, PA	30-0275851	501(C)3	6,000.				LIVE RELEASE
(11) ISLAND DOG INCORPORATED							
P.O. BOX 1669 FAJARDO, PR 00738	20-5107492	501(C)3	31,000.				SPAY/NEUTER
(12) JACKSONVILLE HUMANE SOCIETY							
8464 BEACH BOULEVARD JACKSONVILLE, FL 32216			16,000.				LIVE RELEASE
2 Enter total number of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 t	able			
3 Enter total number of other organizations li	sted in the lir	ne 1 table					

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

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Form 990) 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.							OMB No. 1545-0047 20 <b>14</b> Open to Public Inspection
Name of the organization								ion number
CRUELTY TO ANIM							13-1623829	9
Part I General I	nformation on Grants an	d Assistanc	e					
the selection crit 2 Describe in Part Part II Grants ar	zation maintain records to s eria used to award the gran IV the organization's proce <b>nd Other Assistance to E</b> ne 21, for any recipient t	ts or assistand dures for mor Domestic Or	e? hitoring the use <b>ganizations a</b> i	of grant funds in the nd Domestic Gov	e United States. rernments. Com	plete if the organiza additional space is ne	tion answered "Y	X Yes No
	address of organization government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> 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
(1) JASON DEBUS HEIGL	FOUNDATION #450 ENCINO, CA 91316	27-0187750	501(C)3	40,000.				SPAY/NEUTER
(2) KANSAS CITY PET P		27 0107730	501(0/5	40,000.				SFAT/NEOTER
	KANSAS CITY, MO 64129	45-3067615	501(C)3	35,800.				ANTI-CRUELTY
(3) VENELOVY FOLLINE I	UMANE GENERED ING							

(3) KENTUCKY EQUINE HUMANE CENTER INC				
P.O. BOX 910124 LEXINGTON, KY 40591	20-5883736	501(C)3	18,500.	EQUINE
(4) KENTUCKY HUMANE SOCIETY				
241 STEEDLY DRIVE LOUISVILLE, KY 40214	61-0463938	501(C)3	108,900.	EQUINE
(5) KINGS COUNTY ANIMAL SERVICES				
10909 BONNEYVIEW LANE HANFORD, CA 93230	94-6000814	GOVERNMENTAL (M	20,000.	SPAY/NEUTER
(6) KITSAP HUMANE SOCIETY				
9167 DICKEY ROAD NW SILVERDALE, WA 98383	91-0728353	501(C)3	18,105.	LIVE RELEASE
(7) KLAMATH HUMANE SOCIETY INC				
PO BOX 482 KLAMATH FALLS, OR 97603	23-7131015	501(C)3	6,500.	EQUINE
(8) KOKOMO HUMANE SOCIETY				
713 N. ELIZABETH STREET KOKOMO, IN 46901	35-0989705	501(C)3	17,000.	RELOCATION
(9) LAKE COUNTY ANIMAL CARE & CONTROL				
4949 HELBUSH DRIVE LAKEPORT, CA 95453	94-6000825	GOVERNMENTAL (M	10,000.	SPAY/NEUTER
(10) LEECH LAKE LEGACY				
PO BOX 385454 BLOOMINGTON, MN 55438	46-0840535	501(C)3	7,500.	SPAY/NEUTER
(11) LEXINGTON HUMANE SOCIETY				
1600 OLD FRANKFORT PIKE LEXINGTON, KY 40504	61-0444762	501(C)3	10,000.	LIVE RELEASE
(12) LIBERTY HUMANE SOCIETY, INC.				
			21,870.	LIVE RELEASE
2 Enter total number of section 501(c)(3) an	d governmen	t organizations liste	d in the line 1 table	 ▶
3 Enter total number of other organizations	listed in the li	ne 1 table	<u></u>	 
For Benerwork Bodystion Act Notice, can the Instruct				Sahadula I (Farm 000) (2

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990.</li> <li>Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>			
Name of the organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF	Employer ident	tification number	
CRUELTY TO ANIM	ALS	13-1623	829	
Part I General Ir	nformation on Grants and Assistance			
the selection crite	ation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants o eria used to award the grants or assistance? IV the organization's procedures for monitoring the use of grant funds in the United States.		and X Yes No	

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LIFESAVERS INC							
23809 E AVENUE J LANCASTER, CA 93535	95-4631906	501(C)3	10,000.				EQUINE
(2) LIGHTHOUSE FARM SANCTUARY							
PO BOX 451 SCIO, OR 97374	82-0556436	501(C)3	7,000.				EQUINE
(3) LINN COUNTY ANIMAL RESCUE							
PO BOX 2669 - 39389 PLAGMAN DR	26-2147632	501(C)3	9,000.				EQUINE
(4) LOS ANGELES ANIMAL SERVICES							
200 NORTH SPRING ST 19TH FLOOR ROOM 1913	95-6000735	GOVERNMENTAL (M	380,000.				LIVE RELEASE
(5) LOS ANGELES COUNTY ANIMAL CARE FOUNDATION							
5898 CHERRY AVENUE LONG BEACH, CA 90805	95-3909782	501(C)3	620,000.				LIVE RELEASE
(6) LOUISIANA SOCIETY FOR THE PREVENTION OF CRU							
1700 MARDI GRAS BLVD. NEW ORLEANS, LA 70114	72-0471368	501(C)3	99,500.				RELOCATION
(7) LOUISVILLE METRO ANIMAL SERVICES							
3705 MANSLICK ROAD LOUISVILLE, KY 40215	32-0049006	GOVERNMENTAL (M	42,180.				SPAY/NEUTER
(8) LYNCHBURG HUMANE SOCIETY INC							
1211 OLD GRAVES MILL ROAD,	54-0570901	501(C)3	39,000.				LIVE RELEASE
(9) MAKERS MARK SECRETARIAT CENTER							
4089 IRON WORKS PARKWAY LEXINGTON, KY 40511	45-3536475	501(C)3	10,000.				EQUINE
(10) MAYOR'S ALLIANCE FOR NYC'S ANIMALS							
244 FIFTH AVE STE R290 NEW YORK, NY 10001	73-1653635	501(C)3	1,102,500.				SPAY/NEUTER
(11) MERRIMACK RIVER FELINE RESCUE SOCIETY INC							
63 ELM STREET SALISBURY, MA 01952	04-3172322	501(C)3	7,000.				SPAY/NEUTER
(12) METRO ANIMAL CONTROL & WELFARE							
200 N. DAVID STREET CASPER, WY 82601		GOVERNMENTAL (M	10,500.				LIVE RELEASE
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations I</li></ul>	d governmen isted in the lir	t organizations lis ne 1 table	sted in the line 1 t	able		· · · · · · · · · · · ►	

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

SCHEDULE I (Form 990) Department of the Treasury	Go	overnmei	rants and Other Assistance to Organizations, /ernments, and Individuals in the United States lete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.						
Internal Revenue Service								Inspection	
Name of the organization THE A	THE AMERICAN SOCIETY FOR THE PREVENTION OF Employer ide						Employer identificat	ion number	
CRUELTY TO ANIMALS							13-162382	9	
Part I General Information	on on Grants and	d Assistanc	e						
the selection criteria used t 2 Describe in Part IV the orga Part II Grants and Other A Part IV, line 21, for	anization's proced Assistance to D	dures for mor	nitoring the use of ganizations an	of grant funds in the d Domestic Gov	e United States. vernments. Com	plete if the organiz	ation answered "Y	⊻ Yes N ∕es" to Form 990,	
1 (a) Name and address of o 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 gran or assistance	
(1) MIAMI-DADE ANIMAL SERVICES									
7401 NW 74TH STREET MIAMI, 1	FL 33166	59-6000573	GOVERNMENTAL (M	215,500.				LIVE RELEASE	
(2) MICHIGAN HUMANE SOCIETY									
30300 TELEGRAPH RD STE 220,1	BINGHAM FARMS	38-1358206	501(C)3	7,100.				LIVE RELEASE	
(3) MIDATLANTIC HORSE RESCUE,	INC								
P.O. BOX 1669 738 CHESAPEAK	E CITY, MD 21915	27-3543490	501(C)3	15,000.				EQUINE	
(4) MILWAUKEE AREA DOMESTIC ANI	MAL CONTROL ASSO								
3839 W. BURNHAM ST,MILWAUKE	E,WI	39-1947192	GOVERNMENTAL (M	18,000.				LIVE RELEASE	
(5) MINNEAPOLIS ANIMAL CARE & CO	ONTROL	_							
212 17TH AVE. NORTH MINNEAP	OLIS, MN 55411	41-6005375	GOVERNMENTAL (M	6,000.				LIVE RELEASE	

