

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

- Do not enter Social Security numbers on this form as it may be made public.  
► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015****Open to Public  
Inspection****A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

424 EAST 92ND STREET

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10128-6804**F** Name and address of principal officer: MATTHEW BERSHADKER424 EAST 92ND STREET NEW YORK, NY 10128-6804**D** Employer identification number13-1623829**E** Telephone number(212) 876-7700**G** Gross receipts \$ 271,715,628.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ► WWW.ASPCA.ORG**H(c)** Group exemption number ►**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ► **L** Year of formation: 1866 **M** State of legal domicile: NY**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>THE ASPCA WORKS TO ENSURE THE SAFETY AND PROTECTION OF ANIMALS THROUGH AN INTEGRATED ARRAY OF SERVICES.</u> <u>SEE SCHEDULE O.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>17.</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>16.</u>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<u>1,053.</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>985.</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0.</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>-144,407.</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>163,600,103.</u>	<u>182,705,546.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>14,585,922.</u>	<u>15,914,207.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>8,188,373.</u>	<u>4,950,299.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>4,431,672.</u>	<u>3,356,257.</u>
	<b>12</b>	<u>190,806,070.</u>	<u>206,926,309.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>14,244,160.</u>	<u>12,422,325.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>68,078,129.</u>	<u>74,621,168.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>2,387,985.</u>	<u>997,179.</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ► <u>39,173,981.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>91,229,925.</u>	<u>102,042,275.</u>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>175,940,199.</u>	<u>190,082,947.</u>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>14,865,871.</u>	<u>16,843,362.</u>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>233,141,070.</u>	<u>247,028,147.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>26,526,052.</u>	<u>32,973,212.</u>
		<u>206,615,018.</u>	<u>214,054,935.</u>

**Part II Signature Block**

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

**Sign Here**

► Signature of officer

10/13/2016

Date

► Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's nameNELLIE SO

Preparer's signature

Nellie So

Date

10/13/2016Check ☐ if self-employed

PTIN

P01623689Firm's name ► KPMG LLPFirm's EIN ► 13-5565207Firm's address ► 345 PARK AVENUE NEW YORK, NY 10154-0102Phone no. 212-758-9700May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2015)

Cumulative e-File History 2015	
Federal	
Locator:	8286CI
Taxpayer Name:	THE AMERICAN SOCIETY FOR THE PREVENTION OF
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	10/14/2016 14:53:11
Acknowledgement Date:	10/14/2016 15:26:49
Status:	Accepted
Submission ID:	13407320162885000403

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning 01/01, 2015, and ending 12/31, 20 15

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**2015**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

THE AMERICAN SOCIETY FOR THE PREVENTION OF

Name and title of officer

MATTHEW BERSHADKER, CFO

Employer identification number

13-1623829**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>206926309.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5),	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my 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

☒ I authorize MATTHEW BERSHADKER  
ERO firm name

to enter my PIN

7 6 4 4 3

as my signature

Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 10/13/16**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1 3 4 0 7 3 2 1 2 9 5

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 10/13/16**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

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

OMB No. 1545-1709

► **File a separate application for each return.**

▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐ **X**  
 • 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](http://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**

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

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

0	1
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Application Is For	Return Code	Application Is For	Return 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

Telephone No. ► 212 876-7700

FAX No. ► 917 386-6491

- 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 the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list 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 08/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2015 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: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b>	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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c</b>	<b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. . . . . ☒ **X**

**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).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MATTHEW BERSHADKER, CEO, 520 EIGHTH AVENUE NEW YORK, NY 10018**  
Telephone No. **212 876-7700** Fax No. **917 386-6491**
- 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 the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until **11/15**, 20 **16**.
- 5** For calendar year **2015**, or other tax year beginning **20**, and ending **20**.
- 6** If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7** State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 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 and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Selvin R. Tucker** Title **Principal** Date **8/9/2016**

Form **8868** (Rev. 1-2014)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 42,139,017. including grants of \$ ) (Revenue \$ 15,914,207. )  
ANIMAL HEALTH SERVICES - SEE SCHEDULE O**4b** (Code: ) (Expenses \$ 40,630,292. including grants of \$ ) (Revenue \$ )  
PUBLIC EDUCATION AND COMMUNICATIONS - SEE SCHEDULE O**4c** (Code: ) (Expenses \$ 24,085,398. including grants of \$ ) (Revenue \$ )  
COMMUNITY OUTREACH - SEE SCHEDULE O**4d** Other program services (Describe in Schedule O.) ATTACHMENT 1  
(Expenses \$ 33,749,932. including grants of \$ 13,476,946. ) (Revenue \$ )**4e** Total program service expenses ► 140,604,639.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b>	X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .	<b>8</b> X	
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .	<b>11b</b> X	
<b>c</b> 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> . . . . .	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	<b>14b</b> X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> . . . . .	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	<b>19</b>	X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<b>21</b>	X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	X



**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

			Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	264		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	0.		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		X	
<b>2a</b>	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 . . . . .	1,053		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . .			X
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			X
<b>b</b>	If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). . . . .			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .			
<b>6a</b>	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? . . . . .			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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? . . . . .		X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders . . . . .			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .			
<b>c</b>	Enter the amount of reserves on hand . . . . .			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .			

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ **X****Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 16		
<b>2</b> 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? . . . . .	<b>2</b>		X
<b>3</b> 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? . .	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 2**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

JOHANNA RICHMAN, SVP &amp; CFO JOHANNA RICHMAN, CFO, 520 EIGHTH AVENUE NEW YORK, 212-876-7700

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)ARRIANA BOARDMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(2)C. ALLEN PARKER DIRECTOR	1.00 0.	X						0.	0.	0.
(3)CATHY WALLACH DIRECTOR	1.00 0.	X						0.	0.	0.
(4)DODIE GUMAER DIRECTOR	1.00 0.	X						0.	0.	0.
(5)FREDERICK TANNE VICE CHAIRPERSON	1.00 0.	X		X				0.	0.	0.
(6)FREDRIK GRADIN TREASURER	1.00 0.	X		X				0.	0.	0.
(7)GEORGINA BLOOMBERG DIRECTOR	1.00 0.	X						0.	0.	0.
(8)HELEN S.C. PILKINGTON DIRECTOR	1.00 0.	X						0.	0.	0.
(9)JANE W. PARVER DIRECTOR	1.00 0.	X						0.	0.	0.
(10)JEFF PFEIFLE DIRECTOR	1.00 0.	X						0.	0.	0.
(11)LINDA LLOYD LAMBERT DIRECTOR	1.00 0.	X						0.	0.	0.
(12)MARTIN PURIS DIRECTOR	1.00 0.	X						0.	0.	0.
(13)SALLY SPOONER SECRETARY	1.00 0.	X		X				0.	0.	0.
(14)SCOTT THIEL DIRECTOR	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TIM F. WRAY CHAIRPERSON	3.00 0.	X		X				0.	0.	0.
(16) TRACY V. MAITLAND DIRECTOR	1.00 0.	X						0.	0.	0.
(17) MATTHEW BERSHADKER PRESIDENT & CEO	65.00 0.	X		X				521,245.	0.	21,166.
(18) JOHANNA RICHMAN SVP & CFO	50.00 0.			X				219,989.	0.	31,208.
(19) BERT TROUGHTON SVP STRATEGY MGMT.	50.00 0.				X			203,251.	0.	33,666.
(20) BEVERLY JONES SVP & CLO	50.00 0.				X			208,288.	0.	46,037.
(21) ELIZABETH ESTROFF SVP COMMUNICATIONS	50.00 0.				X			288,701.	0.	56,819.
(22) JED ROGERS III, DVM SVP ANIMAL HEALTH SVCS.	50.00 0.				X			274,447.	0.	50,017.
(23) JULIE MORRIS SVP COMMUNITY OUTREACH	50.00 0.				X			279,769.	0.	36,009.
(24) SARAH LEVIN GOODSTINE SVP OPERATIONS	50.00 0.				X			249,087.	0.	56,659.
(25) STACY WOLF SVP ANTI-CRUELTY	50.00 0.				X			236,468.	0.	28,482.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								4,032,275.	0.	648,059.
<b>d Total (add lines 1b and 1c)</b> . . . . .								4,032,275.	0.	648,059.

**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	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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> . . . . .	X	
<b>5</b> 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> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

**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 ► 135

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) TODD HENDRICKS SVP DEVELOP & MKTG	50.00 0.				X			287,381.	0.	57,001.
( 27 ) NANCY PERRY SVP GOV'T RELATIONS	40.00 0.					X		234,299.	0.	41,357.
( 28 ) STEPHEN J. MUSSO EVP CAPITAL PROJECTS	40.00 0.					X		266,662.	0.	45,752.
( 29 ) J'MAI GAYLE DIRECTOR OF SURGERY	40.00 0.					X		259,742.	0.	54,129.
( 30 ) LOUISE A. MURRAY VP, AAH	40.00 0.					X		275,391.	0.	48,588.
( 31 ) RANDALL LOCKWOOD SVP FORENSIC SCIENCES	40.00 0.					X		227,555.	0.	41,169.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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

- 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* . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .
- 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* . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

- 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 **▶**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	2,846,583.			
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	1,539,527.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	178,319,436.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		949,904.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		182,705,546.			
	<b>Program Service Revenue</b>				<b>Business Code</b>		
<b>2a</b>		ANIMAL POISON CONTROL CENTER		900000	9,245,965.	9,245,965.	
<b>b</b>		ANIMAL HOSPITAL FEES		900000	4,640,979.	4,640,979.	
<b>c</b>		MOBILE CLINIC VETERINARY AND CLINIC REVE		900000	1,606,039.	1,606,039.	
<b>d</b>		ADOPTION CENTER FEES		900000	421,224.	421,224.	
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		15,914,207.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .		2,452,227.			2,452,227.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .		0.			
	<b>5</b>	Royalties . . . . .		2,770,372.			2,770,372.
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0.			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			66,419,217.				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		63,921,145.			
	<b>c</b>	Gain or (loss) . . . . .		2,498,072.			
	<b>d</b>	Net gain or (loss) . . . . .		2,498,072.			2,498,072.
	<b>8a</b>	Gross income from fundraising events (not including \$ 1,539,527. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	1,057,818.			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	868,174.			
	<b>c</b>	Net income or (loss) from fundraising events. . . . .		189,644.			189,644.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities. . . . .		0.				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory. . . . .		0.				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b>	LIST SALES		900099	368,475.			368,475.
<b>b</b>	MISCELLANEOUS REVENUE		900099	27,766.			27,766.
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		396,241.				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .		206,926,309.	15,914,207.		8,306,556.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) 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 . . . . .	12,422,325.	12,422,325.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,185,690.	2,644,123.	254,855.	286,712.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	52,803,156.	43,989,993.	4,195,069.	4,618,094.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,964,629.	3,340,566.	285,360.	338,703.
<b>9</b> Other employee benefits . . . . .	8,641,822.	7,281,533.	622,008.	738,281.
<b>10</b> Payroll taxes . . . . .	6,025,871.	5,077,352.	433,721.	514,798.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	540,250.	252,849.	243,964.	43,437.
<b>b</b> Legal . . . . .	1,538,168.	382,980.	510,136.	645,052.
<b>c</b> Accounting . . . . .	257,959.	3,280.	233,485.	21,194.
<b>d</b> Lobbying . . . . .	320,504.	320,504.		
<b>e</b> Professional fundraising services. See Part IV, line 17.	997,179.			997,179.
<b>f</b> Investment management fees . . . . .	705,661.		705,661.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	7,490,047.	6,216,038.	132,595.	1,141,414.
<b>12</b> Advertising and promotion . . . . .	32,035,141.	18,037,596.	203,294.	13,794,251.
<b>13</b> Office expenses . . . . .	1,559,505.	1,313,242.	142,641.	103,622.
<b>14</b> Information technology . . . . .	12,735,770.	5,633,677.	461,237.	6,640,856.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	5,184,190.	3,865,098.	682,286.	636,806.
<b>17</b> Travel . . . . .	3,397,730.	3,106,245.	102,885.	188,600.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	885,875.	746,808.	85,577.	53,490.
<b>20</b> Interest . . . . .	9,424.	9,424.		
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,987,420.	4,134,066.	501,852.	351,502.
<b>23</b> Insurance . . . . .	984,422.	825,072.	107,794.	51,556.
<b>24</b> 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.)				
<b>a</b> OPERATING SUPPLIES . . . . .	21,293,547.	13,259,966.	176,283.	7,857,298.
<b>b</b> VETERINARY & MEDICAL SERVICE . . . . .	5,429,901.	5,429,901.		
<b>c</b> REPAIRS AND MAINTENANCE . . . . .	1,235,967.	1,132,848.	81,961.	21,158.
<b>d</b> TRANSPORT EXPENSES . . . . .	500,837.	500,030.	776.	31.
<b>e</b> All other expenses . . . . .	949,957.	679,123.	140,887.	129,947.
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	190,082,947.	140,604,639.	10,304,327.	39,173,981.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	62,414,381.	32,889,229.	389,601.	29,135,551.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	14,434,579.	<b>1</b>	20,972,302.
	<b>2</b> Savings and temporary cash investments . . . . .	7,250,280.	<b>2</b>	3,270,438.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	10,997,247.
	<b>4</b> Accounts receivable, net . . . . .	15,816,543.	<b>4</b>	8,995,705.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,702,250.	<b>9</b>	2,160,548.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 87,201,684.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 35,783,516.		
		44,326,842.	<b>10c</b>	51,418,168.
	<b>11</b> Investments - publicly traded securities . . . . .	75,869,308.	<b>11</b>	83,741,279.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	50,960,124.	<b>12</b>	46,514,161.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	20,781,144.	<b>15</b>	18,958,299.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	233,141,070.	<b>16</b>	247,028,147.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	9,476,729.	<b>17</b>	12,895,044.
	<b>18</b> Grants payable . . . . .	2,928,818.	<b>18</b>	3,357,868.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	14,120,505.	<b>25</b>	16,720,300.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	26,526,052.	<b>26</b>	32,973,212.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	140,188,321.	<b>27</b>	141,439,635.
	<b>28</b> Temporarily restricted net assets . . . . .	40,365,414.	<b>28</b>	47,721,885.
	<b>29</b> Permanently restricted net assets . . . . .	26,061,283.	<b>29</b>	24,893,415.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	206,615,018.	<b>33</b>	214,054,935.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	233,141,070.	<b>34</b>	247,028,147.