	-				
212 17TH AVE. NORTH MINNEAPOLIS, MN 55411	41-6005375	GOVERNMENTAL (M	6,000.		LIVE RELEASE
(6) MINNESOTA VETERINARY MEDICAL ASSOCIATION/VE					
101 BRIDGEPOINT WAY STE 1100,ST PAUL	41-6039977	501(C)6	5,700.		DISASTER/EMERGENCY
(7) MISSISSIPPI STATE UNIVERSITY FOUNDATION INC					
PO DRAWER 6149 STARKVILLE, MS 39762	64-0410581	501(C)3	40,000.		SPAY/NEUTER
(8) MITCHELL FARM EQUINE RETIREMENT INC					
300 EAST HADDAM ROAD SALEM, CT 06420	56-2495790	501(C)3	10,500.		EQUINE
(9) MO FOOD FOR AMERICA					
PO BOX 1714 JEFFERSON CITY, MO 65101	46-5491175	OTHER	50,000.		ANTI-CRUELTY
(10) MOHAWK HUDSON HUMANE SOCIETY					
3 OAKLAND AVE. MENANDS, NY 12204	14-1338459	501(C)3	168,400.		LIVE RELEASE
(11) MORGAN COUNTY HUMANE SOCIETY					
86 GUM SPRINGS CUT-OFF RD, HARTSELLE, AL	20-1552538	501(C)3	12,500.		SPAY/NEUTER
(12) MT LASSEN ANIMAL GROUP					
34535 EMIGRANT TRAIL SHINGLETOWN, CA 96088	80-0518825	501(C)3	8,000.		SPAY/NEUTER

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

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

Schedule I (Form 990) (2014)

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	990) 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.							
Name of the organization	THE AMERICAN SOCI	ETY FOR I	THE PREVENT	ION OF			Employer identificat	ion number
CRUELTY TO ANIM	ALS						13-1623829	)
Part I General Ir	nformation on Grants and	I Assistanc	е					
the selection crite 2 Describe in Part Part II Grants an								
	address of organization overnment	(b) EIN	(c) IRC section if applicable	<b>(d)</b> 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
(1) MT. PLEASANT ANIM	AL SHELTER INC							
194 ROUTE 10 WEST	EAST HANOVER, NJ 07936	23-7189562	501(C)3	20,000.				LIVE RELEASE
(2) MYLESTONE EQUINE H	RESCUE A NEW JERSEY NON-PR							
227 STILL VALLEY F	RD PHILLIPSBURG, NJ 08865	22-3304384	501(C)3	10,000.				EQUINE
(3) NATIONAL ALLIANCE	OF STATE ANIMAL AND AGRIC							
BOX #193 1843 CEN	NTRAL AVE ALBANY, NY 12205	26-3487301	501(C)3	20,000.				DISASTER/EMERGENCY

ZZ7 STILL VALLET RD PHILLIPSBURG, NU 08865	22-3304304	501(C)3	10,000.		EQUINE
(3) NATIONAL ALLIANCE OF STATE ANIMAL AND AGRIC					
BOX #193 1843 CENTRAL AVE ALBANY, NY 12205	26-3487301	501(C)3	20,000.		DISASTER/EMERGENCY
(4) NATIONAL HORSE SHOW ASSOCIATION OF AMERICA					
2245 STONE GARDEN LANE LEXINGTON, KY 40513	13-2726232	501(C)3	15,000.		EQUINE
(5) NATIONAL MILL DOG RESCUE					
P. O. BOX 88468 COLORADO SPGS, CO 80908	26-0574783	501(C)3	5,500.		ANTI-CRUELTY
(6) NEIGH SAVERS FOUNDATION INC					
1547 PALOS VERDES MALL, WALNUT CREEK, CA	26-0265377	501(C)3	7,000.		EQUINE
(7) NEVADA HUMANE SOCIETY INC					
2825 B LONGLEY LANE RENO, NV 89502	88-0072720	501(C)3	9,950.		LIVE RELEASE
(8) NEW VOCATION RACEHORSE ADOPTION PROGRAM					
3293 WRIGHT RD LAURA, OH 45337	31-1681380	501(C)3	25,000.		EQUINE
(9) NEW YORK CITY POLICE DEPARTMENT					
ONE POLICE PLAZA NEW YORK, NY 10038	13-6400434	GOVERNMENTAL (M	1,000,000.		ANTI-CRUELTY
(10) NEW YORK STATE ANIMAL PROTECTION FEDERATION					
PO BOX 1115 ALBANY, NY 12201	27-3037382	501(C)4	50,000.		ANTI-CRUELTY
(11) NORFOLK SOCIETY FOR THE PREVENTION OF CRUEL					
916 BALLENTINE BOULEVARD NORFOLK, VA 23504	54-0515759	501(C)3	7,500.		LIVE RELEASE
(12) NORTHWEST ORGANIZATION FOR ANIMAL HELP					
31300 BRANDSTROM ROAD STANWOOD, WA 98292	91-1362069	501(C)3	11,800.		RELOCATION
2 Enter total number of section 501(c)(3) an	d governmen	t organizations lis	sted in the line 1 table		····· •
3 Enter total number of other organizations I	isted in the lir	ne 1 table	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·

CHEDULE I				Assistance t				OMB No. 1545-0047
Form 990)	Governments, and Individuals in the United States							2014
	Com	plete if the o	-	swered "Yes" to F tach to Form 990.	orm 990, Part IV,	line 21 or 22.		Open to Public
epartment of the Treasury ternal Revenue Service	Informat	ion about S	,	1 990) and its instr	untions is at www	v irs gov/form000		Inspection
ame of the organization	THE AMERICAN SOCI		-	-		v.ns.gov/101111990.	Employer identificat	
RUELTY TO ANIM		EII FOR I	HE PREVENI	ION OF			13-1623829	
	nformation on Grants and	1 Assistanc	<u>م</u>				13-1023023	2
				o granta ar agaista	and the graption	oligibility for the grant	a ar aggistance, and	
•	zation maintain records to su			•		• • •		X Yes N
the selection crite	eria used to award the grant	s or assistanc	e?					X Yes
2 Describe in Part	IV the organization's proceed	lures for mor	itoring the use	of grant funds in the	e United States.			
	address of organization povernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grar or assistance
(1) NYCLASS - NEW YOR	KERS FOR CLEAN, LIVEABLE A							
131 VARICK ST NEW	YORK, NY 10013	26-3207326	501(C)4	50,000.				EQUINE
(2) OCEAN STATE ANIMA	L COALITION							
PO BOX 6785 WARWI	CK, RI 02882	26-4536470	501(C)3	11,925.				SPAY/NEUTER
(3) ONEOC/EARTHEART								
1901 EAST FOURTH	STREET STE. 100	95-2021700	501(C)3	10,000.				EQUINE
(4) OPERATION CATNIP	OF GAINESVILLE							
PO BOX 141023 GAI	NESVILLE, FL 32614	59-3522372	501(C)3	20,000.				SPAY/NEUTER
(5) OPERATION PETS TH	E SPAY/NEUTER CLINIC OF WE							
3443 SOUTH PARK A	VE BLASDELL, NY 14219	16-1543255	501(C)3	50,000.				SPAY/NEUTER
(6) OREGON HUMANE SOC	IETY							
1067 NE COLUMBIA	BLVD PORTLAND, OR 97211	93-0386880	501(C)3	13,723.				RELOCATION
(7)	SPAY AND NEUTER CLINIC							

(8) PAAWS_RI							
2944 POST ROAD WARWICK, RI 02886	45-3341660	501(C)3	10,000.				
(9) PARADISE GARDEN ANIMAL HAVEN							
598 KENT HILL ROAD WOODHULL, NY 14898	13-4244183	501(C)3	48,000.				
(10) PARELLI EDUCATION INSTITUTE INC							
4400 N.SCOTTSDALE RD, SCOTTSDALE, AZ 85251	45-4780912	501(C)3	5,500.				
(11) PARIS ANIMAL WELFARE SOCIETY							
6 LEGION RD PARIS, KY 40361	61-1224933	501(C)3	14,000.				
(12) PAWS (PROVIDING ANIMAL WELFARE SERVICES) IN							
1 GEMINI CIRCLE ROCHESTER, NY 14606	45-4876715	501(C)3	82,008.				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations listed in the line 1 table							

68-0648159 501(C)3

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

PO BOX 4669 WICHITA FALLS, TX 76308

Schedule I (Form 990) (2014)

INTAKE REDUCTION

ANTI-CRUELTY

SPAY/NEUTER

EQUINE

EQUINE

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INTAKE REDUCTION

JSA

8,400.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	OMB No. 1545-0047					
Department of the Treasury Internal Revenue Service	Department of the Treasury						
Name of the organization	Name of the organization THE AMERICAN SOCIETY FOR THE PREVENTION OF Employer identification number						
CRUELTY TO ANIM	IALS	13-1623829					
Part I General Ir	nformation on Grants and Assistance						
<ol> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol>							
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.							