Form **990** (2015)



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	206,926,309.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	190,082,947.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	16,843,362.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	206,615,018.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-8,089,222.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,314,223.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	214,054,935.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2015)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

Employer identification number  
**13-1623829**

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	122,738,187.	137,616,740.	144,513,028.	163,600,103.	182,705,546.	751,173,604.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	122,738,187.	137,616,740.	144,513,028.	163,600,103.	182,705,546.	751,173,604.
<b>5</b> 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.
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						751,173,604.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 . . . . .	122,738,187.	137,616,740.	144,513,028.	163,600,103.	182,705,546.	751,173,604.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	7,061,725.	5,228,468.	4,567,926.	5,093,532.	5,222,599.	27,174,250.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	2,473,349.	2,492,883.	1,680,318.	2,372,646.	396,241.	9,415,437.
<b>11 Total support.</b> Add lines 7 through 10. . . . .						787,763,291.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	76,460,717.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	95.36 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	<b>15</b>	94.57 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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</b> identify 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>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> .	<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2015 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

  

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b>	Distributable amount for 2015 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b>	Excess distributions carryover, if any, to 2015:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>	From 2013 . . . . .			
<b>e</b>	From 2014 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2015 distributable amount			
<b>i</b>	Carryover from 2010 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2015 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2015 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b>	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b>	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>				
<b>c</b>	Excess from 2013 . . . . .			
<b>d</b>	Excess from 2014 . . . . .			
<b>e</b>	Excess from 2015 . . . . .			

Schedule A (Form 990 or 990-EZ) 2015



**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).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
LIST RENTALS	349,857.	350,780.	360,693.		368,475.	1,429,805.
ANIMAL ASSISTED THERAPY						
ANIMAL TRAINING FEES						
FUNDRAISING EVENTS	1,934,331.	2,118,713.	1,108,668.			5,161,712.
SALES OF INVENTORY						
MISCELLANEOUS	189,161.	23,390.	210,957.	2,372,646.	27,766.	2,823,920.
TOTALS	<u>2,473,349.</u>	<u>2,492,883.</u>	<u>1,680,318.</u>	<u>2,372,646.</u>	<u>396,241.</u>	<u>9,415,437.</u>

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number	13-1623829
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .			
<b>d</b> Other exempt purpose expenditures . . . . .			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

**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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?	X		42,792.
<b>d</b> Mailings to members, legislators, or the public?	X		70,713.
<b>e</b> Publications, or published or broadcast statements?	X		3,147.
<b>f</b> Grants to other organizations for lobbying purposes?	X		131,335.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		538,542.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		71,078.
<b>i</b> Other activities?	X		91,634.
<b>j</b> Total. Add lines 1c through 1i			949,241.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**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

**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

**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.

1C. MEDIA ADVERTISEMENTS: PERIODICALLY, WE BUY ADVERTISEMENT SPACE IN PUBLIC-POLICY-FOCUSED NEWSPAPERS (E.G., ROLL CALL, THE HILL) THAT MEMBERS OF CONGRESS AND THEIR STAFFS REGULARLY READ. THE ADVERTISEMENTS ARE STRATEGICALLY SCHEDULED (OFTEN AHEAD OF A CRUCIAL COMMITTEE VOTE OR FLOOR VOTE) TO MAXIMIZE EXPOSURE AND TIMELINESS TO OUR ISSUES. WE ALSO BUY STRATEGICALLY TARGETED ADVERTISING SPACE ON SOCIAL MEDIA (E.G., FACEBOOK) FOR THE SAME PURPOSE.

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.

1E. PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS: EACH TIME A NEW ISSUE OF THE ASPCA ACTION MAGAZINE IS PUBLISHED (USUALLY FOUR TIMES PER YEAR), WE ARRANGE TO HAVE A COPY DELIVERED TO EVERY CONGRESSIONAL OFFICE (551 TOTAL). WE ALSO PROVIDE A COPY OF THE ASPCA CALENDAR TO EVERY OFFICE YEARLY.

**Part IV** Supplemental Information (continued)

1F. GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES: THE ASPCA PROVIDES GRANTS TO ORGANIZATIONS TO PROMOTE ANIMAL WELFARE INCLUDING THOSE WORKING TO FURTHER ANIMAL PROTECTION EFFORTS IN LOCAL AND STATE LEGISLATURES AND CONGRESS AS WELL AS IN REGULATIONS AT ALL LEVELS.

1G. DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: THE ASPCA PROMOTES ANTI-CRUELTY LEGISLATION THROUGH DIRECT CONTACTS WITH FEDERAL AND STATE LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS AT ALL LEVELS, AND LOCAL LEGISLATURES. OUR STAFF, UNPAID VOLUNTEERS, AND CONSULTANTS WORK TO INFLUENCE LEGISLATION TO HELP ANIMALS THROUGH SUCH CONTACTS.

1H. RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES, OR ANY OTHER MEANS: THE ASPCA HOLDS VOICES FOR ANIMALS DAYS, LOBBY DAYS, LEADERSHIP TRAINING SUMMITS, CITIZEN LOBBYING WORKSHOPS, INCLUDING SPEECHES AND SEMINARS, AND GIVES PRESENTATIONS AND SPEECHES TO ENCOURAGE PUBLIC AWARENESS OF HUMANE LEGISLATION AND TO PROMOTE ACTION INFLUENCING POSITIVE OUTCOMES FOR ANIMAL WELFARE POLICY.

1I. OTHER ACTIVITIES: THE ASPCA WORKS CLOSELY WITH OTHER NATIONAL, STATE, AND LOCAL SHELTERS AND ANIMAL WELFARE ORGANIZATIONS AS WELL AS OTHER INDUSTRY OR NON-PROFIT ORGANIZATIONS WITH COMMON INTERESTS TO ALIGN PUBLIC POLICIES WITH BEST PRACTICES FOR ANIMAL WELFARE AND TO ENSURE THAT LAW ENFORCEMENT, FIELD WORK, DISASTER RELIEF, ANTI-CRUELTY EFFORTS, AND SHELTERING OPERATIONS ARE ABLE TO BEST PROTECT ANIMALS. THE ASPCA EMPLOYS

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

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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  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public  
Inspection

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

Employer identification number  
13-1623829

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a Held at the End of the Tax Year
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included in Form 990, Part VIII, line 1 . . . . .	► \$
(ii) Assets included in Form 990, Part X . . . . .	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1 . . . . .	► \$
b Assets included in Form 990, Part X . . . . .	► \$

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

Schedule D (Form 990) 2015

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

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

- a** ☒ Public exhibition **d** ☒ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☒ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on 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
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**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 on Part XIII . . . . . ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	54,180,975.	54,562,237.	49,486,784.	46,609,083.	48,641,402.
<b>b</b> Contributions . . . . .	51,514.	62,521.	15,594.	174,701.	6,459.
<b>c</b> Net investment earnings, gains, and losses . . . . .	-1,818,931.	1,871,471.	7,297,776.	5,023,490.	359,571.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .		2,315,254.	2,237,917.	2,320,490.	2,398,349.
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	52,413,558.	54,180,975.	54,562,237.	49,486,784.	46,609,083.

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

**a** Board designated or quasi-endowment ▶ 84.1300 %

**b** Permanent endowment ▶ 13.1700 %

**c** Temporarily restricted endowment ▶ 2.7000 %

The percentages on 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)** ☐ Yes ☒ No

(ii) related organizations . . . . . **3a(ii)** ☐ Yes ☒ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b** ☐ Yes ☐ No

**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" on 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
<b>1a</b> Land . . . . .		5,321,057.		5,321,057.
<b>b</b> Buildings . . . . .		18,781,877.	7,921,713.	10,860,164.
<b>c</b> Leasehold improvements . . . . .		37,316,595.	9,095,753.	28,220,842.
<b>d</b> Equipment . . . . .		19,989,945.	13,511,086.	6,478,859.
<b>e</b> Other . . . . .		5,792,210.	5,254,964.	537,246.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				51,418,168.

Schedule D (Form 990) 2015

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) EQUITY LONG	10,199,682.	FMV
(B) GLOBAL ASSET ALLOCATION	13,033,405.	FMV
(C) FUND OF FUNDS- PRIVATE EQUITY	2,224,435.	FMV
(D) FUND OF FUNDS- CAPITAL	6,605,446.	FMV
(E) PRIVATE EQUITY	9,435,217.	FMV
(F) EMERGING MARKETS	5,015,976.	FMV
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	46,514,161.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on 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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BEN. INTERESTS IN PERPET TRSTS	18,958,299.
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	18,958,299.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on 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	3,828,939.	
(3) ANNUITY OBLIGATIONS	6,967,042.	
(4) UNFUNDED PENSION OBLIGATION	5,118,319.	
(5) LOANS PAYABLE	806,000.	
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	16,720,300.	

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 ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	196,851,207.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-8,089,222.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	34,000.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-1,314,219.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-9,369,441.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	206,220,648.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	705,661.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	705,661.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	206,926,309.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	189,411,290.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	34,000.
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	34,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	189,377,290.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	705,657.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	705,657.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	190,082,947.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

PART III, LINE 4

THE ASPCA POSSESSES A COLLECTION OF ARTIFACTS LARGELY CONSISTING OF HISTORIC DOCUMENTS, MANY OF WHICH ARE ON DISPLAY AT THE ASPCA HEADQUARTERS IN NEW YORK CITY. THE ORGANIZATION DOES NOT CAPITALIZE THIS COLLECTION.

PART V, LINE 4

THE ASPCA MAINTAINS AN ENDOWMENT FOR THE PURPOSE OF GENERATING INCOME TO SUPPORT THE ORGANIZATION'S CHARITABLE MISSION. THE ORGANIZATION'S ENDOWMENT CONSISTS OF A PORTFOLIO OF ACTIVELY MANAGED FUNDS ESTABLISHED TO PROVIDE BOTH A SOURCE OF OPERATING FUNDS AS WELL AS LONG TERM FINANCIAL STABILITY. THE ENDOWMENT'S PRINCIPAL IS INTENDED TO BE LEFT UNTOUCHED, WHILE THE INCOME GENERATED IS USED TO FUND ASPCA PROGRAMS. SOME OF THE ENDOWMENT FUNDS MAY HAVE PURPOSE RESTRICTIONS ON THE USE OF INCOME.

FORM SCH D PART X LINE 2

THE ASPCA QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), AND IS NOT SUBJECT TO FEDERAL INCOME TAXES. ACCORDINGLY, DONORS ARE ENTITLED TO A CHARITABLE CONTRIBUTION DEDUCTION AS DEFINED IN THE IRC. CONTINUED QUALIFICATION OF TAX-EXEMPT STATUS IS CONTINGENT UPON COMPLIANCE WITH THE REQUIREMENTS OF THE IRC. THE ASPCA RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR 2015 OR 2014.

**Part XIII** Supplemental Information *(continued)*

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PART XI, LINE 2D

UNREALIZED GAIN ON TRUST HELD BY OTHERS \$(1,315,884)

PENSION RELATED ACTUARIAL LOSSES \$1,665

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\$(1,314,219)

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
 ► **Attach to Form 990.**  
 ► **Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

Employer identification number  
**13-1623829**

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1)</b> NORTH AMERICA		1.	PROGRAM SERVICES	COMMUNITY OUTREACH SVC	152,339.
<b>(2)</b> CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		15,257,840.
<b>(3)</b> EUROPE			INVESTMENTS		1,982,645.
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .		1.			17,392,824.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)		1.			17,392,824.

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

**Schedule F (Form 990) 2015**

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ► \_\_\_\_\_

**3** Enter total number of other organizations or entities. . . . . ► \_\_\_\_\_



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

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

Schedule F (Form 990) 2015

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . . ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . . ☒ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☒ Yes ☐ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . . ☐ Yes ☒ No

Schedule F (Form 990) 2015

**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).

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SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public  
Inspection

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

Employer identification number  
13-1623829

Part I

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

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

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants  
b ☒ Internet and email solicitations f ☒ Solicitation of government grants  
c ☒ Phone solicitations g ☒ Special fundraising events  
d ☒ In-person solicitations

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No  
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 DONOR SERVICES GROUP	DIRECT MARKETING		X	7,815,442.	1,170,270.	6,645,172.
2 STRATEGIC FUNDRAISING INC.	DIRECT MARKETING		X	1,579,229.	12,604.	1,566,625.
3 TELEFUND	DIRECT MARKETING		X	7,394,817.	724,953.	6,669,864.
4						
5						
6						
7						
8						
9						
10						
Total				16,789,488.	1,907,827.	14,881,661.

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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 (event type)	(b) Event #2 HUMANE AWARDS (event type)	(c) Other events 2. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	1,344,280.	406,117.	846,948.	2,597,345.
	2 Less: Contributions . . . . .	745,713.	119,772.	674,042.	1,539,527.
	3 Gross income (line 1 minus line 2). . . . .	598,567.	286,345.	172,906.	1,057,818.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .	70,058.	34,506.	25,000.	129,564.
	7 Food and beverages . . . . .	102,852.	78,808.	23,500.	205,160.
	8 Entertainment . . . . .	11,250.		7,789.	19,039.
	9 Other direct expenses . . . . .	101,553.	65,950.	346,908.	514,411.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				868,174.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				189,644.