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PAWS TO THE RESCUE							
PO BOX 146 MARION, SC 29571	26-2218786	501(C)3	7,500.				ANTI-CRUELTY
(2) PAWS, THE PHILADELPHIA ANIMAL WELFARE SOCIE							
100 N. 2ND STREET PHILADELPHIA, PA 19106	26-3862631	501(C)3	5,500.				INTAKE REDUCTION
(3) PEACEFUL RIDGE RESCUE INC							
2995 SW 121ST AVENUE DAVIE, FL 33023	46-1523629	501(C)3	10,500.				EQUINE
(4) PEGGY ADAMS ANIMAL RESCUE LEAGUE							
3200 N MILITARY TRAIL	59-0637811	501(C)3	147,900.				LIVE RELEASE
(5) PET ALLIANCE OF GREATER ORLANDO							
2727 CONROY ROAD ORLANDO, FL 32839	59-0637883	501(C)3	25,000.				SPAY/NEUTER
(6) PET PREVENT A LITTER PALS OF CENTRAL TEXAS							
P.O. BOX 401 SAN MARCO, TX 78667	74-2586062	501(C)3	10,000.				SPAY/NEUTER
(7) PIMA ANIMAL CARE CENTER							
4000 N SILVERBELL RD DALLAS, AZ 85745	86-6000543	GOVERNMENTAL (M	6,000.				LIVE RELEASE
(8) POLK COUNTY SHERIFF'S OFFICE							
850 MAIN ST DALLAS, OR 97338	93-6002310	GOVERNMENTAL (M	7,000.				FARM ANIMALS
(9) PRETTY GOOD CAT							
6475 E. PACIFIC COAST HWY,LONG BEACH,CA	45-0829960	501(C)3	15,000.				SPAY/NEUTER
(10) PROGRESSIVE ANIMAL WELFARE SOCIETY INC							
PO BOX 1037 LYNNWOOD, WA 98046	91-6073154	501(C)3	7,398.				RELOCATION
(11) PUERTO RICO ANIMAL WELFARE SOCIETY INC PAWS							
10228 BO. BAJURAS ISABELA, PR 00662	66-0588444	501(C)3	11,720.				LIVE RELEASE
(12) RAMONA HUMANE SOCIETY, INC.							
	23-7374470	501(0)3	8,000.				LIVE RELEASE

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.							OMB No. 1545-0047 20 <b>14</b> Open to Public Inspection
Name of the organization	THE AMERICAN SOCI	ETY FOR I	THE PREVENT	ION OF			Employer identificat	ion number
CRUELTY TO ANIM	IALS						13-1623829	)
Part I General I	nformation on Grants and	d Assistanc	e					
<ul> <li>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?</li> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>								
Part II Grants ar Part IV, lin	nd Other Assistance to D ne 21, for any recipient the second	nat received	more than \$5	,000. Part II can b	e duplicated if a	additional space is n	ation answered "Y eeded.	es" to Form 990,
	address of organization government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RED BUCKET EQUINE	RESCUE							
2885 ENGLISH ROAD	CHINO HILLS, CA 91709	26-4455325	501(C)3	40,000.				EQUINE
(2) REGENTS OF THE UN	IVERSITY OF CALIFORNIA							
UNIVERSITY OF CA	DAVIS, CA 95616	94-6036494	501(C)3	134,500.				EQUINE

UNIVERSITY OF CA DAVIS, CA 95616	94-6036494	501(C)3	134,500.		EQUINE	
(3) RERUN INC						
901 BEACONTREE CT VIRGINIA BEACH, VA 23462	61-1336739	501(C)3	10,000.		EQUINE	
(4) RESCUE FARM INC.						
7101 FLOWING WELL ROAD POLAND, IN 47868	27-0104387	501(C)3	10,000.		RELOCATION	
(5) REZDAWG RESCUE INC						
14138 BURGESS LANE PAONIA, CO 81428	46-1412023	501(C)3	10,000.		RELOCATION	
(6) RICHLAND COUNTY SHERIFF'S DEPARTMENT						
5623 TWO NOTCH ROAD COLUMBIA, SC 29223	47-0378997	GOVERNMENTAL (M	10,030.		ANTI-CRUELTY	
(7) RICHMOND ANIMAL LEAGUE INC						
11401 INTERNATIONAL DR RICHMOND, VA 23236	51-0240493	501(C)3	20,000.		RELOCATION	
(8) RIVERSIDE COUNTY DEPARTMENT OF ANIMAL SERVI						
6851 VAN BUREN BLVD. RIVERSIDE, CA 92509	95-6000930	GOVERNMENTAL (M	7,000.		LIVE RELEASE	
(9) ROBINSON'S RESCUE, INC						
2515 LINE AVENUE SHREVEPORT, LA 71104	42-1717278	501(C)3	9,954.		SPAY/NEUTER	
(10) STAR RANCH						
970 RABBIT SKIN ROAD WAYNESVILLE, NC 28785	06-1808105	501(C)3	10,000.		EQUINE	
(11) SACRAMENTO COUNTY ANIMAL CARE						
3839 BRADSHAW ROAD SACRAMENTO, CA 95827	94-6000529	GOVERNMENTAL (M	30,000.		SPAY/NEUTER	
(12) SACRAMENTO SPCA						
6201 FLORIN PERKINS ROAD, SACREMENTO, CA	94-1312343		168,875.		INTAKE REDUCTION	
2 Enter total number of section 501(c)(3) and						
3 Enter total number of other organizations listed in the line 1 table						

SCHEDULE I	Grants a	and Other A	Assistance t	o Organiza	tions.		OMB No. 1545-0047		
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service	► Attach to Form 990.								
Name of the organization THE AMER	RICAN SOCIETY FOR		-			Employer identifi	cation number		
CRUELTY TO ANIMALS						13-16238	29		
Part I General Information o	n Grants and Assistan	се							
1 Does the organization maintair	records to substantiate	the amount of the	e grants or assista	nce, the grantees	' eligibility for the grants	or assistance, a	nd		
the selection criteria used to av							X Yes No		
2 Describe in Part IV the organiz							•		
Part II Grants and Other Ass							"Yes" to Form 990,		
Part IV, line 21, for an	y recipient that receive	d more than \$5	,000. Part II can b	be duplicated if a	additional space is n	eeded.			
<b>1 (a)</b> Name and address of organ or government	ization (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 assistanc			
(1) SAFE HAVEN CANINE RESCUE AND HU	MANE SOCIETY								
824 NORTH POPLAR LANE, MIDWEST	СІТҮ, ОК 59-3795235	501(C)3	7,000.				SPAY/NEUTER		
(2) SAFEHAVEN HUMANE SOCIETY									
32220 OLD HWY 34 TANGENT, OR 97	389 93-0676661	501(C)3	6,800.				RELOCATION		
(3) SALINAS ANIMAL SERVICES									
222 LINCOLN AVENUE SALINAS, CA	93901 94-6000412	GOVERNMENTAL (1	10,000.				SPAY/NEUTER		
(4) SAN DIEGO HUMANE SOCIETY AND SP	CA								
5500 GAINES STREET SAN DIEGO, C	A 92110 95-1661688	501(C)3	6,000.				LIVE RELEASE		
(5) SANTA FE ANIMAL SHELTER INC									
100 CAJA DEL RIO ROAD SANTA FE,	NM 87507 85-6000484	501(C)3	21,000.				LIVE RELEASE		
(6) SARGES ANIMAL RESCUE FOUNDATION	INC								
PO BOX 854 WAYNESVILLE, NC 2878	6 20-3783032	501(C)3	11,634.				RELOCATION		
(7) SCRAPS HOPE FOUNDATION									
6815 E. TRENT SPOKANE VLY, WA 9	9212 26-4118735	501(C)3	37,000.				RELOCATION		
(8) SEAN CASEY ANIMAL RESCUE									
153 E. 3RD ST BROOKLYN, NY 1121	8 35-2244558	501(C)3	7,500.				SPAY/NEUTER		
(9) SEARCH AND CARE INC									
1844 SECOND AVENUE NEW YORK, NY	10128 23-7444790	501(C)3	7,500.				INTAKE REDUCTION		
(10) SECOND STRIDE, INC									
7204 HIGHWAY 329 CRESTWOOD, KY	40014 20-2947614	501(C)3	10,000.				EQUINE		
(11) SHELBY HUMANE SOCIETY									
381 MCDOW ROAD COLUMBIANA, AL 3	5051 63-0817987	501(C)3	5,500.				LIVE RELEASE		

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

Schedule I (Form 990) (2014)

(12) SHELTER OUTREACH SERVICES (SOS)

SCHEDULE I	Grants a	nd Other /	Assistance t	o Organiza	tions.		OMB No. 1545-0047	
			ndividuals in	-	•		କାଳ <b>ଏ</b> ଏ	
		2014						
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.								
Department of the Treasury Internal Revenue Service		Inspection						
Name of the organization THE AMERICAN SOCI	ETY FOR T	THE PREVENT	ION OF			Employer identificat	ion number	
CRUELTY TO ANIMALS						13-1623829	9	
Part I General Information on Grants and	d Assistanc	е				·		
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> </ol>	s or assistance	ce?	- 				X Yes No	
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the							es" to Form 990,	
<b>1 (a)</b> 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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) SHELTER TRANSPORT ANIMAL RESCUE TEAM (START								
PO BOX 4792 VALLEY VILLAGE, CA 91617	45-4258426	501(C)3	52,500.				RELOCATION	
(2) SHENANDOAH VALLEY SPAY/NEUTER CLINIC								
910 N. LIBERTY ST HARRISONBURG, VA 22802	20-8358468	501(C)3	15,000.				SPAY/NEUTER	
(3) SOCIETY OF ANIMAL WELFARE ADMINISTRATORS								
15508 W. BELL ROAD SURPRISE, AZ 85374	41-1618666	501(C)6	12,500.				LIVE RELEASE	
(4) SOUL DOG RESCUE								
4844 S. KALAMATH STREET ENGLEWOOD, CO 80110	45-4137227	501(C)3	54,500.				SPAY/NEUTER	
(5) SOUTH SUBURBAN HUMANE SOCIETY								
1103 WEST END AVE, CHICAGO HEIGHTS, IL	23-7165004	501(C)3	6,000.				LIVE RELEASE	
(6) SOUTHERN CALIFORNIA THOROUGHBRED RESCUE								
PO BOX 5 NORCO, CA 92860	26-3166279	501(C)3	9,000.				EQUINE	
(7) SOUTHERN OREGON HUMANE SOCIETY								
2910 TABLE ROCK RD MEDFORD, OR 97501	93-0391640	501(C)3	45,000.				RELOCATION	
(8) SOUTHERN PINES ANIMAL SHELTER	_							
PO BOX 2021 HATTIESBURG, MS 39403	64-0514796	501(C)3	52,000.				LIVE RELEASE	
(9) SPAY AND NEUTER KANSAS CITY								
1116 E 59TH STREET KANSAS CITY, MO 64110	82-0563117	501(C)3	9,000.				SPAY/NEUTER	
(10) SPAY NEUTER PROJECT OF LOS ANGELES INC								
957 N GAFFEY ST SAN PEDRO, CA 90731	20-8542566	501(C)3	12,000.				SPAY/NEUTER	
(11) SPAYMART INC.								
P.O. BOX 6493 METAIRIE, LA 70009	72-1418016	501(C)3	14,000.				RELOCATION	
(12) SDOKANIMAL C. N. D. E.								

 710 N NAPA ST SPOKANE, WA 99202
 91-1223929
 501(C)3
 18,200.
 RELOCATION

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

 3
 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

JSA

SCHEDULE I (Form 990)	омв No. 1545-0047 20 <b>14</b>						
( ,	Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.						
Department of the Treasury	Open to Public						
Internal Revenue Service	Inspection						
Name of the organization	zation THE AMERICAN SOCIETY FOR THE PREVENTION OF Employer identification number						
CRUELTY TO ANIM	IALS	13-1623829					
Part I General I	nformation on Grants and Assistance						
<ol> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol>							
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.							

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SPOT FUND, INC.							
550 SOUTH THIRD STREET LOUISVILLE, KY 40202	38-3749218	501(C)3	20,000.				INTAKE REDUCTION
(2) ST HUBERTS ANIMAL WELFARE CENTER							
PO BOX 159 MADISON, NJ 07940	22-1627726	501(C)3	208,000.				LIVE RELEASE
(3) ST VINCENT SENIOR CITIZEN NUTRITION PROGRAM							
PO BOX 1904 641 ANGELES, CA 90057	95-3696693	501(C)3	5,400.				INTAKE REDUCTION
(4) STANDARDBRED RETIREMENT FOUNDATION INC							
353 SWEETMANS LANE STE 101, MILLSTONE TWP	52-0325043	501(C)3	10,000.				EQUINE
(5) STRAY CAT ALLIANCE							
P.O. BOX 41021 LOS ANGELES, CA 90041	95-4787231	501(C)3	70,000.				INTAKE REDUCTION
(6) SUMNER SPAY NEUTER ALLIANCE							
720 BLYTHE AVENUE GALLATIN, TN 37066	26-4175450	501(C)3	30,000.				SPAY/NEUTER
(7) TEXAS ANIMAL SHELTER COALITION							
1330 COLUMBIA ST. RICHARDSON, TX 75081	31-1717528	501(C)3	10,000.				LIVE RELEASE
(8) TEXAS HUMANE HEROES							
10930 E. CRYSTAL FALLS PKWY, LEANDER, TX	74-2069592	501(C)3	6,057.				LIVE RELEASE
(9) TEXAS HUMANE LEGISLATION NETWORK INC							
PO BOX 685283 AUSTIN, TX 78768	75-2236932	501(C)4	30,000.				ANTI-CRUELTY
(10) THE AMANDA FOUNDATION							
351 NORTH FOOTHILL RD, BEVERLY HILLS, CA	51-0183667	501(C)3	68,200.				SPAY/NEUTER
(11) THE ANIMAL FOUNDATION							
655 N. MOJAVE ROAD LAS VEGAS, NV 89101	88-0144253	501(C)3	7,000.				LIVE RELEASE
(12) THE ANIMAL RIGHTS ALLIANCE, INC.							
42 ACKERMAN RD. WARWICK, NY 10990	13-3269965	501(C)3	89,889.				LIVE RELEASE
<ul> <li>2 Enter total number of section 501(c)(3) an</li> <li>3 Enter total number of other organizations I</li> </ul>	d governmen isted in the lir	t organizations ne 1 table	listed in the line 1 t	able		· · · · · · · · · · · · · · · · · · ·	