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

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

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

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

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

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

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

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

NA

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public  
Inspection

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

Employer identification number  
13-1623829

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) A FAIR SHAKE FOR YOUTH, INC. 210 WEST 101ST ST. PH 6 NEW YORK, NY 10025	27-3855519	501(C)3	10,000.				ANTI-CRUELTY
(2) ABANDONED ANGELS COCKER SPANIEL RESCUE, INC 3217 214TH PLACE BAYSIDE, NY 11361	20-5776611	501(C)3	13,723.				LIVE RELEASE
(3) ACADIANA ANIMAL AID P.O. BOX 298 CARENCRO, LA 70520	23-7414331	501(C)3	57,000.				RELOCATION
(4) ACTORS AND OTHERS FOR ANIMALS 11523 BURBANK BLVD N HOLLYWOOD, CA 91601	95-2783139	501(C)3	10,000.				SAFETY NET/SURRENDER
(5) AKINDALE REHABILITATION & LAND CONSERVATION 287 KING STREET CHAPPAQUA, NY 10514	20-1822473	501(C)3	7,500.				EQUINE
(6) ALAMO RESCUE FRIENDS PO BOX 591836 SAN ANTONIO, TX 78259	80-0586620	501(C)3	8,000.				RELOCATION
(7) ALL ABOUT EQUINE ANIMAL RESCUE 2201 FRANCISCO DR EL DORADO HILLS, CA 95762	27-0384523	501(C)3	20,000.				EQUINE
(8) ALL BREED RESCUE INC 491 INDUSTRIAL AVENUE WILLISTON, VT 05495	26-3849438	501(C)3	16,970.				LIVE RELEASE
(9) ALL SATOS RESCUE 212 EMMANUELLI NORTE SAN JUAN, PR 00917	66-0720910	501(C)3	7,000.				RELOCATION
(10) ALLEY CAT ADVOCATES 3044 BARDSTOWN RD. LOUISVILLE, KY 40205	61-1343210	501(C)3	131,388.				SPAY/NEUTER
(11) ALLIANCE FOR CONTRACEPTION IN CATS AND DOGS 11145 NW OLD CORNELIUS PASS ROAD	41-2185841	501(C)3	90,000.				SPAY/NEUTER
(12) AMERICAN PIT BULL FOUNDATION 7708 MATTHEWS MINT HILL RD	27-2172311	501(C)3	5,976.				ANTI-CRUELTY

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) (2015)

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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public  
Inspection

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

Employer identification number  
13-1623829

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN SOCIETY FOR THE PREVENTION OF CRUE 520 8TH AVENUE NEW YORK, NY 10018	13-1623829	501(C)3	681,150.				ANTI-CRUELTY
(2) ANI-CARE ANIMAL HOSPITAL 2740 S QUEEN STREET DALLASTOWN, PA 17313	26-2323448	FOR-PROFIT	45,080.				ANTI-CRUELTY
(3) ANIMAL ALLIES HUMANE SOCIETY 4006 AIRPORT ROAD DULUTH, MN 55811	41-0917362	501(C)3	13,000.				LIVE RELEASE
(4) ANIMAL ASSISTANCE FOUNDATION 405 URBAN ST., SUITE 340 LAKEWOOD, CO 80228	84-0715412	501(C)3	47,500.				SPAY/NEUTER
(5) ANIMAL CARE & CONTROL OF NYC 11 PARK PLACE, SUITE 805 NEW YORK, NY 10007	13-3788986	501(C)3	260,750.				LIVE RELEASE
(6) ANIMAL CARE AND CONTROL TEAM OF PHILADELPHI 111 W.HUNTING PARK PHILADELPHIA, PA 19140	45-3985637	501(C)3	7,511.				SAFETY NET/SURRENDER
(7) ANIMAL HAVEN 200 CENTRE ST. NEW YORK, NY 10013	11-6101487	501(C)3	50,500.				LIVE RELEASE
(8) ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC 615 VIRGINIA ST. SE ALBUQUERQUE, NM 87108	85-0207652	501(C)3	302,170.				SAFETY NET/SURRENDER
(9) ANIMAL PROTECTION OF NEW MEXICO INC PO BOX 11395 ALBUQUERQUE, NM 87192-0395	85-0283292	501(C)3	97,050.				EQUINE
(10) ANIMAL RESCUE FLIGHT, INC. 240 GARTH ROAD SCARSDALE, NY 10583	47-3415146	501(C)3	10,000.				RELOCATION
(11) ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER STREET BOSTON, MA 02116	04-2103714	501(C)3	8,500.				LIVE RELEASE
(12) ANIMAL RESCUE LEAGUE OF IOWA INCORPORATED 5452 NE 22ND STREET DES MOINES, IA 50313	42-0680427	501(C)3	9,170.				EQUINE

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

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Schedule I (Form 990) (2015)



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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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OMB No. 1545-0047

2015

Open to Public  
Inspection

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

Employer identification number  
13-1623829

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ANIMAL RESCUE LEAGUE OF WESTERN PA 6620 HAMILTON AVE PITTSBURGH, PA 15206	25-0325750	501(C)3	12,500.				LIVE RELEASE
(2) ANIMAL WELFARE ASSOCIATION INCORPORATED 509 CENTENNIAL BLVD VOORHEES, NJ 08043	22-1752792	501(C)3	17,611.				SAFETY NET/SURRENDER
(3) ANIMALKIND INC 721 WARREN STREET HUDSON, NY 12534	14-1820248	501(C)3	101,875.				SPAY/NEUTER
(4) ANIMALS & SOCIETY INSTITUTE 2512 CARPENTER RD ANN ARBOR, MI 48108	22-2527462	501(C)3	40,000.				ANTI-CRUELTY
(5) ANJELLICLE CATS RESCUE P.O. BOX 2084 NEW YORK, NY 10101	26-0129778	501(C)3	8,796.				LIVE RELEASE
(6) ARNELL MEMORIAL HUMANE SOCIETY 185 GRIFFIN ST EAST AMERY, WI 54001	41-1814966	501(C)3	6,000.				LIVE RELEASE
(7) ASHEVILLE HUMANE SOCIETY 14 FOREVER FRIEND LN ASHEVILLE, NC 28806	56-1444098	501(C)3	43,800.				RELOCATION
(8) ASSOCIATION FOR PARROT C.A.R.E. DBA LOCKWOO P.O. BOX 1510 FRAZIER PARK, CA 93225	26-0040658	501(C)3	19,550.				OTHER
(9) ASSOCIATION OF SHELTER VETERINARIANS INC 3225 ALPHAWOOD DR. APEX, NC 27539	73-1627937	501(C)3	16,750.				LIVE RELEASE
(10) ATLANTA HUMANE SOCIETY & SOCIETY PREVENTION 981 HOWELL MILL ROAD ATLANTA, GA 30318	58-0685900	501(C)3	17,500.				LIVE RELEASE
(11) AUBURN VALLEY HUMANE SOCIETY 4910 A STREET SE AUBURN, WA 98092	45-0638467	501(C)3	8,800.				LIVE RELEASE
(12) AUSTIN HUMANE SOCIETY 124 W ANDERSON LN AUSTIN, TX 78752-1104	74-6013665	501(C)3	15,290.				LIVE RELEASE

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(1) BAKERSFIELD SOCIETY FOR THE PREVENTION CRUE 201 S. MT VERNON AVE BAKERSFIELD, CA 93307	95-2141790	501(C)3	30,000.				LIVE RELEASE
(2) BARK AVENUE FOUNDATION 3940 LAUREL CANYON BLVD, SUITE 1506	20-1329182	501(C)3	30,000.				SPAY/NEUTER
(3) BEAUFORT COUNTY ANIMAL SHELTER & CONTROL PO DRAWER 1228 BEAUFORT, SC 29901	57-6000311	GOVERNMENTAL	40,000.				SAFETY NET/SURRENDER
(4) BEAUTY'S HAVEN FARM & EQUINE RESCUE, INC. PO BOX 53 MORRISTON, FL 32668-0053	20-4783950	501(C)3	7,500.				EQUINE
(5) BENTON-FRANKLIN CO HUMANE SOCIETY INCORPORA 1736 E. 7TH AVE KENNEWICK, WA 99336	91-0819423	501(C)3	40,000.				SPAY/NEUTER
(6) BERKELEY-EAST BAY HUMANE SOCIETY INC. 2700 NINTH STREET BERKELEY, CA 94710	94-1347069	501(C)3	9,805.				LIVE RELEASE
(7) BERKSHIRE HUMANE SOCIETY INC 214 BARKER RD PITTSFIELD, MA 01201	04-3148018	501(C)3	6,000.				RELOCATION
(8) BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741-5000	23-7147797	501(C)3	7,500.				LIVE RELEASE
(9) BLUE MOUNTAIN HUMANE SOCIETY 7 EAST GEORGE ST WALLA WALLA, WA 99362	91-0828499	501(C)3	10,000.				LIVE RELEASE
(10) BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLI 1901 S. FIRST STREET CHAMPAIGN, IL 61820	37-6000511	501(C)3	29,950.				SPAY/NEUTER
(11) BRAZORIA COUNTY SOCIETY FOR THE PREVENTION 141 CANNA LANE LAKE JACKSON, TX 77566	23-7404451	501(C)3	12,500.				LIVE RELEASE
(12) BREVARD COUNTY SHERIFF'S OFFICE ANIMAL SERV 2725 J.F.JAMIESON WAY MELBOURNE, FL 32940	59-6000528	GOVERNMENTAL	10,063.				ANTI-CRUELTY

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(1) BROOK HILL RETIREMENT CENTER FOR HORSES INC 7289 BELLEVUE ROAD FOREST, VA 24551	54-2058686	501(C)3	5,350.				EQUINE
(2) BROOME COUNTY HUMANE SOCIETY AND RELIEF ASS 2 JACKSON ST. BINGHAMTON, NY 13903	15-0622327	501(C)3	53,000.				SPAY/NEUTER
(3) CANTER COMMUNICATION ALLIANCE TO NETWORK TH 8619 EDGEWOOD PK DR COMMERCE TWP, MI 48382	38-3483606	501(C)3	20,000.				EQUINE
(4) CAT DEPOT 2542 17TH ST SARASOTA, FL 34234	20-0217681	501(C)3	12,219.				SAFETY NET/SURRENDER
(5) CATHERINE VIOLET HUBBARD FOUNDATION INC PO BOX 3571 NEWTOWN, CT 06470	46-1967347	501(C)3	50,000.				LIVE RELEASE
(6) CENTRAL NEW YORK CAT COALITION INCORPORATED PO BOX 6182 SYRACUSE, NY 13217	06-1688749	501(C)3	20,000.				SPAY/NEUTER
(7) CENTRAL NEW YORK SPAY NEUTER ASSISTANCE PRO 178 CENTRAL AVENUE CORTLAND, NY 13045	20-3322730	501(C)3	50,000.				SPAY/NEUTER
(8) CENTRAL OKLAHOMA HUMANE SOCIETY 9300 N. MAY AVENUE OKLAHOMA CITY, OK 73120	20-8446621	501(C)3	30,000.				RELOCATION
(9) CHARLESTON ANIMAL SOCIETY 2455 REMOUNT RD N CHARLESTON, SC 29406-0000	57-6021863	501(C)3	69,357.				SAFETY NET/SURRENDER
(10) CHARLOTTE/MECKLENBURG ANIMAL CARE AND CONTR 8315 BYRUM DR CHARLOTTE, NC 28217	52-1333483	GOVERNMENTAL	217,503.				SPAY/NEUTER/SAFETY N
(11) CHATHAM COUNTY ANIMAL SERVICES 725 RENAISSANCE DR PITTSBORO, NC 27312	56-6000284	GOVERNMENTAL	7,058.				ANTI-CRUELTY
(12) CHAUTAUQUA COUNTY HUMANE SOCIETY 2825 STRUNK ROAD JAMESTOWN, NY 14701	16-6000221	501(C)3	40,790.				SPAY/NEUTER

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(1) CHOCTAW COUNTY SHERIFF'S DEPARTMENT 117 S. MULBERRY AVE BUTER, AL 36904	63-6001453	GOVERNMENTAL	5,439.				ANTI-CRUELTY
(2) CITIZENS FOR ANIMAL PROTECTION INC 17555 KATY FREEWAY HOUSTON, TX 77094	23-7296260	501(C)3	10,000.				LIVE RELEASE
(3) CITY OF AUSTIN, ANIMAL SERVICES OFFICE 7201 LEVANDER LOOP BLDG A AUSTIN, TX 78702	74-6000085	GOVERNMENTAL	10,000.				LIVE RELEASE
(4) CITY OF CORPUS CHRISTI ANIMAL CARE SERVICES 2626 HOLLY ROAD CORPUS CHRISTI, TX 78415	74-6000574	GOVERNMENTAL	9,000.				RELOCATION
(5) CITY OF IDAHO FALLS ANIMAL SHELTER 2450 HEMMERT IDAHO FALLS, ID 83401	82-6000208	GOVERNMENTAL	10,000.				LIVE RELEASE
(6) CITY OF LONG BEACH, ANIMAL CARE SERVICES 7700 E SPRING STREET LONG BEACH, CA 90815	95-6000733	GOVERNMENTAL	5,400.				OTHER
(7) CITY OF MORENO VALLEY ANIMAL SERVICES P.O. BOX 88005 MORENO VALLEY, CA 92552-0805	33-0076484	GOVERNMENTAL	22,500.				LIVE RELEASE
(8) CITY OF SHERWOOD DEPARTMENT OF HUMANE ANIMA 6500 NORTH HILLS BLVD. SHERWOOD, AR 72116	71-0408925	GOVERNMENTAL	6,700.				DISASTER/EMERGENCY
(9) COALITION TO UNCHAIN DOGS PO BOX 3259 DURHAM, NC 27705	26-2584285	501(C)3	10,000.				SAFETY NET/SURRENDER
(10) COLORADO SEMINARY - UNIVERSITY OF DENVER 2148 SOUTH HIGH STREET DENVER, CO 80208	84-0404231	501(C)3	67,408.				ANTI-CRUELTY
(11) COLORADO STATE UNIVERSITY FOUNDATION 1601 CAMPUS DELIVERY FORT COLLINS, CO 80523	23-7098397	501(C)3	20,000.				SAFETY NET/SURRENDER
(12) COMPASSION WITHOUT BORDERS P.O. BOX 14995 SANTA ROSA, CA 95402	20-4698227	501(C)3	20,000.				RELOCATION

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(1) COUNTY OF LOS ANGELES DEPARTMENT OF ANIMAL 5898 CHERRY AVENUE LONG BEACH, CA 90805	95-6000927	GOVERNMENTAL	7,740.				LIVE RELEASE
(2) CUMBERLAND COUNTY ANIMAL CONTROL 4704 CORPORATION DR FAYETTEVILLE, NC 28306	56-6000291	GOVERNMENTAL	5,843.				ANTI-CRUELTY
(3) DENVER DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER, CO 80231	84-0405254	501(C)3	49,000.				EQUINE
(4) DFW HUMANE SOCIETY OF IRVING INC 4140 VALLEY VIEW LANE IRVING, TX 75038	75-1433154	501(C)3	20,000.				LIVE RELEASE
(5) DOOR COUNTY HUMANE SOCIETY INC P.O. BOX 93 STURGEON BAY, WI 54235	39-1733900	501(C)3	13,435.				LIVE RELEASE
(6) DOWNTOWN DOG RESCUE P.O. BOX 90035 PASADENA, CA 91109	46-1958507	501(C)3	56,290.				SPAY/NEUTER
(7) DUMAS GERMAN SHEPHERD RESCUE INC P.O. BOX 153 GARRETT, KY 41630	56-2436374	501(C)3	10,000.				EQUINE
(8) EAST TENNESSEE SPAY & NEUTER INC P.O. BOX 2171 ELIZABETHTON, TN 37644	27-1125370	501(C)3	7,611.				SAFETY NET/SURRENDER
(9) EMANCIPET 7010 EASY WIND DRIVE AUSTIN, TX 78752	74-2913624	501(C)3	250,000.				SPAY/NEUTER
(10) EQUINE OUTREACH, INC. 63220 SILVIS ROAD BEND, OR 97701	51-0484049	501(C)3	7,500.				EQUINE
(11) FARM FORWARD INC PO BOX 4120 PORTLAND, OR 97208-4120	26-1643614	501(C)3	60,000.				FARM ANIMALS
(12) FARM SANCTUARY, INC. PO BOX 150 WATKINS GLEN, NY 14891-0150	51-0292919	501(C)3	48,874.				FARM ANIMALS

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(1) FIRST COAST NO MORE HOMELESS PETS, INC. 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	01-0709158	501(C)3	7,611.				SAFETY NET/SURRENDER
(2) FIXNATION, INC. 7680 CLYBOURN AVENUE LOS ANGELES, CA 91352	83-0452460	501(C)3	67,283.				SPAY/NEUTER
(3) FLATHEAD COUNTY ANIMAL SHELTER 1035 1ST AVE WEST KALISPELL, MT 59901	81-6001361	GOVERNMENTAL	50,000.				SPAY/NEUTER
(4) FLORIDA ANIMAL CONTROL ASSOCIATION INC P.O. BOX 211267 ROYAL PALM BEACH, FL 33421	59-2929688	501(C)6	6,000.				LIVE RELEASE
(5) FLORIDA THOROUGHBRED RETIREMENT AND ADOPTIO 2740 SW MARTIN DOWNS BLVD. SUITE 110	27-3466408	501(C)3	10,000.				EQUINE
(6) FOOD DEPOT 1222 A SILER RD. SANTA FE, NM 87507	85-0416803	501(C)3	7,611.				SAFETY NET/SURRENDER
(7) FORT COLLINS CAT RESCUE & SPAY/NEUTER CLINI 2321 E.MULBERRY ST. FORT COLLINS, CO 80524	20-4969731	501(C)3	32,250.				SPAY/NEUTER
(8) FOUNDER REHABILITATION RANCH 16927 BRANDT RD LODI, CA 95240	20-2464847	501(C)3	9,850.				EQUINE
(9) FOX VALLEY HUMANE ASSOCIATION N115 TWO MILE RD. APPLETON, WI 54914	39-0992559	501(C)3	10,500.				LIVE RELEASE
(10) FRIENDS OF GREEN CHIMNEYS 400 DOANSBURG RD BREWSTER,NY 10509	13-3897106	501(C)3	24,500.				ANTI-CRUELTY
(11) FRIENDS OF THE SHELTER INC 870 KOOTENAI CUTOFF ROAD PONDERAY, ID 83852	94-3071245	501(C)3	18,000.				LIVE RELEASE
(12) FRONT RANGE EQUINE RESCUE PO BOX 458 OCALA, FL 34478	84-1418525	501(C)3	12,500.				EQUINE

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(1) GENTLE GIANTS DRAFT HORSE RESCUE SOCIETY LT 17250 OLD FREDERICK RD MOUNT AIRY, MD 21771	59-3822764	501(C)3	26,500.				EQUINE
(2) GLEN ELLEN VOCATIONAL ACADEMY P.O. BOX 2101 GLEN ELLEN, CA 95442	68-0357001	501(C)3	10,000.				EQUINE
(3) GLOBAL FEDERATION OF ANIMAL SANCTUARIES P.O. BOX 32294 WASHINGTON, DC 20007	26-1676217	501(C)3	40,000.				EQUINE
(4) GREATER ANDROSCOGGIN HUMANE SOCIETY 55 STRAWBERRY AVE LEWISTON, ME 04240-5962	01-6011843	501(C)3	10,000.				LIVE RELEASE
(5) GREENHILL HUMANE SOCIETY 88530 GREEN HILL RD. EUGENE, OR 97402	93-0467412	501(C)3	8,000.				RELOCATION
(6) GREY 2K USA WORLDWIDE, INC. P.O. BOX F ARLINGTON, MA 02476	04-3554776	501(C)4	50,000.				ANTI-CRUELTY
(7) GREY2K USA EDUCATION FUND P.O. BOX 122 ARLINGTON, MA 02476	04-3553133	501(C)3	46,000.				ANTI-CRUELTY
(8) GUARDIANS OF RESCUE INC. 34 E. MAIN STREET SMITHTOWN, NY 11787	27-4205517	501(C)3	20,000.				ANTI-CRUELTY
(9) HABITAT FOR HORSES INC POB 213 HITCHCOCK, TX 77563-0213	76-0586024	501(C)3	24,000.				EQUINE
(10) HAMPTON CLASSIC HORSE SHOW, INC. P.O. BOX 3013 BRIDGEHAMPTON, NY 11932	11-2597077	501(C)3	15,000.				EQUINE
(11) HAVANESE ANGEL LEAGUE ORGANIZATION FOR RESC P.O. BOX 787 HUNTLEY, IL 60142	35-2156536	501(C)3	10,000.				ANTI-CRUELTY
(12) HEART OF PHOENIX EQUINE RESCUE INC 3368 PLYMALE BRANCH RD HUNTINGTON, WV 25704	45-4421742	501(C)3	5,850.				EQUINE

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) (2015)

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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public  
Inspection

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

Employer identification number  
13-1623829

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HICALIBER HORSE RESCUE INC 12233 CALLE ORO VERDE VALLEY CTR CA 92082	46-3960722	501(C)3	25,000.				EQUINE
(2) HOME FUR GOOD ANIMAL RESCUE AND PLACEMENT 10220 NORTH 32ND STREET PHOENIX, AZ 85028	27-0621954	501(C)3	8,000.				LIVE RELEASE
(3) HORSE FEATHERS EQUINE CENTER 6320 N HIGHWAY 74C GUTHRIE, OK 73044	20-5165544	501(C)3	13,400.				EQUINE
(4) HORSE HAVEN OF TENNESSEE INC P.O. BOX 22841 KNOXVILLE, TN 37933	62-1791407	501(C)3	10,500.				EQUINE
(5) HORSE PLUS HUMANE SOCIETY P.O. BOX 6108 OROVILLE, CA 95966	20-1156396	501(C)3	15,000.				EQUINE
(6) HORSES OF TIR NA NOG P.O. BOX 19131 SAN DIEGO, CA 92159	20-3681634	501(C)3	10,000.				EQUINE
(7) HUDSON VALLEY ANIMAL RESCUE AND SANCTUARY 15 BARNES DRIVE POUGHKEEPSIE, NY 12603	45-2402415	501(C)3	9,100.				ANTI-CRUELTY
(8) HUMANE ALLIANCE 25 HERITAGE DRIVE ASHEVILLE, NC 28806	56-1856805	501(C)3	580,000.				SPAY/NEUTER
(9) HUMANE SOCIETY INC (DBA HOMEWARD ANIMAL SHE 1201 28TH AVE N FARGO, ND 58102	45-0284164	501(C)3	7,500.				LIVE RELEASE
(10) HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 33312	59-6002321	501(C)3	10,581.				LIVE RELEASE
(11) HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE. CHARLOTTE, NC 28203	58-1342479	501(C)3	308,750.				LIVE RELEASE/SPAY/NE
(12) HUMANE SOCIETY OF GREATER MIAMI INC AND DAD 16101 W. DIXIE HWY, N MIAMI BEACH, FL 33160	59-0711176	501(C)3	32,170.				SPAY/NEUTER

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Schedule I (Form 990) (2015)



Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HUMANE SOCIETY OF INDIANAPOLIS 7929 N MICHIGAN RD INDIANAPOLIS, IN 46268	35-0876385	501(C)3	12,500.				LIVE RELEASE
(2) HUMANE SOCIETY OF JEFFERSON COUNTY, WA PO BOX 845 PORT HADLOCK, WA 98339-0845	26-3626034	501(C)3	21,800.				LIVE RELEASE
(3) HUMANE SOCIETY OF KANDIYOHI COUNTY PO BOX 709 WILLMAR, MN 56201-0709	41-1508862	501(C)3	19,000.				LIVE RELEASE/DISASTE
(4) HUMANE SOCIETY OF LINCOLN COUNTY P.O. BOX 37 FAYETTEVILLE, TN 37334	62-1211346	501(C)3	6,250.				RELOCATION
(5) HUMANE SOCIETY OF MARLBORO COUNTY INC PO BOX 135 BENNETTSVILLE, SC 29512	58-2360360	501(C)3	25,000.				LIVE RELEASE
(6) HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 76103	75-1245911	501(C)3	26,200.				LIVE RELEASE/EQUINE/
(7) HUMANE SOCIETY OF PARK COUNTY INC DBA STAFF 3 BUSINESS PARK ROAD LIVINGSTON, MT 59047	36-3432468	501(C)3	6,000.				LIVE RELEASE
(8) HUMANE SOCIETY OF PUERTO RICO INC PO BOX 2387 GUAYNABO, PR 00970	66-0329776	501(C)3	6,000.				LIVE RELEASE
(9) HUMANE SOCIETY OF ROCHESTER AND MONROE COUN 99 VICTOR RD FAIRPORT, NY 14450	16-0743047	501(C)3	125,000.				SPAY/NEUTER
(10) HUMANE SOCIETY OF SOUTH MISSISSIPPI 2615 25TH AVE GUFFORT, MS 39501	64-6034439	501(C)3	12,500.				LIVE RELEASE
(11) HUMANE SOCIETY OF SOUTHERN ARIZONA 3450 N. KELVIN BLVD. TUCSON, AZ 85716	86-0112798	501(C)3	9,000.				LIVE RELEASE
(12) HUMANE SOCIETY OF TAMPA 3607 N. ARMENIA AVE. TAMPA, FL 33607	59-0799907	501(C)3	27,500.				SAFETY NET/SURRENDER

- 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 ▶

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

Employer identification number  
13-1623829

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HUMANE SOCIETY OF THE PALOUSE 2019 E. WHITE AVE MOSCOW, ID 83843	82-0349958	501(C)3	15,000.				LIVE RELEASE
(2) HUMANE SOCIETY OF THE UNITED STATES 700 PROFESSIONAL DR GAITHERSBURG, MD 20879	53-0225390	501(C)3	61,000.				LIVE RELEASE/EQUINE
(3) HUMANE SOCIETY OF WASHINGTON COUNTY, INCORP 13011 MAUGANSVILLE RD HAGERSTOWN, MD 21740	52-0542025	501(C)3	9,700.				RELOCATION/LIVE RELE
(4) HUMANE TOMORROW 1601 ARROWHEAD DRIVE FLOWER MOUND, TX 75028	75-2727224	501(C)3	30,000.				RELOCATION
(5) HUMANITY FOR HORSES P.O. BOX 1510 MOUNT SHASTA, CA 96067	27-4116043	501(C)3	9,500.				EQUINE
(6) HUSKY HOUSE INC 391 ROUTE 34 MATAWAN, NJ 07747	20-4968411	501(C)3	5,281.				RELOCATION
(7) IDAHO HUMANE SOCIETY INC 4775 DORMAN STREET BOISE, ID 83705	82-0212536	501(C)3	9,000.				RELOCATION
(8) INTERNATIONAL VETERINARY FORENSIC SCIENCES 4800 SW 35TH DRIVE GAINESVILLE, FL 32608	32-0312510	501(C)3	10,000.				ANTI-CRUELTY
(9) JACKSONVILLE HUMANE SOCIETY 8464 BEACH BOULEVARD JACKSONVILLE, FL 32216	59-0624410	501(C)3	12,500.				LIVE RELEASE
(10) JOHNS HOPKINS UNIVERSITY 615 N. WOLFE ST. BALTIMORE, MD 21205	52-0595110	501(C)3	10,000.				OTHER
(11) KANSAS CITY PET PROJECT 4400 RAYTOWN ROAD KANSAS CITY, MO 64129	45-3067615	501(C)3	13,790.				LIVE RELEASE
(12) KANSAS SART INC 6505 E CENTRAL WICHITA, KS 67208	26-0752144	501(C)3	6,500.				DISASTER/EMERGENCY

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

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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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2015

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Employer identification number  
13-1623829