SCHEDULE I (Form 990)       Grants and Other Assistance to Organizations, Governments, and Individuals in the United States         Department of the Treasury Internal Revenue Service       Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.         Example to Form 990.       Attach to Form 990.         Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.								2 Open	0 <b>14</b> 0 <b>14</b> to Public spection
Name of the organization	ne of the organization THE AMERICAN SOCIETY FOR THE PREVENTION OF Employer id							fication nun	nber
CRUELTY TO ANIMALS 13-1623829									
Part I General In	nformation on Grants and	Assistance	9						
the selection crite	ation maintain records to su eria used to award the grants IV the organization's proced	or assistanc	e?						res 🗌 No
	d Other Assistance to Do the 21, for any recipient th							d "Yes" to	o Form 990,
1 (a) Name and a	address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description	of <b>(h)</b>	Purpose of grant

or government	(b) EIN	if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) THE ANTI-CRUELTY SOCIETY							
157 W. GRAND AVENUE CHICAGO, IL 60654	36-2179814	501(C)3	26,000.				LIVE RELEASE
(2) THE BOARD OF REGENTS OF THE UNIVERSITY OF W							
GRANTS ADMINISTRATION MADISON, WI 53706	39-6006492	GOVERNMENTAL (O	35,200.				LIVE RELEASE
(3) THE CITY OF SAN ANTONIO, TEXAS - ANIMAL CAR							
4710 STATE HIGHWAY 151 ANTONIO, TX 78227	74-6002070	GOVERNMENTAL (M	6,500.				LIVE RELEASE
(4) THE CURATORS OF THE UNIVERSITY OF MISSOURI							
310 JESSE HALL COLUMBIA, MO 65211	26-6440629	501(C)3	60,000.				ANTI-CRUELTY
(5) THE EXCELLER FUND INC							
P.O. BOX 4237 LEXINGTON, KY 40544	75-2937532	501(C)3	7,000.				EQUINE
(6) THE FOUNDATION OF ANIMAL CARE AND EDUCATION							
10455 SORRENTO VALLEY RD,SAN DIEGO,CA	20-5333261	501(C)3	10,000.				INTAKE REDUCTION
(7) THE HUMANE LEAGUE							
1601 WALNUT ST. STE 502,PHILADELPHIA,PA	20-5333261	501(C)3	10,000.				FARM ANIMALS
(8) THE HUMANE SOCIETY FOR SEATTLE-KING COUNTY							
13212 SE EASTGATE WAY BELLEVUE, WA 98005	91-0282060	501(C)3	13,200.				RELOCATION
(9) THE PENNSYLVANIA SPCA							
350 E. ERIE AVENUE PHILADELPHIA, PA 19134	23-1352269	501(C)3	17,819.				LIVE RELEASE
<b>10)</b> THE SCIENCE AND CONSERVATION CENTER, INC.							
2100 S. SHILOH ROAD BILLINGS, MT 59106	81-0539631	501(C)3	76,250.				EQUINE
11) THE SPAY AND NEUTER INTERCOMMUNITY PROJECT							
PO BOX 9334 FRESNO, CA 93791	90-0796665	501(C)3	9,950.				SPAY/NEUTER
12) THE WILD ANIMAL SANCTUARY							
1946 CR 53 KEENESBURG, CO 80643	84-1351483		51,265.				ANTI-CRUELTY
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations lip</li> </ul>	d governmen sted in the lir	t organizations I ne 1 table	isted in the line 1 t	able		· · · · · · · · · · · ▶	

SCHEDULE I	L	OMB No. 1545-0047								
SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States								2014		
			•	swered "Yes" to F				<u> </u>		
Department of the Treasury								Open to Public Inspection		
Internal Revenue Service	Informa	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.								
Name of the organization	THE AMERICAN SOCI	HE AMERICAN SOCIETY FOR THE PREVENTION OF								
CRUELTY TO ANIM	ALS						13-162382	29		
Part I General In	formation on Grants and	d Assistanc	е							
1 Does the organiz	ation maintain records to su	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	eligibility for the grants	or assistance, and	d		
the selection crite	eria used to award the grant	s or assistand	ce?	-				X Yes No		
2 Describe in Part	IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.					
Part II Grants an	d Other Assistance to D	omestic Or	anizations a	nd Domestic Gov	ernments Com	nlete if the organiza	tion answered "	Ves" to Form 990		
	e 21, for any recipient the									
	ddress of organization overnment	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> 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		
(1) THOMASVILLE-THOMAS	S COUNTY HUMANE SOCIETY, I									
180 BIG STAR DRIVE	THOMASVILLE, GA 31757	58-1299962	501(C)3	11,000.				LIVE RELEASE		
(2) TOBY WELLS FOUNDAT	TION DBA BLUE APPLE RANCH									
17083 OLD COACH RO	DAD POWAY, CA 92064	33-0946827	501(C)3	20,000.				EQUINE		
(3) TOMPKINS COUNTY SE	PCA									
1640 HANSHAW ROAD	ITHACA, NY 14850	15-0624378	501(C)3	73,735.				RELOCATION		
(4) TONY LA RUSSA'S AN	NIMAL RESCUE FOUNDATION									
2890 MITCHELL DR W	VALNUT CREEK, CA 94598	68-0240341	501(C)3	10,000.				LIVE RELEASE		
(5) TRI-COUNTY HUMANE	SOCIETY									
P.O. BOX 701 ST. 0	CLOUD, MN 56302	23-7449686	501(C)3	10,000.				SPAY/NEUTER		
(6) TUFTS UNIVERSITY,	TUFTS SHELTER MEDICINE PR									
CUMMINGS SCHOOL OF	F VETERINARY MEDICINE	23-7449686	501(C)3	90,440.				LIVE RELEASE		
(7) ULSTER COUNTY SOCI	ETY FOR THE PREVENTION OF									
20 WIEDY RD KINGST	TON, NY 12401	14-1422082	501(C)3	8,000.				ANTI-CRUELTY		
(8) UNITED PEGASUS FOU	JNDATION									
P.O. BOX 173 TEHAC	CHAPI, CA 93581	95-4497611	501(C)3	5,350.				EQUINE		
(9) UNIVERSITY OF FLOP	RIDA FOUNDATION, INC.									

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

Schedule I (Form 990) (2014)

ANTI-CRUELTY

FARM ANIMALS

SPAY/NEUTER

ANTI-CRUELTY

►

JSA

(12) UNLEASHED/FCNY

MAPLES CENTER FOR FORENSIC MEDICINE

P O BOX 785326 PHILADELPHIA, PA 19178

PO BOX 8175 NEW YORK, NY 10150

(11) UNIVERSITY OF TENNESSEE COLLEGE OF VETERINA 2621 MORGAN CIRCLE DR, KNOXVILLE,TN

(10) UNIVERSITY OF PENNSYLVANIA

59-0974739 501(C)3

23-1352685 501(C)3

13-2612524 501(C)3

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

62-6001636 GOVERNMENTAL (C

401,523.

81,350.

17,000.

12,500.

SCHEDULE I (Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.								
Internal Revenue Service	Informa	ation about Se	chedule I (Form	990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection	
Name of the organization	THE AMERICAN SOC	LETY FOR I	HE PREVENTI	ON OF			Employer identificat	on number	
CRUELTY TO ANIM	IALS						13-1623829	)	
Part I General I	nformation on Grants an	d Assistanc	e						
the selection crit 2 Describe in Part Part II Grants ar	zation maintain records to seria used to award the gran IV the organization's proce ad Other Assistance to I and 21, for any recipient t	ts or assistand dures for mor Domestic Or	e? hitoring the use o ganizations and	f grant funds in the domestic Gov	e United States. ernments. Com	plete if the organiz	ation answered "Y	X Yes No	
	address of organization	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) URBAN RESOURCE IN	STITUTE								
	STE 505,NEW YORK,NY	11-2561648	501(C)3	75,000.				INTAKE REDUCTION	
(2) VENTURA COUNTY AN	IMAL SERVICES								
600 AVIATION DR.	CAMARILLO, CA 93010	95-6000944	GOVERNMENTAL (M	6,000.				LIVE RELEASE	
(3) VIEQUES HUMANE SO	CIETY & ANIMAL RESCUE		501 ( 7) 0	10.040					