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KENTUCKY EQUINE HUMANE CENTER INC P.O. BOX 910124 LEXINGTON, KY 40591-0124	20-5883736	501(C)3	15,000.				EQUINE
(2) KENTUCKY HUMANE SOCIETY 1000 LYNDON LANE LOUISVILLE, KY 40222	61-0463938	501(C)3	126,382.				LIVE RELEASE
(3) KITSAP HUMANE SOCIETY 9167 DICKEY ROAD NW SILVERDALE, WA 98383	91-0728353	501(C)3	20,000.				SAFETY NET/SURRENDER
(4) KITTEN RESCUE 914 WESTWOOD BLVD LOS ANGELES, CA 90024	95-4670174	501(C)3	20,000.				LIVE RELEASE
(5) KOOTENAI HUMANE SOCIETY INC PO BOX 1005 HAYDEN, ID 83835	82-0334845	501(C)3	33,600.				LIVE RELEASE
(6) LANGE FOUNDATION 2106 S SEPULVEDA BLVD LOS ANGELES, CA 90025	95-4407687	501(C)3	10,000.				LIVE RELEASE
(7) LAST CHANCE RANCH 9 BECK ROAD QUAKERTOWN, PA 18951	23-3054817	501(C)3	10,350.				EQUINE
(8) LAUGHING PONY RESCUE INC PO BOX 32 RANCHO SANTA FE, CA 92067	27-2914210	501(C)3	10,000.				EQUINE
(9) LAWRENCE HUMANE SOCIETY INC 1805 E. 19TH STREET LAWRENCE, KS 66046	48-0641821	501(C)3	11,305.				SAFETY NET/SURRENDER
(10) LEE COUNTY DOMESTIC ANIMAL SERVICES 5600 BANNER DR FORT MYERS, FL 33912	59-6000702	GOVERNMENTAL	8,751.				ANTI-CRUELTY
(11) LIFESAVERS INC 23809 E AVENUE J LANCASTER, CA 93535	95-4631906	501(C)3	5,350.				EQUINE
(12) LITTLE SHELTER ANIMAL RESCUE & ADOPTION CEN 33 WARNER ROAD HUNTINGTON, NY 11743	11-6000821	501(C)3	7,819.				RELOCATION

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

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Schedule I (Form 990) (2015)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
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(1) LONGHOPES DONKEY SHELTER INC 66 N DUTCH VALLEY ROAD BENNETT, CO 80102	84-1538890	501(C)3	14,000.				EQUINE
(2) LOS ANGELES ANIMAL SERVICES 221 N FIGUEROA ST LOS ANGELES, CA 90012	95-6000735	GOVERNMENTAL	417,290.				LIVE RELEASE
(3) LOS ANGELES COUNTY ANIMAL CARE FOUNDATION 5898 CHERRY AVENUE LONG BEACH, CA 90805	95-3909782	501(C)3	700,000.				LIVE RELEASE
(4) LOUISIANA SOCIETY FOR THE PREVENTION OF CRU 1700 MARDI GRAS BLVD. NEW ORLEANS, LA 70114	72-0471368	501(C)3	110,000.				LIVE RELEASE
(5) LOUISVILLE METRO ANIMAL SERVICES 3705 MANSCLICK ROAD LOUISVILLE, KY 40215	32-0049006	GOVERNMENTAL	42,500.				LIVE RELEASE/SAFETY
(6) LUCKY DOG ANIMAL RESCUE 5159 LEE HIGHWAY ARLINGTON, VA 22207	30-0559037	501(C)3	9,000.				RELOCATION
(7) LYNCHBURG HUMANE SOCIETY INC 1211 OLD GRAVES MILL RD LYNCHBURG, VA 24502	54-0570901	501(C)3	10,000.				LIVE RELEASE
(8) MAINLINE ANIMAL RESCUE PO BOX 89 CHESTER SPRINGS, PA 19425	23-3017210	501(C)3	10,000.				ANTI-CRUELTY
(9) MASSACHUSETTS SOCIETY FOR THE PREVENTION OF 1577 FALMOUTH ROAD CENTERVILLE, MA 02632	04-2103597	501(C)3	10,000.				LIVE RELEASE
(10) MAYOR'S ALLIANCE FOR NYC'S ANIMALS 244 5TH AVE NEW YORK, NY 10001	73-1653635	501(C)3	1,118,328.				LIVE RELEASE
(11) MCMINN REGIONAL HUMANE SOCIETY 3 DAVIDSON ROAD ATHENS, TN 37303	62-1443811	501(C)3	12,000.				RELOCATION
(12) MIAMI-DADE ANIMAL SERVICES 3599 NW 79 AVENUE DORAL, FL 33166	59-6000573	GOVERNMENTAL	208,800.				LIVE RELEASE/SPAY/NE

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Schedule I (Form 990) (2015)

**Part I** General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD BINGHAM FARMS, MI 48025	38-1358206	501(C)3	17,000.				LIVE RELEASE
(2) MIDATLANTIC HORSE RESCUE, INC PO BOX 407 CHESAPEAKE CITY, MD 21915	27-3543490	501(C)3	10,000.				EQUINE
(3) MISSISSIPPI STATE UNIVERSITY FOUNDATION INC PO DRAWER 6100 MISS STATE, MS 39762	64-0410581	501(C)3	20,000.				SPAY/NEUTER
(4) MOHAWK HUDSON HUMANE SOCIETY 3 OAKLAND AVE. MENANDS, NY 12204	14-1338459	501(C)3	30,283.				SPAY/NEUTER
(5) MONADNOCK HUMANE SOCIETY 101 WEST SWANZEY ROAD SWANZEY, NH 03446	02-6005610	501(C)3	5,459.				SPAY/NEUTER
(6) MR BONES & COMPANY INC 1123 BROADWAY, STE. 1003 NEW YORK, NY 10010	36-4756634	501(C)3	15,000.				LIVE RELEASE
(7) MT LASSEN ANIMAL GROUP PO BOX 643 SHINGLETOWN, CA 96088	80-0518825	501(C)3	5,522.				EQUINE
(8) MT. PLEASANT ANIMAL SHELTER INC 194 RTE 10 WESTEAST HANOVER, NJ 07936	23-7189562	501(C)3	15,000.				LIVE RELEASE
(9) NATIONAL ALLIANCE OF STATE ANIMAL AND AGRIC BOX #193 1843 CENTRAL AVE ALBANY, NY 12205	26-3487301	501(C)3	20,000.				DISASTER/EMERGENCY
(10) NEBRASKA HUMANE SOCIETY 8929 FORT STREET OMAHA, NE 68123	47-0378997	501(C)3	12,000.				EQUINE
(11) NEIGH SAVERS FOUNDATION INC 1547 PALOS VERDES MALL, SUITE 259	26-0265377	501(C)3	13,500.				EQUINE
(12) NEVADA HUMANE SOCIETY INC 2825 B LONGLEY LANE RENO, NV 89502	88-0072720	501(C)3	14,828.				SAFETY NET/SURRENDER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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OMB No. 1545-0047

**2015**

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Inspection**

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

Employer identification number  
13-1623829

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
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(1) NEW VOCATIONS RACEHORSE ADOPTION PROGRAM 3293 WRIGHT RD LAURA, OH 45337	31-1681380	501(C)3	7,500.				EQUINE
(2) NEW YORK STATE ANIMAL PROTECTION FEDERATION PO BOX 1115 ALBANY, NY 12201	27-3037382	501(C)4	50,000.				ANTI-CRUELTY
(3) OKLAHOMA LARGE ANIMAL FIRST RESPONDERS 4112 SHEFFIELD AVE. EDMOND, OK 73034	46-5151488	501(C)3	6,500.				DISASTER/EMERGENCY
(4) OLD FRIENDS INC 1841 PAYNES DEPOT ROAD GEORGETOWN, KY 40324	20-0049798	501(C)3	15,000.				EQUINE
(5) OMALLEY ALLEY CAT ORGANIZATION P.O. BOX 633452 NACOGDOCHES, TX 75963	02-0674462	501(C)3	20,000.				SPAY/NEUTER
(6) OPERATION BLANKETS OF LOVE 16911 SAN FERNANDO MISSION, PMB 187	80-0238786	501(C)3	20,000.				SAFETY NET/SURRENDER
(7) OPERATION PETS THE SPAY/NEUTER CLINIC OF WE 24 QUAKER LAKE TERR ORCHARD PARK, NY 14127	16-1543255	501(C)3	100,000.				SPAY/NEUTER
(8) OSCEOLA COUNTY ANIMAL SERVICES 3910 OLD CANOE CREEK RD ST. CLOUD, FL 34769	59-6000780	GOVERNMENTAL	7,268.				ANTI-CRUELTY
(9) OTTER TAIL COUNTY HUMANE SOCIETY 1933 WEST FIR AVENUE FERGUS FALLS, MN 56537	41-1417930	501(C)3	15,000.				LIVE RELEASE
(10) PALM VALLEY ANIMAL CENTER 2501 WEST TRENTON ROAD EDINBURG, TX 78539	74-1819910	501(C)3	6,000.				LIVE RELEASE
(11) PARTNERS CANINES COUNSELING AND SHELTER SER 222 W BARNES ST CLAYTON, NC 27520	26-2324565	501(C)3	12,000.				RELOCATION
(12) PAWMETTO LIFELINE 1275 BOWER PARKWAY COLUMBIA, SC 29212	56-2146419	501(C)3	5,500.				LIVE RELEASE

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) (2015)

**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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

Employer identification number  
13-1623829

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PAWS CHICAGO 1997 N. CLYBOURN AVE. CHICAGO, IL 60614	36-4219778	501(C)3	15,000.				LIVE RELEASE
(2) PAWS, THE PHILADELPHIA ANIMAL WELFARE SOCIE 100 N. 2ND STREET PHILADELPHIA, PA 19106	26-3862631	501(C)3	19,500.				LIVE RELEASE
(3) PEGGY ADAMS ANIMAL RESCUE LEAGUE 3200 N MILITARY TRL W PALM BEACH, FL 33409	59-0637811	501(C)3	60,000.				SPAY/NEUTER
(4) PETS ARE WONDERFUL SUPPORT, INC. 240 KENT AVE 3RD FL BROOKLYN, NY 11249	80-0233785	501(C)3	30,000.				SAFETY NET/SURRENDER
(5) PIBBLES & MORE ANIMAL RESCUE INC 94 PINE STREET BINGHAMTON, NY 13902	45-0707292	501(C)3	6,093.				LIVE RELEASE
(6) POCATELLO ANIMAL SHELTER P.O. BOX 4169 POCATELLO, ID 83205	82-6000244	GOVERNMENTAL	41,290.				LIVE RELEASE
(7) POLK COUNTY SHERIFF'S OFFICE 850 MAIN ST DALLAS, OR 97338	93-6002310	GOVERNMENTAL	10,000.				ANTI-CRUELTY
(8) PRAIRIE PAWS ANIMAL SHELTER INC 3173 HWY K 68 OTTAWA, KS 66067	48-0529856	501(C)3	8,305.				SAFETY NET/SURRENDER
(9) PRETTY GOOD CAT 6475 E. PACIFIC COAST HWY	45-0829960	501(C)3	15,000.				LIVE RELEASE
(10) PROGRESSIVE ANIMAL WELFARE SOCIETY INC PO BOX 1037 LYNNWOOD, WA 98046	91-6073154	501(C)3	10,000.				LIVE RELEASE
(11) RAMONA HUMANE SOCIETY, INC. 690 HUMANE WAY SAN JACINTO, CA 92582	23-7374470	501(C)3	10,000.				LIVE RELEASE
(12) RANCH HAND RESCUE 8827 HIGHWAY 377 S. ARGYLE, TX 76226	26-4610450	501(C)3	10,000.				EQUINE

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(1) REBOUND HOUNDS RES-Q 25-87 37TH STREET, 1A ASTORIA, NY 11103	27-3790447	501(C)3	9,114.				LIVE RELEASE
(2) RED LAKE ROSIES RESCUE INC 23880 SOUTH GOOD ROAD TRAIL, MN 56684	20-3917194	501(C)3	21,000.				LIVE RELEASE
(3) RERUN, INC. 236B WATERS ROAD EAST GREENBUSH, NY 12061	61-1336739	501(C)3	15,000.				EQUINE
(4) RESCUE DOGS ROCK INC PO BOX 101 NEW YORK, NY 10028	47-2810118	501(C)3	9,530.				LIVE RELEASE
(5) RETURN TO FREEDOM INC. P.O. BOX 926 LOMPOC, CA 93438	06-1484961	501(C)3	10,000.				EQUINE
(6) RIVERSIDE COUNTY DEPARTMENT OF ANIMAL SERVI 6851 VAN BUREN BLVD JURUPA VALLEY, CA 92509	95-6000930	GOVERNMENTAL	10,000.				LIVE RELEASE
(7) SACRAMENTO SPCA 6201 FLORIN PERKINS RD SACRAMENTO, CA 95828	94-1312343	501(C)3	14,200.				LIVE RELEASE
(8) SAFE HARBOR EQUINE AND LIVESTOCK SANCTUARY PO BOX 22 COTTONTOWN, TN 37048	46-3564050	501(C)3	7,500.				EQUINE
(9) SAN ANTONIO HUMANE SOCIETY 4804 FREDERICKSBURG RD S ANTONIO, TX 78229	74-6024105	501(C)3	10,000.				LIVE RELEASE
(10) SAN DIEGO HUMANE SOCIETY AND SPCA 5500 GAINES STREET SAN DIEGO, CA 92110	95-1661688	501(C)3	10,500.				LIVE RELEASE
(11) SAN FRANCISCO SOCIETY FOR THE PREVENTION OF 201 ALABAMA STREET SAN FRANCISCO, CA 94103	94-0836580	501(C)3	10,000.				LIVE RELEASE
(12) SANTA FE ANIMAL SHELTER INC 100 CAJA DEL RIO ROAD SANTA FE, NM 87507	85-6000484	501(C)3	12,805.				SAFETY NET/SURRENDER