(3) VIEQUES HUMANE SOCIETY & ANIMAL RESCUE				
PO BOX 1399 VIEQUES, PR 00765	66-0463223	501(C)3	13,940.	RELOCATION
(4) VILLA CHARDONNAY HORSES WITH WINGS				
42200 CALLE BARBONA TEMECULA, CA 92592	27-0666624	501(C)3	6,500.	EQUINE
(5) VIRGINIA BEACH SPCA				
3040 HOLLAND ROAD VIRGINIA BEACH, VA 23453	54-6061532	501(C)3	9,020.	LIVE RELEASE
(6) VIRGINIA FEDERATION OF HUMANE SOCIETIES				
PO BOX 545 EDINBURG, VA 22824	51-0208873	501(C)3	7,500.	SPAY/NEUTER
(7) WALTON COUNTY SHERIFF'S OFFICE				
752 TRIPLE G ROAD DEFUNIAK SPRINGS, FL	59-6000897	GOVERNMENTAL (M	8,000.	EQUINE
(8) WASHINGTON HUMANE SOCIETY/SOCIETY FOR THE P				
4590 MACARTHUR BLVD NW # 200 WASHINGTON, DC	53-0219724	501(C)3	7,500.	LIVE RELEASE
(9) WAYNE COUNTY HUMANE SOCIETY				
1475 COUNTY HOUSE ROAD LYONS, NY 14489	22-2541964	501(C)3	28,000.	SPAY/NEUTER
(10) WAYSIDE WAIFS, INC.				
3901 MARTHA TRUMAN RD,KANSAS CITY,MO	44-0605374	501(C)3	7,500.	LIVE RELEASE
(11) WENATCHEE VALLEY HUMANE SOCIETY INC				
p.o. box 55 wenatchee, wa 98807	91-0838299	501(C)3	10,000.	RELOCATION
(12) WESTERN PA HUMANE SOCIETY				
1101 WESTERN AVENUE PITTSBURGH, PA 15233	25-0965608	501(C)3	5,324.	DISASTER/EMERGENCY
2 Enter total number of section 501(c)(3) an				· · · · · · · · · · · · · · · · · · ·
3 Enter total number of other organizations I	isted in the li	ne 1 table	<u></u> .	 <u></u>

Schedule I (Form 990) (2014)

JSA

SCHEDULE I	Grants ai	nd Other A	ssistance t	o Organiza	tions.		OMB No. 1545-0047				
(Form 990) GC	vernme	nts, and In	dividuals in wered "Yes" to F	n the United	d States		2014				
		•	ach to Form 990.				Open to Public				
Department of the Treasury Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.											
Name of the organization THE AMERICAN SOCI						Employer identifica	tion number				
CRUELTY TO ANIMALS						13-162382	9				
Part General Information on Grants an	d Assistanc	e									
1 Does the organization maintain records to s	ubstantiate th	e amount of the	arants or assista	nce, the grantees	eliaibility for the arants	or assistance. and					
the selection criteria used to award the gran			-	-			X Yes No				
2 Describe in Part IV the organization's proceed											
Part II Grants and Other Assistance to D			9		plata if the organize	tion answard "	/oc" to Form 000				
Part IV, line 21, for any recipient t	hat received	more than \$5,	000. Part II can b	be duplicated if a	additional space is n	eeded.					
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
(1) WHITE BIRD APPALOOSA HORSE RESCUE											
1688 BURKES TAVERN RD, BURKEVILLE, VA	16-1650231	501(C)3	14,000.				EQUINE				
(2) WILD FOR LIFE FOUNDATION											
19510 VAN BUREN BLVD #F3236	26-3052458	501(C)3	10,000.				EQUINE				
(3) WILD HORSE OBSERVERS ASSOCIATION											
PO BOX 932 PLACITAS, NM 87043	56-2410081	501(C)3	10,000.				EQUINE				
(4) WILLIAMSON COUNTY ANIMAL CONTROL & ADOPTION											
106 CLAUDE YATES DRIVE FRANKLIN, TN 37064	62-6000913	GOVERNMENTAL (M	21,500.				LIVE RELEASE				
(5) WISCONSIN HUMANE SOCIETY											
4500 W WISCONSIN AVE MILWAUKEE, WI 53208	39-0810533	501(C)3	50,500.				SPAY/NEUTER				
(6) WOODS HUMANE SOCIETY INC											
875 OKLAHOMA AV,SAN LUIS OBSIPO,CA	95-2058587	501(C)3	15,000.				LIVE RELEASE				
(7)											
(8)											

(12)											
2	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table										
3	Enter total number of other organizations list	sted in the lir	e 1 table					3.			

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

Schedule I (Form 990) (2014)

JSA

(9)

(10)

(11)

### Schedule I (Form 990) (2014)

#### Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (b) Number of recipients (f) Description of non-cash assistance (a) Type of grant or assistance (c) Amount of (d) Amount of (e) Method of valuation (book, cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4

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

GRANT MAKING

5

6

7

SEE SCHEDULE O

Schedule I (Form 990) (2014)

	SCHEDULE J (Form 990)       Compensation Information         For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
		Con Complete if the organizatio	mpensated Employees n answered "Yes" on Form 990, Part IV, line 23	3.		<u>14</u>		
	nent of the Treasury		Attach to Form 990.	O	pen to			
	Revenue Service of the organization	THE AMERICAN SOCIETY FC	orm 990) and its instructions is at www.irs.gov/	Form990. Employer identification	Inspe		n	
	ELTY TO AN		OR THE PREVENTION OF	13-162382		•		
Part		ns Regarding Compensation		15 102502	<u> </u>			
T art	Quoonon					Yes	No	
1a			ovided any of the following to or for a per- provide any relevant information regarding					
		•						
		iss or charter travel	Housing allowance or residence for					
		or companions emnification and gross-up payments	Payments for business use of perso Health or social club dues or initiation					
		onary spending account	Personal services (e.g., maid, chauff					
		onary spending account		eur, cher)				
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to				
•					1b		<u> </u>	
2	directors, trus	stees, and officers, including the CEC	r to reimbursing or allowing expenses D/Executive Director, regarding the items					
	1a?			• • • • • • • • • •	2		L	
3	organization's	CEO/Executive Director. Check all the	nization used to establish the compensation at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa	ods used by a				
	X Comper	nsation committee	Written employment contract					
	X Indepen	dent compensation consultant	X Compensation survey or study					
	X Form 99	90 of other organizations	X Approval by the board or compensa	tion committee				
4		ar, did any person listed in Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	the filing				
а			ayment?		4a	Х		
b	Participate in	, or receive payment from, a suppleme	ental nonqualified retirement plan?		4b		Х	
С	Participate in	, or receive payment from, an equity-ba	ased compensation arrangement?		4c		X	
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.				
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5–9.					
5	-		line 1a, did the organization pay or accrue a	anv				
•	•	n contingent on the revenues of:						
а					5a		Х	
b					5b		X	
		e 5a or 5b, describe in Part III.						
6	For persons l	isted in Form 990, Part VII, Section A,	line 1a, did the organization pay or accrue a	any				
	compensatior	n contingent on the net earnings of:						
а	The organizat	ion?			6a		X	
b	Any related o	rganization?			6b		X	
		e 6a or 6b, describe in Part III.						
7	•		n A, line 1a, did the organization provi					
			escribe in Part III		7	X	<u> </u>	
8	-		paid or accrued pursuant to a contract the	-				
			Regulations section 53.4958-4(a)(3)? If					
					8		X	
9			low the rebuttable presumption proced					
					9			
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fe	orm 990.	Sched	ule J (Fo	orm 990	0) 2014	

Page 2

Schedule J (Form 990) 2014

# 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990	
MARK ABRAHAMS	(i)	89,243.	0	23,861.	5,231.	7,293.	125,628.		
1 SVP & CFO THRU 4/16/14	(ii)	0	0	0	C	0	0		
MELISSA NORDEN	(i)	0	0	127,000.	O	0	127,000.		
2 FORMER SVP & CHIEF OF STAFF	(ii)	0	0	0	O	0	0		
STEVEN HANSEN	(i)	0	0	289,660.	O	0	289,660.		
3 COO THRU 10/15/2013	(ii)	0	0	0	O	0	0		
MATTHEW BERSHADKER	(i)	397,257.	100,000.	561.	20,800.	19,439.	538,057.		
4 PRESIDENT & CEO	(ii)	0	0	0	0	0	0		
ARTURO RIOS	(i)	194,457.	0	42,278.	13,811.	17,587.	268,133.		
5 SVP HR THRU 10/31/14	(ii)	0	0	0	O	0	0		
BERT TROUGHTON	(i)	176,451.	0	321.	13,440.	19,917.	210,129.		
6 SVP STRATEGY MGMT.	(ii)	0	0	0	0	0	0		
BEVERLY JONES	(i)	186,404.	0	351.	15,241.	27,211.	229,207.		
7 SVP & CLO	(ii)	0	0	0	0	0	0		
ELIZABETH ESTROFF	(i)	280,043.	0	841.	20,620.	31,288.	332,792.		
8 SVP COMMUNICATIONS	(ii)	0	0	0	0	0	0		
GAIL BUCHWALD	(i)	213,298.	0	292.	17,164.	9,414.	240,168.		
9 SVP ADOPTION CENTER	(ii)	0	0	0	0	0	0		
JED ROGERS III, DVM	(i)	269,647.	C	383.	19,202.	26,097.	315,329.		
10 <sup>SVP ANIMAL HEALTH SVCS.</sup>	(ii)	0	0	0	0	0	0		
JULIE MORRIS	(i)	273,699.	0	1,145.	20,800.	11,898.	307,542.		
11 <sup>SVP COMM. OUTREACH</sup>	(ii)	0	0	0	0	0	0		
NANCY PERRY	(i)	231,713.	0	1,116.	18,339.	18,070.	269,238.		
12 <sup>SVP GOV'T RELATIONS</sup>	(ii)	0	0	0	0	0	0		
SARAH LEVIN GOODSTINE	(i)	231,720.	C	198.	19,022.	29,267.	280,207.		
13 <sup>SVP OPERATIONS</sup>	(ii)	0	0	0	0	0	0		
STACY WOLF	(i)	236,084.	0	505.	16,493.	8,915.	261,997.		
14 <sup>SVP ANTI-CRUELTY</sup>	(ii)	0	0	0	0	0	0		
STEPHEN MUSSO	(i)	262,525.	7,700.	2,412.	20,492.	20,372.	313,501.		
15 <sup>EVP CAPITAL PROJECTS</sup>	(ii)	0	0	0	0	0	0		
TODD HENDRICKS	(i)	280,796.	0	411.	20,800.	19,229.	321,236.		
16 <sup>SVP DEVELOP &amp; MKTG</sup>	(ii)	0	0	0	0	0	0		

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

### Page **2**

# 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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
ELYSIA HOWARD	(i)	168,068.	O	539.	7,194.	35,085.	210,886.	(
1 VP MKTG. & LICENSING	(ii)	0	O	0	O	0	C	) (
J'MAI GAYLE	(i)	252,780.	Q	167.	19,260.	27,839.	300,046.	(
2 DIRECTOR OF SURGERY	(ii)	0	Q	0	O	0	C	(
LOUISE MURRAY	(i)	275,207.	Q	841.	20,668.	30,107.	326,823.	(
3 VP ANIMAL HEALTH	(ii)	0	0	0	0	0	C	0 0
RANDALL LOCKWOOD	(i)	213,715.	0	5,799.	17,340.	26,439.	263,293.	0
4 SVP FORENSIC SCIENCES	(ii)	0	C	0	0	0	C	C
WILHELMINA WALDMAN	(i)	179,812.	0	376.	14,721.	27,459.	222,368.	C
5 VP PHILANTHROPY	(ii)	0	0	0	0	0	C	C
EDWIN SAYRES	(i)	191,666.	0	0	0	0	191,666.	C
6 FORMER PRESIDENT & CEO	(ii)	0	0	0	0	0	C	C
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2014

JSA 4E1291 1.000 Schedule J (Form 990) 2014

#### Part III Supplemental Information

Complete this part to 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.

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

JSA

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

### Part III Supplemental Information

Complete this part to 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.

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.

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2014

**Open To Public** 

Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

THE AMERICAN SOCIETY FOR THE PREVENTION OF

Employer identification number 13-1623829

16       Real estate - Commercial	CRU	ELTY TO ANIMALS				13-1623	3829		
Check if splittable       Number of contributions or promotion promotion of promo	Par	t I Types of Property							
2       Art - Historical ressures.			Check if	Number of contributions or	Noncash contribution amounts reported or		hod of deteri		
3       At - Fractional interests	1	Art - Works of art							
4       Books and publications       Image: Solution of the origin origin of the origin of the origin of the origin of t	2	Art - Historical treasures							
5       Clothing and household goods	3	Art - Fractional interests							
goods,	4	Books and publications							
6       Cars and other vehicles	5	-							
7       Boats and planes       x       8         8       Intellectual property       x       88.       889,068.       FMV         9       Securities - Publicy traded       x       88.       889,068.       FMV         10       Securities - Publicy traded       x       88.       889,068.       FMV         11       Securities - Partnership, LLC, or trust interests.       x	~								
8       Intellectual property	-								
9       Securities - Publicly traded       X       88.       889,068.       FMV         10       Securities - Closely held stock       Image: Closely held stock       Image: Closely held stock       Image: Closely held stock         12       Securities - Partnership, LLC, or trust interests       Image: Closely held stock       Image: Closely held stock         12       Securities - Miscellaneous       Image: Closely held stock       Image: Closely held stock         12       Securities - Miscellaneous       Image: Closely held stock       Image: Closely held stock         13       Qualified conservation contribution - Other       Image: Closely held stock       Image: Closely held stock         14       Qualified conservation contribution - Other       Image: Closely held stock       Image: Closely held stock         15       Real estate - Commercial       Image: Closely held stock       Image: Closely held stock         16       Collectibles       Image: Closely held stock       Image: Closely held stock       Image: Closely held stock         20       Drugs and medical supples       Image: Closely held stock       Image: Closely held stock       Image: Closely held stock         21       Taxidemy       Image: Closely held stock       Image: Clo	-								
Securities - Closely held stack	-		x	88	889.06	S FMV			
11       Securities - Partnership, LLC, or trust interests	-	-			000,00				
or trust interests		-							
12       Securities - Miscellaneous       Image: securities - Miscellaneous         13       Qualified conservation contribution - Historic structures       Image: securities - Miscellaneous         14       Qualified conservation contribution - Other       Image: securities - Miscellaneous         14       Qualified conservation contribution - Other       Image: securities - Miscellaneous         15       Real estate - Residential       Image: securities - Miscellaneous         16       Real estate - Commercial       Image: securities - Miscellaneous         17       Real estate - Commercial       Image: securities - Miscellaneous         18       Collectibles       Image: securities - Miscellaneous         20       Drugs and medical supplies       Image: securities - Miscellaneous         21       Taxidermy       Image: securities - Miscellaneous         22       Historical artifacts       Image: securities - Miscellaneous         23       Scientific specimens       Image: securities - Miscellaneous         24       Archeological artifacts       Image: securities - Miscellaneous         25       Other ▶(		• • •							
13       Qualified conservation contribution - Historic structures	12								
contribution - Historic structures									
structures	10								
14       Qualified conservation contribution - Other									
contribution - Other	14								
15       Real estate - Residential	••								
16       Real estate - Commercial	15								
17       Real estate - Other	16								
18       Collectibles,	17								
19       Food inventory	18								
20       Drugs and medical supplies	19								
21       Taxidermy	20								
22       Historical artifacts	21								
24       Archeological artifacts       X       4.       183,646.       FMV         25       Other ► ()       X       4.       183,646.       FMV         26       Other ► ()       X       4.       183,646.       FMV         26       Other ► ()       X       4.       183,646.       FMV         27       Other ► ()       X       4.       183,646.       FMV         29       Other ► ()       X       X       X       X         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       29       Yes       No         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       31       X         31       Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	22								
24       Archeological artifacts       X       4.       183,646.       FMV         25       Other ► ()       X       4.       183,646.       FMV         26       Other ► ()       X       4.       183,646.       FMV         26       Other ► ()       X       4.       183,646.       FMV         27       Other ► ()       X       4.       183,646.       FMV         29       Other ► ()       X       X       X       X         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       29       Yes       No         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       31       X         31       Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	23	Scientific specimens							
25       Other ▶(_GIFTS_IN_KIND)       X       4.       183,646.       FMV         26       Other ▶()	24								
27       Other ▶()       28       Other ▶()       29         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	25	Other ►( GIFTS IN KIND )	Х	4.	183,64	6. FMV			
27       Other ▶()       28       Other ▶()       29         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	26	Other ►()							
<ul> <li>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</li></ul>	27								
<ul> <li>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</li></ul>	28	Other ►()							
<ul> <li>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?</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?</li> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> </ul>	29	Number of Forms 8283 received		•					
<ul> <li>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?</li> <li>b If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?</li> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> </ul>		which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	ement	29	T		
<ul> <li>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?</li> <li>30a X</li> <li>31a X</li> <li>32a X</li> </ul>								Yes	No
to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       Image: Second contributions?       Image: Second contributions?         31       Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?       Image: Second contributions?       Image: Second contributions?         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       Image: Second contributions?       Image: Second contributions?	30a						-		
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?         32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			-						
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?       31 X         32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a X				olding period?			30a		
contributions?		•							
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	31	•	• ·			•			
contributions?		contributions?				•••••	31	X	
	32a	-	-		-				37
b It "Yes," describe in Part II.	_						. 32a		
departing in Dart II	33	deseribe in Dert II				n (a) is check	.ed,		
describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)	Eor P					Coh	adula M (Ear	n 990)	(2014)

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

Page 2

**Part II** Supplemental Information. Complete this part to 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.

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.