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(1) SAVE A PET RESCUE ADOPTION AND TRANSPORT IN 206 VULCAN WAY DOTHAN, AL 36303	20-1285614	501(C)3	17,000.				RELOCATION
(2) SEATTLE AREA FELINE RESCUE 14717 AURORA AVE N SHORELINE, WA 98133	91-2041961	501(C)3	22,500.				LIVE RELEASE
(3) SECOND CHANCE ANIMAL SHELTER INC P.O. BOX 136 EAST BROOKFIELD, MA 01515	04-3490671	501(C)3	7,187.				SPAY/NEUTER
(4) SECOND CHANCE RESCUE INC PO BOX 1351 NEW YORK, NY 10028	26-4835303	501(C)3	11,463.				LIVE RELEASE
(5) SHELTER ANIMALS COUNT - A NATIONAL DATABASE 2700 WOODLANDS VIL BLVD FLAGSTAFF, AZ 86001	46-2215168	501(C)3	50,000.				LIVE RELEASE
(6) SHELTER OUTREACH SERVICES (SOS) 78 DODGE RD ITHACA, NY 14850	06-1697719	501(C)3	102,492.				SPAY/NEUTER
(7) SNAKE RIVER ANIMAL SHELTER INC PO BOX 51741 IDAHO FALLS, ID 83405	20-5175430	501(C)3	7,000.				LIVE RELEASE
(8) SOCIETY OF ANIMAL WELFARE ADMINISTRATORS 15508 W. BELL ROAD SURPRISE, AZ 85374	41-1618666	501(C)6	50,000.				LIVE RELEASE
(9) SONOMA ACTION FOR EQUINE RESCUE - SAFER 9825 MILL STATION RD SEBASTOPOL, CA 95472	26-3593812	501(C)3	5,850.				EQUINE
(10) SONOMA COUNTY ANIMAL CARE AND CONTROL 1247 CENTURY COURT SANTA ROSA, CA 95403	94-6000539	GOVERNMENTAL	13,500.				DISASTER/EMERGENCY
(11) SOUL DOG RESCUE 4844 S. KALAMATH STREET ENGLEWOOD, CO 80110	45-4137227	501(C)3	34,000.				SPAY/NEUTER
(12) SOUTH OGDEN ANIMAL SERVICES 3950 S. ADAMS AVE SOUTH OGDEN, UT 84403	87-6000282	GOVERNMENTAL	6,500.				RELOCATION

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(1) SPAY AND NEUTER KANSAS CITY PO BOX 410303 KANSAS CITY, MO 64141	82-0563117	501(C)3	6,000.				SPAY/NEUTER
(2) SPAY NEUTER PROJECT OF LOS ANGELES INC 957 N GAFFEY ST SAN PEDRO, CA 90731	20-8542566	501(C)3	10,000.				SPAY/NEUTER
(3) SPAY/NEUTER/NOW, LTD. 47 DUCK COVE ROAD HAMMOND, NY 13617	57-1182938	501(C)3	26,880.				SPAY/NEUTER
(4) SPCA OF TEXAS 2400 LONE STAR DR. DALLAS, TX 75212	75-1216660	501(C)3	14,750.				EQUINE
(5) SPOT FUND, INC. 3705 MANSLICK ROAD LOUISVILLE, KY 40215	38-3749218	501(C)3	70,000.				SAFETY NET/SURRENDER
(6) ST HUBERTS ANIMAL WELFARE CENTER PO BOX 159 MADISON, NJ 07940	22-1627726	501(C)3	213,750.				LIVE RELEASE
(7) ST VINCENT SENIOR CITIZEN NUTRITION PROGRAM 2303 MIRAMAR ST. LOS ANGELES, CA 90057	95-3696693	501(C)3	7,500.				SAFETY NET/SURRENDER
(8) STATEN ISLAND HOPE ANIMAL RESCUE P.O. BOX 30351 STATEN ISLAND, NY 10303	27-2122819	501(C)3	12,118.				LIVE RELEASE
(9) STRAY CAT ALLIANCE P.O. BOX 41021 LOS ANGELES, CA 90041	95-4787231	501(C)3	70,000.				SPAY/NEUTER
(10) TAMERLAINE FARM ANIMAL SANCTUARY 147 RIVER ROAD MONTAGUE, NJ 07827	47-3566009	501(C)3	10,000.				FARM ANIMALS
(11) TEXAS ANIMAL SHELTER COALITION/TEXAS UNITES 1330 COLUMBIA ST. RICHARDSON, TX 75081	31-1717528	501(C)3	15,000.				LIVE RELEASE
(12) THE AMANDA FOUNDATION 351 N FOOTHILL RD BEVERLY HILLS, CA 90210	51-0183667	501(C)3	63,095.				SPAY/NEUTER

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(1) THE ANIMAL REFUGE LEAGUE OF GREATER PORTLAN PO BOX 336 WESTBROOK, ME 04098	01-0212541	501(C)3	6,500.				RELOCATION
(2) THE ANIMAL RIGHTS ALLIANCE, INC. 42 ACKERMAN RD. WARWICK, NY 10990	13-3269965	501(C)3	246,930.				SPAY/NEUTER
(3) THE ANTI-CRUELTY SOCIETY 157 W. GRAND AVENUE CHICAGO, IL 60654	36-2179814	501(C)3	11,500.				LIVE RELEASE
(4) THE CURATORS OF THE UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA, MO 65211	26-6440629	501(C)3	50,000.				ANTI-CRUELTY
(5) THE ENID SOCIETY FOR THE PREVENTION OF CRUE 1116 OVERLAND TRAIL ENID, OK 73703	73-1546461	501(C)3	7,160.				DISASTER/EMERGENCY
(6) THE HILAROO FOUNDATION 9200 W SUNSET BLVD LOS ANGELES, CA 90069	47-2390832	501(C)3	20,000.				ANTI-CRUELTY
(7) THE HUMANE SOCIETY FOR SEATTLE-KING COUNTY 13212 SE EASTGATE WAY BELLEVUE, WA 98005	91-0282060	501(C)3	15,000.				LIVE RELEASE
(8) THE PEGASUS PROJECT INC PO BOX 26 BEN WHEELER, TX 75754	27-2108244	501(C)3	10,000.				EQUINE
(9) THE SCIENCE AND CONSERVATION CENTER, INC. 2100 S. SHILOH ROAD BILLINGS, MT 59106	81-0539631	501(C)3	60,250.				EQUINE
(10) TIBETAN MASTIFF RESCUE INC 185 RIVERWOOD BOERNE, TX 78006	02-0660489	501(C)3	6,000.				LIVE RELEASE
(11) TOMPKINS COUNTY SPCA 1640 HANSHAW ROAD ITHACA, NY 14850	15-0624378	501(C)3	67,800.				SPAY/NEUTER
(12) TRI-COUNTY HUMANE SOCIETY 735 8TH ST NE SAINT CLOUD, MN 56304	23-7449686	501(C)3	21,575.				LIVE RELEASE

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(1) TRUE BLUE ANIMAL RESCUE PO BOX 1107 BRENHAM, TX 77834	75-3144975	501(C)3	15,000.				EQUINE
(2) TUFTS UNIVERSITY 200 WESTBORO ROAD NORTH GRAFTON, MA 01536	04-2103634	501(C)3	37,000.				SPAY/NEUTER
(3) TWENTY PAWS RESCUE PO BOX 245007 BROOKLYN, NY 11224	37-1645937	501(C)3	6,000.				LIVE RELEASE
(4) UNITED PEGASUS FOUNDATION P.O. BOX 173 TEHACHAPI, CA 93581	95-4497611	501(C)3	12,850.				EQUINE
(5) UNIVERSITY OF FLORIDA FOUNDATION 2015 SW 16TH AVENUE GAINESVILLE, FL 32610	59-0974739	501(C)3	381,713.				ANTI-CRUELTY
(6) UNLEASHED/FCNY PO BOX 8175 NEW YORK, NY 10150	13-2612524	501(C)3	12,500.				ANTI-CRUELTY
(7) UPLANDS PEAK SANCTUARY 4205 W. GRANDVIEW RD. SALEM, IN 47167	46-1798261	501(C)3	7,000.				ANTI-CRUELTY
(8) VANCOUVER HUMANE SOCIETY & S P C A 1100 NE 192ND AVENUE VANCOUVER, WA 98684	91-0759124	501(C)3	10,000.				LIVE RELEASE
(9) VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 23453	54-6061532	501(C)3	10,800.				RELOCATION
(10) VIRGINIA FEDERATION OF HUMANE SOCIETIES PO BOX 545 EDINBURG, VA 22824	51-0208873	501(C)3	10,000.				LIVE RELEASE
(11) VOICE FOR THE ANIMALS 2633 LINCOLN BLVD SANTA MONICA, CA 90405	95-4754776	501(C)3	7,500.				LIVE RELEASE
(12) VOLUNTEERS FOR ANIMALS PO BOX 1621 BATAVIA, NY 14021	22-2783890	501(C)3	20,000.				SPAY/NEUTER

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(1) WAKE COUNTY ANIMAL CENTER 820 BEACON LAKE DR. RALEIGH, NC 27610	56-6000347	GOVERNMENTAL	6,290.				ANTI-CRUELTY
(2) WANDERERS' REST HUMANE ASSOCIATION PO BOX 535, 7138 SUTHERLAND DRIVE	16-1191312	501(C)3	30,000.				SPAY/NEUTER
(3) WASHINGTON HUMANE SOCIETY/SOCIETY FOR THE P 71 OGLETHORPE ST NW WASHINGTON, DC 20011	53-0219724	501(C)3	13,000.				LIVE RELEASE
(4) WASHINGTON HUMANE SOCIETY-WASHINGTON ANIMAL 71 OGLETHORPE ST NW WASHINGTON, DC 20011	53-0162440	501(C)3	18,500.				SAFETY NET/SURRENDER
(5) WESTERN PA HUMANE SOCIETY 1101 WESTERN AVENUE PITTSBURGH, PA 15233	25-0965608	501(C)3	27,781.				SAFETY NET/SURRENDER
(6) WILSON COUNTY ANIMAL CONTROL P.O. BOX 584 LEBANON, TN 37087	62-1566628	GOVERNMENTAL	5,582.				ANTI-CRUELTY
(7) WINGS OF RESCUE INC 5959 TOPANGA CANYON BOULEVARD 285	45-3343408	501(C)3	15,250.				RELOCATION
(8) YAVAPAI HUMANE SOCIETY 1625 SUNDG RANCH ROAD PRESCOTT, AZ 86301	86-0327745	501(C)3	5,290.				LIVE RELEASE
(9) YOUNG-WILLIAMS ANIMAL CENTER OF EAST TENNES 3201 DIVISION STREET KNOXVILLE, TN 37919	45-5326778	501(C)3	7,500.				LIVE RELEASE
(10) ZUMA'S RESCUE RANCH 7745 N. MOORE RD. LITTLETON, CO 80125	80-0236203	501(C)3	10,000.				EQUINE
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 269.

3 Enter total number of other organizations listed in the line 1 table 5.

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

Schedule I (Form 990) (2015)

Part III

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 can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SEE SCHEDULE O.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

Employer identification number

**13-1623829**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

Yes No

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

**9**

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MATTHEW BERSHADKER 1PRESIDENT & CEO	(i)	420,435.	100,000.	810.	18,476.	2,690.	542,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHANNA RICHMAN 2SVP & CFO	(i)	218,662.	0.	1,327.	5,401.	25,807.	251,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BERT TROUGHTON 3SVP STRATEGY MGMT.	(i)	190,000.	0.	13,251.	9,183.	24,483.	236,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BEVERLY JONES 4SVP & CLO	(i)	207,900.	0.	388.	16,632.	29,405.	254,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH ESTROFF 5SVP COMMUNICATIONS	(i)	287,891.	0.	810.	21,146.	35,673.	345,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JED ROGERS III, DVM 6SVP ANIMAL HEALTH SVCS.	(i)	274,048.	0.	399.	21,200.	28,817.	324,464.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JULIE MORRIS 7SVP COMMUNITY OUTREACH	(i)	277,985.	0.	1,784.	21,200.	14,809.	315,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NANCY PERRY 8SVP GOV'T RELATIONS	(i)	233,169.	0.	1,130.	18,357.	23,000.	275,656.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SARAH LEVIN GOODSTINE 9SVP OPERATIONS	(i)	248,878.	0.	209.	19,910.	36,749.	305,746.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STACY WOLF 10SVP ANTI-CRUELTY	(i)	235,521.	0.	947.	16,655.	11,827.	264,950.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN J. MUSSO 11EVP CAPITAL PROJECTS	(i)	256,641.	7,699.	2,322.	20,839.	24,913.	312,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
TODD HENDRICKS 12SVP DEVELOP & MKTG	(i)	286,960.	0.	421.	21,200.	35,801.	344,382.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
J'MAI GAYLE 13DIRECTOR OF SURGERY	(i)	259,492.	0.	250.	19,589.	34,540.	313,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LOUISE A. MURRAY 14VP, AAH	(i)	272,361.	0.	3,030.	21,140.	27,448.	323,979.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RANDALL LOCKWOOD 15SVP FORENSIC SCIENCES	(i)	221,820.	0.	5,735.	17,745.	23,423.	268,723.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16	(i)							
	(ii)							

Schedule J (Form 990) 2015



**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 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 \$7,699

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

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

Employer identification number  
**13-1623829**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	77.	702,042.	FMV
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (GIFTS IN KIND) . . . . .	X	154.	247,862.	FMV
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **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? . . . . .		X
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? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

JSA

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PAGE 70

**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.

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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.**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

Employer identification number  
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 WHICH INCLUDES COMMUNITY OUTREACH, ANIMAL  
HEALTH SERVICES, ANTI-CRUELTY OPERATIONS AND GOVERNMENT RELATIONS.

FORM 990, PART III, LINE 1

THE ASPCA WAS FOUNDED ON THE BELIEF THAT ANIMALS ARE ENTITLED TO KIND AND  
RESPECTFUL TREATMENT AT THE HANDS OF HUMANS AND MUST BE PROTECTED UNDER  
THE LAW. THE ASPCA'S MISSION, AS STATED BY FOUNDER HENRY BERGH IN 1866,  
IS 'TO PROVIDE EFFECTIVE MEANS FOR THE PREVENTION OF CRUELTY TO ANIMALS  
THROUGHOUT THE UNITED STATES.'