Name of the organization THE

THE AMERICAN SOCIETY FOR THE PREVENTION OF

CRUELTY TO ANIMALS

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13-1623829

FORM 990 PART I LINE 1

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%

Schedule O (Form 990 or 990-EZ) 2014 Page											
Name of the organization	THE	AMERICAN	SOCIETY	FOR	THE	PREVENTION	OF	Employer identification number			
CRUELTY TO ANIMA	LS							13-1623829			

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

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Schedule O (Form 990 or 990-EZ) 2014 Pag										
Name of the organization	THE	AMERICAN	SOCIETY	FOR	THE	PREVENTION	OF	Employer identification number		
CRUELTY TO ANIMA	LS							13-1623829		

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.

FORM 990 PART III LINE 4B

PUBLIC EDUCATION & 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

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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.

Schedule O (Form 990 or 990-EZ) 2014 Pr											
Name of the organization	THE	AMERICAN	SOCIETY	FOR	THE	PREVENTION	OF	Employer identification number			
CRUELTY TO ANIMA	LS							13-1623829			

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.

FORM 990 PART III LINE 4C 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

PAGE 83

Schedule O (Form 990 or 990-EZ) 2014 Pr											
Name of the organization	THE	AMERICAN	SOCIETY	FOR	THE	PREVENTION	OF	Employer identification number			
CRUELTY TO ANIMA	LS							13-1623829			

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.

FORM 990 PART III LINE 4D 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

Schedule O (Form 990 or 990-EZ) 2014

Schedule O (Form 990 or 990-EZ) 2014 Pa											
Name of the organization	THE	AMERICAN	SOCIETY	FOR	THE	PREVENTION	OF	Employer identification number			
CRUELTY TO ANIMA	LS							13-1623829			

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 & CONTROL OF NEW YORK CITY (AC&C) THROUGHOUT THE FIVE BOROUGHS 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 & 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

Schedule O (Form 990 or 990-EZ) 2014         Pa											
Name of the organization	THE	AMERICAN	SOCIETY	FOR	THE	PREVENTION	OF	Employer identification number			
CRUELTY TO ANIMA	LS							13-1623829			

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

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Schedule O (Form 990 or 990	-EZ) 201	4							Page <b>2</b>
Name of the organization	THE	AMERICAN	SOCIETY	FOR	THE	PREVENTION	OF	Employer identification number	
CRUELTY TO ANIMA	LS							13-1623829	

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.

FORM 990, PART IV, LINE 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 HOWEVER THIS WILL BE FILED AFTER THE FORM 990 IS FILED.

## FORM 990, PART VI, SECTION A, LINE 1A

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

Schedule O (Form 990 or 990	-EZ) 201	14							Page <b>2</b>
Name of the organization	THE	AMERICAN	SOCIETY	FOR	THE	PREVENTION	OF	Employer identification number	
CRUELTY TO ANIMA	LS							13-1623829	

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".

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FORM 990, PART VI, SECTION A, LINE 4
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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 & 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.

### FORM 990, PART VI, SECTION B, LINE 11B

THE FORM 990 WAS PREPARED BY A NATIONALLY-RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE DRAFT OF THE FORM 990 IS REVIEWED BY SENIOR MANAGEMENT, 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.

Schedule O (Form 990 or 990	-EZ) 201	4							Page <b>2</b>
Name of the organization	THE	AMERICAN	SOCIETY	FOR	THE	PREVENTION	OF	Employer identification number	
CRUELTY TO ANIMA	LS							13-1623829	

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

FORM 990, PART VI, LINE 15

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 & CEO, THE AUDIT COMMITTEE REVIEWS THE COMPENSATION EXPERT'S STUDY AND COMPARABILITY DATA AND THE PRESIDENT & CEO'S ANALYSIS OF EACH

Schedule O (Form 990 or 990	-EZ) 201	4							Page 2
Name of the organization	THE	AMERICAN	SOCIETY	FOR	THE	PREVENTION	OF	Employer identification number	
CRUELTY TO ANIMA	LS							13-1623829	

INDIVIDUAL'S PERFORMANCE, DELIBERATES, AND VOTES ON WHETHER TO APPROVE THE TOTAL COMPENSATION RECOMMENDATION PROPOSED BY THE PRESIDENT & CEO. (THE PERSON WHOSE COMPENSATION IS UNDER REVIEW IS NOT PRESENT AND DOES NOT PARTICIPATE IN THE DELIBERATIONS, EXCEPT THAT SUCH PERSON MAY ANSWER QUESTIONS THAT WILL HELP THE COMMITTEE IN ITS DELIBERATIONS.)

WITH RESPECT TO THE PRESIDENT & 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 & 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. 2

Schedule O (Form 990 or 990-EZ) 2014						Page 2			
Name of the organization	THE	AMERICAN	SOCIETY	FOR	THE	PREVENTION	OF	Employer identification number	
CRUELTY TO ANIMA	LS							13-1623829	

SIMILARLY, THE BOARD DOCUMENTS THE BASIS FOR ITS DETERMINATION OF THE PRESIDENT & CEO'S COMPENSATION CONCURRENTLY WITH THE APPROVAL OF THE COMPENSATION BY DRAFTING MINUTES OF THE MEETING AT WHICH THE DETERMINATION WAS MADE.

### 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.

FORM 990, PART XI, LINE 9PENSION RELATED ACTUARIAL GAINS(3,029,274)UNREALIZED GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST59,621

(2,969,653)

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## SCHEDULE G, 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.

Schedule O (Form 990 or 990-EZ) 2014

Schedule O (Form 990 or 990	-EZ) 201	14							Page 2
Name of the organization	THE	AMERICAN	SOCIETY	FOR	THE	PREVENTION	OF	Employer identification number	
CRUELTY TO ANIMA	LS							13-1623829	

SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION

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

Schedule O (Form 990 or 990-EZ) 2014

- 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.

EXPLANATION OF RETURN AMENDMENT:

SCHEDULE G, PART I, LINES 2(B)(1) AND 2(B)(3), COLUMN (IV) - THE ORGANIZATION'S FORM 990 IS BEING AMENDED TO ACCURATELY REPORT GROSS RECEIPTS FROM SPECIFIC FUNDRAISING ACTIVITIES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SE	RVICES	ATTACHMENT	1
DESCRIPTION	GRANTS	EXPENSES	REVENUE
COMMUNITY OUTREACH	14,244,160.	37,242,660.	
TOTALS	14,244,160.	37,242,660.	

FORM 990, PART VI, LINE 17 - STATES

ATTACHMENT 2

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,

Name of the organization THE AMERICAN SOCIETY FOR THE	PREVENTION OF Er	nployer identification number
CRUELTY TO ANIMALS		13-1623829
	ATI	'ACHMENT 3
990, PART VII- COMPENSATION OF THE FIVE HIGHES	ST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERV	COMPENSATION
EAGLE-COM, INC. 110 EGLINGTON AVE., EAST, STE 604 M4P 1E FORONTO ONTARIO CANADA	MEDIA BROADCAST	15,595,036.
TRUE NORTH, INC. 530 THIRD AVENUE, 12TH FL IEW YORK, NY 10017	MEDIA PLACEMENT	7,303,646.
PATTON KIEHL P.O. BOX 590 THORNBURG, VA 22565	DATA PROCESSING	4,218,307.
SMS DIRECT, INC. 8461 VIRGINIA MEADOWS DR MANASSAS, VA 20109	PRINTING SERVICES	2,715,706.
FORUM SERVICES GROUP, INC. 260 MADISON AVENUE NEW YORK, NY 10016	STAFFING AGENCY	2,141,390.

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