FORM 990, PART III, LINE 4A

ANIMAL HEALTH SERVICES (EXPENSES \$42,139,017 REVENUE \$15,914,207)  
ANIMAL HEALTH SERVICES IS COMPRISED OF RESOURCES AND PROGRAMS THAT  
SUPPORT THE WELFARE OF ANIMALS AND ASSIST PET OWNERS, INCLUDING THE ASPCA  
ANIMAL HOSPITAL, THE ASPCA ANIMAL POISON CONTROL CENTER, ASPCA IN LOS  
ANGELES, AND COMMUNITY MEDICINE (FORMERLY SPAY/NEUTER SERVICES) IN NEW  
YORK CITY AS WELL AS THE NEWLY ACQUIRED HUMANE ALLIANCE BASED IN  
ASHEVILLE, NC.

THE MANHATTAN-BASED ASPCA ANIMAL HOSPITAL (AAH) REFINED OPERATIONS IN  
2015 TO FOCUS MORE CLOSELY ON HELPING THE MOST AT-RISK ANIMALS IN THE

Name of the organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
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COMMUNITY, INCLUDING NYPD/HUMANE LAW ENFORCEMENT, CRUELTY INTERVENTION ADVOCACY (CIA) AND TROOPER FUND CASES, AS WELL AS THE ASPCA ADOPTION CENTER AND KITTEN NURSERY ANIMALS. AAH PROVIDED CARE FOR 375 ANIMALS FROM NYPD; PERFORMED 1,731 PRE- AND POST-ADOPTION EXAMS--A 30% INCREASE OVER 2014; PERFORMED 7,736 EMERGENCY EXAMS, INCLUDING 844 EMERGENCY EXAMS OF ANIMALS RESIDING IN THE ASPCA ADOPTION CENTER (A 50% INCREASE OVER 2014); TREATED 337 MEDICALLY COMPROMISED STRAYS; PROVIDED CARE FOR 175 ANIMALS RESCUED BY CIA; AND FUNDED AND TREATED THROUGH THE AAH TROOPER FUND 2,718 ANIMALS WHOSE OWNERS WERE UNABLE TO AFFORD VETERINARY CARE.

THE ASPCA ALSO PROVIDES SPECIALIZED SERVICES FOR VETERINARY-RELATED POISON SITUATIONS THROUGH ITS URBANA, ILLINOIS-BASED ASPCA ANIMAL POISON CONTROL CENTER (APCC). IN 2015, THE APCC FIELDDED NEARLY 290,000 INCOMING CALLS AND OPENED 181,818 POISON CONTROL CENTER CASES.

IN ADDITION, THE APCC STRENGTHENED OUTREACH TO THE VETERINARY AND CORPORATE COMMUNITIES, WHICH LED TO SIGNIFICANT PROGRAM GROWTH AND A RECORD YEAR IN CASE VOLUME. THROUGH NEW TRAINING AND DEVELOPMENT PROCEDURES, THE 24-HOUR HOTLINE PRIORITIZED QUALITY ASSURANCE EFFORTS AND ENSURED THE BEST POSSIBLE SERVICE FOR ANIMALS AND THEIR FAMILIES NATIONWIDE.

IN 2015, THE ASPCA'S LA SPAY/NEUTER CLINIC ADDED ANOTHER SURGERY TEAM AND LAUNCHED A MOBILE CLINIC IN LOS ANGELES COUNTY, WHICH LED TO SURPASSING TARGETS TO HIT 8,470 SURGERIES AND THE MILESTONE OF 10,000 SURGERIES TO

Name of the organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
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DATE SINCE ARRIVING IN L.A. THE TEAM ALSO INCREASED THE SHARE OF CATS  
SPAYED/ NEUTERED AT THE ASPCA CLINIC, AS A PERCENTAGE OF TOTAL SURGERIES  
PERFORMED ON ALL ANIMALS, FROM 17% TO 35%.

IN ADDITION, SUPPORT FROM AN ASPCA GRANT THAT COVERS PULL FEES HELPED  
LOCAL RESCUE GROUPS FAST-TRACK 1,393 CATS, PIT BULLS AND CHIHUAHUAS FOR  
ADOPTION, WHILE THE ASPCA'S SAFETY NET TEAM WORKED CLOSELY WITH LOS  
ANGELES COUNTY TO ASSIST 3,465 ANIMALS.

THE ASPCA'S SPAY/NEUTER OPERATIONS (SNO) DEPARTMENT PLAYS A SIGNIFICANT  
ROLE IN THE ASPCA'S WORK TO PROTECT ANIMALS AND REDUCE OVERPOPULATION. IN  
2015, IT COMPLETED 54,339 SPAY/NEUTER SURGERIES -- THE MOST EVER IN A  
SINGLE YEAR. IN AN EFFORT TO HELP KEEP PETS IN HOMES, THE SPAY/NEUTER  
OPERATIONS DEPARTMENT ALSO BEGAN OFFERING OTHER BASIC HEALTH SERVICES,  
AND AS A RESULT, WAS RENAMED COMMUNITY MEDICINE. THEY CONTINUE TO OFFER  
THEIR SPAY/NEUTER STRATEGIES INCLUDING DOOR-TO-DOOR ADVOCACY, FULLY  
SUBSIDIZED SERVICES AND MOBILE CLINICS IN KEY AREAS, BUT IN ADDITION TO  
STERILIZATION, THE COMMUNITY MEDICINE TEAM NOW OFFERS SERVICES LIKE  
VACCINATIONS, PREVENTATIVE MEDICATIONS, TREATMENTS FOR SKIN DISEASE, EAR  
DISEASE AND GASTROINTESTINAL ISSUES, AND REFERRALS TO PARTNERS FOR MORE  
SPECIALIZED CARE --AN EFFORT TO PREVENT RELINQUISHMENT AND FOCUS ON PET  
RETENTION. THE PROGRAM IS AVAILABLE IN EAST NEW YORK (BROOKLYN), AND  
ROLLOUT IN LOS ANGELES IS ANTICIPATED FOR 2016.

IN AUGUST 2015, THE ASPCA ACQUIRED ASHEVILLE, NORTH CAROLINA-BASED HUMANE

Name of the organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number	13-1623829
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ALLIANCE (HA), THE NATION'S LEADING TRAINING AND EDUCATION ORGANIZATION  
FOCUSED ON HIGH-QUALITY, HIGH-VOLUME SPAY/NEUTER. THE ACQUISITION WAS THE  
CULMINATION OF \$6 MILLION IN ASPCA SUPPORT FOR HA PROGRAMS OVER THE PAST  
DECADE.

SINCE ITS FOUNDING IN 1994, HA HAS PERFORMED 386,025 SPAY/NEUTER  
SURGERIES -- 23,970 IN 2015. HA'S CLINIC TRAINING PROGRAM HAS INTRODUCED  
SPAY/NEUTER CAPABILITIES TO 141 CLINICS IN THE U.S. AND CANADA.

AS A PROGRAM OF THE ASPCA, HA WILL CONTINUE ITS IMPORTANT WORK WITH AN  
EXPANDED CAPACITY FOR VET STUDENTS, VETERINARIANS AND A NUMBER OF  
SPAY/NEUTER CLINICS AND PRACTITIONERS NATIONWIDE TO REACH MORE AT-RISK  
ANIMALS AND REDUCE THE NUMBER OF HOMELESS PETS ENTERING SHELTERS.

FORM 990 PART III LINE 4B

PUBLIC EDUCATION AND COMMUNICATIONS (EXPENSES: \$40,630,292)

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 44.1 MILLION VISITS TO ITS WEBSITE  
IN 2015, BRINGING AWARENESS TO SUPPORTERS AND THE PUBLIC AT LARGE BY  
PROVIDING INFORMATION ON ACTION THEY CAN TAKE ON BEHALF OF ANIMALS. AS  
PART OF THE ASPCA'S EDUCATION PROCESS, SOCIAL MEDIA POSTINGS UPDATED THE  
PUBLIC OF REGULATORY WINS AND PROVIDED DETAILS OF THE ASPCA'S  
ANTI-CRUELTY EFFORTS. THE ORGANIZATION'S 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

Name of the organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number	13-1623829
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UNDER THE LAW AND MADE AWARE OF HOW EACH PERSON CAN HELP THIS EFFORT.

MORE THAN 200 ADVOCACY E-MAILS WERE SENT IN 2015 TO ASPCA SUPPORTERS  
URGING THEM TO TAKE ACTION ON A WIDE RANGE OF ANIMAL WELFARE ISSUES. WITH  
THE HELP OF ADVOCATES, THE ASPCA SECURED NEW ANIMAL PROTECTION LAWS AND  
REGULATORY WINS FOR ANIMALS AT THE NATION'S CAPITAL AND IN STATE  
LEGISLATURES FROM CALIFORNIA TO NEW YORK.

THE ASPCA DISTRIBUTED MORE THAN 1,650,000 COPIES OF ITS MEMBER MAGAZINE,  
ASPCA ACTION, AND 15,000 COPIES OF ITS ANNUAL REPORT IN 2015. 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 2015, THE ASPCA WAS ONE OF THE NATION'S LEADING VOICES IN THE MEDIA ON  
ANIMAL CRUELTY AND WELFARE ISSUES. HIGH-PROFILE MEDIA OUTLETS FEATURING  
THE WORK OF THE ASPCA FIRMLY POSITIONED THEIR EXPERTS ON CRITICALLY  
IMPORTANT TOPICS INCLUDING BLOOD SPORTS, THEIR GROUNDBREAKING PARTNERSHIP  
WITH THE NEW YORK POLICE DEPARTMENT (NYPD), ANIMAL HOMELESSNESS AND  
SHELTERING, SPAY/NEUTER, BETTER LEGAL PROTECTIONS FOR COMPANION AND FARM  
ANIMALS AS WELL AS SAFETY NET PROGRAMS THAT KEEP PETS OUT OF SHELTERS AND  
IN HOMES. IN TOTAL, THE ASPCA GENERATED MORE THAN 22,000 FAVORABLE MEDIA  
PLACEMENTS ACROSS TRADITIONAL MEDIA OUTLETS AND BLOGS IN 2015.



Name of the organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
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IN ITS FIRST FULL SEASON OF OPERATION, THE ASPCA'S NEONATE KITTEN NURSERY GENERATED PROMINENT VISIBILITY FROM A NUMBER OF HIGH-PROFILE NATIONAL AND NYC MEDIA OUTLETS, SHEDDING LIGHT ON A VERY VULNERABLE POPULATION OF ANIMALS DURING THE KITTEN SEASON.

THE ASPCA'S SECOND-ANNUAL NATIONAL DOG FIGHTING AWARENESS DAY - WITH THE ADDITION OF THE #GETTOUGH CAMPAIGN - BROUGHT INCREASED MEDIA VISIBILITY AND AWARENESS AROUND THE IMPORTANT ISSUE OF DOGFIGHTING. THE ASPCA ALSO RELEASED RESULTS FROM A NATIONAL POLL DETAILING THE STRUGGLES LAW ENFORCEMENT FACE IN ADDRESSING DOGFIGHTING, RESULTING IN DOUBLE THE MEDIA EXPOSURE GENERATED FOR THIS CAMPAIGN COMPARED TO ITS INAUGURAL YEAR. IN CONJUNCTION WITH ITS RESPONSE TO MULTIPLE INVESTIGATIONS AND LARGESCALE DOGFIGHTING RESCUES IN 2015, THE ASPCA'S EXPERTISE ON DOGFIGHTING WAS FIRMLY POSITIONED IN NATIONAL AND LOCAL MEDIA THROUGHOUT THE YEAR.

THE ASPCA ALSO CONTINUED TO BRING ATTENTION TO THE PLIGHT OF ANIMALS RAISED FOR FOOD IN THE U.S. A COALITION INCLUDING THE ASPCA, THE HSUS, MASSACHUSETTS SPCA AND THE ANIMAL RESCUE LEAGUE OF BOSTON ANNOUNCED A 2016 BALLOT INITIATIVE TO IMPROVE CONDITIONS FOR PIGS, VEAL CALVES AND EGG-LAYING HENS. THE NEWS OF THIS IMPORTANT LEGISLATIVE INITIATIVE WAS REPORTED WIDELY BY BOTH NATIONAL AND LOCAL MASSACHUSETTS MEDIA OUTLETS.

IN LOCAL NEWS OUTLETS ACROSS THE NATION, THE ASPCA'S SECOND-ANNUAL HELP A HORSE DAY EVENT INCLUDED MORE RESCUE GROUPS THAN IT DID IN 2014, AND

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RESULTED IN INCREASED MEDIA VISIBILITY FOR THE ASPCA AND PARTICIPATING GROUPS. IN AUGUST, THE ASPCA'S ACQUISITION OF NORTH CAROLINA-BASED HUMANE ALLIANCE GENERATED WIDESPREAD LOCAL COVERAGE IN THE COMMUNITY'S PRIMARY NEWS OUTLETS.

FORM 990 PART III LINE 4C

COMMUNITY OUTREACH (EXPENSES: \$24,085,398)

THE ASPCA ADOPTION CENTER BROKE RECORDS WHEN THEY FOUND HOMES FOR 4,601 ADOPTABLE PETS IN 2015 -- A 21% INCREASE OVER 2014. THE ASPCA ALSO TRANSFERRED 67 ANIMALS TO PARTNER ORGANIZATIONS TO FIND HOMES AND REUNITED 74 ANIMALS WITH THEIR OWNERS.

IN SEPTEMBER, THE ASPCA LAUNCHED ITS ADOPTION AMBASSADORS CAMPAIGN. A TOTAL OF 750 AGENCIES NATIONWIDE SIGNED UP TO IMPLEMENT THE PROGRAM IN THEIR SHELTERS. TO ASSIST THEM, THE ASPCA PROVIDED ONLINE RESOURCES, ACCESS TO MENTOR SHELTERS AND FUNDING TOTALING NEARLY \$250,000 TO 96 AGENCIES IN 39 STATES.

AS PART OF OUR COMMITMENT TO REDUCE THE NUMBER OF AT-RISK ANIMALS IN NEW YORK CITY, THE ASPCA TRANSFERRED 2,435 FELINES FROM ANIMAL CARE CENTERS OF NYC -- HELPING 63% MORE CATS THAN IN 2014. MANY OF THEM BECAME RESIDENTS OF THE ASPCA KITTEN NURSERY, WHICH OPERATED ITS FIRST FULL SEASON IN 2015 AND TOOK IN MORE THAN 1,500 AT-RISK KITTENS. BY YEAR-END, 1,300 OF THESE KITTENS WERE PLACED INTO HOMES.

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THE ASPCA COMPLETED RENOVATIONS AT THE FACILITY THE ASPCA KITTEN NURSERY SHARES WITH OUR GLORIA GURNEY CANINE ANNEX FOR RECOVERY AND ENRICHMENT (CARE) WARD, ENABLING THE CARE PROGRAM TO REHABILITATE MORE THAN 100 DOGS RESCUED THROUGH OUR PARTNERSHIP WITH THE NYPD.

COMMUNITY OUTREACH EFFORTS ALSO INCLUDE ASPCA COMMUNITY PARTNERS IN CITIES OR REGIONS WHOSE MAJOR ANIMAL SHELTERING AGENCIES HAVE APPLIED AND BEEN ACCEPTED TO WORK INTENSIVELY WITH ASPCA EXPERTS TO SAVE AT-RISK ANIMALS IN THEIR AREAS. IN 2015, THE ASPCA'S FOUR ACTIVE PARTNERS WERE CHARLOTTE, NORTH CAROLINA; MIAMI-DADE COUNTY, FLORIDA; LOUISVILLE, KENTUCKY; AND ALBUQUERQUE, NEW MEXICO. THROUGH THE SUCCESS OF VARIOUS PROGRAMS LIKE OFFSITE AND JOINT ADOPTION EVENTS, WAIVED ADOPTION FEES AND PET RETENTION PROGRAMS, THE COMMUNITIES COLLECTIVELY SAVED 63,333 ANIMALS IN 2015.

THE ASPCA'S BI-COASTAL RELOCATION PROGRAMS TRANSPORTED A TOTAL OF 7,773 ANIMALS FROM OVERCROWDED SHELTERS TO PARTNER ORGANIZATIONS WHERE THEY HAD A BETTER CHANCE OF FINDING HOMES. THE TEAM ORGANIZED 115 RELOCATION FLIGHTS AND CONDUCTED 226 GROUND TRANSPORTS -- COVERING A TOTAL OF 207,000 MILES.

THE WEST COAST TEAM EXCEEDED ITS 2015 GOAL AND TRANSPORTED 4,293 ANIMALS, ALMOST 72% MORE THAN PLANNED. ON THE EAST COAST, THE ASPCA LAUNCHED THE NANCY SILVERMAN RESCUE RIDE (NSRR) PROGRAM IN JANUARY TO TRANSPORT DOGS FROM THE SOUTHEAST TO THE NORTHEAST OVER A THREE-YEAR PERIOD. THIS NEW

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PROGRAM RESULTED IN 3,480 OF OUR TOTAL ANIMAL RELOCATIONS IN 2015.

FORM 990 PART III LINE 4D

OTHER PROGRAMS

ANTI-CRUELTY PROGRAMS (EXPENSES: \$33,749,932 INCLUDING GRANTS OF  
\$13,476,946)

FOR 150 YEARS, THE ASPCA HAS DEVELOPED INNOVATIVE PROGRAMS TO HELP END  
ANIMAL CRUELTY AND SAVE THE LIVES OF ANIMALS ACROSS AMERICA. IN 2015, THE  
ASPCA REACHED NEW MILESTONES AND EXPANDED PROGRAMS TO HELP MORE ANIMALS  
NATIONWIDE.

SINCE THE INCEPTION OF THE NYPD-ASPCA PARTNERSHIP IN 2014, MORE THAN  
5,400 MEMBERS OF THE NEW YORK CITY POLICE DEPARTMENT (NYPD) HAVE BEEN  
TRAINED BY THE ASPCA IN HOW TO RESPOND TO ANIMAL CRUELTY COMPLAINTS,  
ENSURING EFFECTIVE ENFORCEMENT AND PROTECTION OF NEW YORK CITY'S ANIMALS.  
ASPCA-TRAINED NYPD OFFICERS ARE MAKING MORE REFERRALS TO THE ASPCA THAN  
EVER BEFORE.

IN 2015, STATISTICS SHOW ACROSS-THE-BOARD INCREASES AS COMPARED TO 2014:  
10,864 CALLS TO 311, UP 1,933 CALLS; 158 ARRESTS, UP 24 ARRESTS; 63  
SUMMONSES, UP THREE SUMMONS; 13 SEARCH WARRANTS, UP BY FOUR; 676 ANIMALS  
RESCUED, AN INCREASE OF 254 MORE ANIMALS.

WHEN AN OFFICER RESPONDS TO A REPORT OF SUSPECTED ANIMAL CRUELTY AND  
DETERMINES THAT NO CRIME HAS BEEN COMMITTED BUT THE ANIMALS AND PEOPLE  
INVOLVED NEED ASSISTANCE, HE OR SHE CONTACTS THE ASPCA'S CRUELTY

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INTERVENTION ADVOCACY (CIA) PROGRAM. THESE REFERRALS HAVE INCREASED FROM 16 IN 2014 TO MORE THAN 70 IN 2015, AND HAVE ASSISTED APPROXIMATELY 175 ADDITIONAL AT-RISK ANIMALS.

THE ASPCA FIELD INVESTIGATIONS & RESPONSE (FIR) TEAM RESPONDS TO URGENT SITUATIONS ACROSS THE COUNTRY INVOLVING ABUSED, NEGLECTED AND DISPLACED ANIMALS. IN 2015, FIR LED 17 DEPLOYMENTS, 45 INVESTIGATIONS, FILED 444 CRIMINAL CHARGES, AND RESCUED AND/OR ASSISTED 12,283 ANIMALS, RESPONDING TO SITUATIONS INVOLVING ANIMALS THAT WERE NEGLECTED AND/OR ABUSED.

DEPLOYING FROM COAST TO COAST, FIR RESPONDERS TRAVEL YEAR-ROUND, WORKING WITH LAW ENFORCEMENT TO RESCUE ANIMALS AND DECREASE THE NUMBER OF AT-RISK ANIMALS IN COMMUNITIES NATIONWIDE. IN 2015, FIR RESPONDERS ASSISTED IN THE AFTERMATH OF HISTORIC FLOODS IN SOUTH CAROLINA, STEPPED IN TO RESCUE DOGS FROM A NORTH CAROLINA DOG FIGHTING OPERATION, AND ASSISTED DURING A DEVASTATING CALIFORNIA WILDFIRE.

IN MOULTON, ALABAMA, THE FIR TEAM RESCUED APPROXIMATELY 300 ANIMALS FROM DEPLORABLE CONDITIONS AT THE SITE OF AN OVERCROWDED ANIMAL SHELTER. THE ASPCA PROVIDED MEDICAL CARE, FOOD, SHELTER AND ENRICHMENT FOR THESE ANIMALS. NEARLY ONE MONTH AFTER THEIR RESCUE, THE ASPCA HELD A LARGE-SCALE ADOPTION EVENT ATTENDED BY MORE THAN 900 POTENTIAL ADOPTERS.

THE FORENSIC SCIENCES AND ANTI-CRUELTY PROJECTS TEAM HELPS PROVIDE ANIMALS WITH GREATER PROTECTION UNDER THE LAW. IN ADDITION, ASPCA STAFF

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ROUTINELY PROVIDES TRAINING AT VETERINARY COLLEGES AND CONFERENCES, AS WELL AS TRAINING FOR LAW ENFORCEMENT PROFESSIONALS, ON THE ROLE OF VETERINARY FORENSICS IN HANDLING, REPORTING AND DOCUMENTING ANIMAL ABUSE. IN 2015, A TOTAL OF 600 ANIMALS RECEIVED FORENSIC EXAMS BY THE ASPCA.

TO SUPPORT PROSECUTORS IN DOG FIGHTING CASES, OUR FORENSIC VETERINARIANS PREPARE REPORTS AND PROVIDE PROSECUTORS WITH BACKGROUND ON THE PSYCHOLOGY OF ANIMAL ABUSE IN DOMESTIC VIOLENCE CASES.

IN SEPTEMBER AND DECEMBER OF 2015, FORENSIC SCIENCES AND ANTI-CRUELTY PROJECTS TEAMED WITH ASPCA GOVERNMENT RELATIONS TO PRESENT BRIEFINGS TO MEMBERS OF CONGRESS ON THE FEDERAL PET AND WOMEN SAFETY (PAWS) ACT. THIS LEGISLATION WOULD INCREASE RESOURCES FOR THE CARE OF PETS FOR VICTIMS OF DOMESTIC VIOLENCE AND CREATE NEW PENALTIES FOR SOME FORMS OF ANIMAL ABUSE ASSOCIATED WITH SUCH VIOLENCE.

THE ASPCA CRUELTY INTERVENTION ADVOCACY (CIA) PROGRAM HELPS DECREASE THE NUMBER OF AT-RISK DOGS AND CATS IN COMMUNITIES BY PROVIDING PET OWNERS WITH ACCESS TO VITAL RESOURCES SUCH AS VETERINARY CARE, PET SUPPLIES, BOARDING AND MORE. IN 2015, CIA MANAGED 517 HOARDING CASES AND ASSISTED 821 ANIMALS.

PARTNERING WITH THE NEW YORK CITY POLICE DEPARTMENT (NYPD) AND ANIMAL CARE CENTERS OF NYC ENABLES CIA TO IMPROVE THE WELFARE OF THOUSANDS OF PETS, ALLOWING THEM TO REMAIN WITH THEIR OWNERS.

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IN 2015, CIA LAUNCHED THE EAST NEW YORK PET PROJECT IN BROOKLYN, NEW YORK. LEVERAGING THE ASPCA'S COLLECTIVE EXPERTISE AND RESOURCES, THE TEAM SELECTED AN UNDERSERVED AREA TO PILOT SERVICES SUCH AS INCREASED MEDICAL SERVICES, SPAY/NEUTER PROCEDURES, DOG HOUSES AND FENCE REPAIR TO KEEP PETS IN HOMES.

IN 2015, THE TEAM AT THE ASPCA'S BEHAVIORAL REHABILITATION CENTER AT ST. HUBERT'S ANIMAL WELFARE CENTER IN MADISON, NEW JERSEY, CONTINUED TO HONE THEIR REHABILITATION PROGRAM PROTOCOLS AND SAVE LIVES. AFTER GRADUATING MORE THAN 200 DOGS FROM THE PROGRAM SINCE ITS 2013 LAUNCH, THE REHABILITATION CENTER MAINTAINS A HIGH SUCCESS RATE.

IN 2015, WORK CONTINUED ON THE EXPANSION OF THE PROGRAM AND THE CONSTRUCTION OF THE NEW FACILITY IN WEAVERVILLE, NORTH CAROLINA, SCHEDULED TO OPEN IN 2017. THE TEAM WELCOMED 77 EXTERNAL VISITORS AND HOSTED REPRESENTATIVES FROM 22 ANIMAL WELFARE ORGANIZATIONS THAT LEARNED ABOUT THE REHABILITATION CENTER'S INNOVATIONS, PROCEDURES AND PLANS FOR THE FUTURE.

IN 2015, THE ASPCA FARM TEAM WORKED TO ENCOURAGE CONSUMER LEGISLATIVE AND REGULATORY ADOPTION OF HIGHER WELFARE FARMING STANDARDS. THIS WORK CENTERED AROUND EDUCATING THE PUBLIC ON THE PLIGHT OF FACTORY FARMED ANIMALS; CONNECTING CONSUMERS WITH RESOURCES TO HELP THEM DECIPHER THE DIFFERENCE BETWEEN MEANINGFUL AND MEANINGLESS WELFARE CLAIMS ON FOOD; AND

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FIGHTING FOR LAWS AND REGULATIONS THAT IMPROVED FARM ANIMALS' LIVES AND INCREASED AGRICULTURAL TRANSPARENCY. ACCOMPLISHMENTS INCLUDED EXPOSING THE DANGERS OF AG-GAG; IMPROVING THE LIVES OF BROILER CHICKENS; FIGHTING EXTREME CONFINEMENT OF HENS, SOWS AND CALVES; INCREASING PUBLIC AWARENESS OF FOOD LABELS; IMPROVING THE USDA ORGANIC LABEL; EXPANDING WELFARE-CONSCIOUSNESS; AND SHIFTING PUBLIC PROCUREMENT TO HIGHER-WELFARE SOURCES.

IN 2015, LEGAL ADVOCACY CONTINUED TO PROVIDE SECOND CHAIR LEGAL SUPPORT TO LAW ENFORCEMENT AND PROSECUTORS ACROSS THE COUNTRY. THE DEPARTMENT PROVIDED SUBSTANTIAL ASSISTANCE IN APPROXIMATELY 20 CASES NATIONWIDE IN ADDITION TO ITS WORK IN NEW YORK CITY, DEVELOPING PARTICULAR EXPERTISE WITH STATE STATUTES THAT ALLOW FOR QUICKER DISPOSITION OF SEIZED ANIMALS. IN A CLEWISTON, FLORIDA, PUPPY MILL CASE, LEGAL ADVOCACY WORKED CLOSELY WITH THE COUNTY ATTORNEY TO FILE A PETITION FOR CUSTODY THAT ULTIMATELY RESULTED IN THE OWNERS VOLUNTARILY RELINQUISHING THE ANIMALS, THEREBY ALLOWING THE ANIMALS TO BE PLACED IN NEW HOMES SHORTLY AFTER SEIZURE.

LEGAL ADVOCACY ALSO FILED 15 PETITIONS UNDER NEW YORK'S SECURITY POSTING LAW, SIGNIFICANTLY REDUCING THE TIME THAT ANIMALS SEIZED IN NEW YORK CITY POLICE DEPARTMENT CASES ARE HELD IN LEGAL LIMBO. ON THE CIVIL LITIGATION FRONT, LEGAL ADVOCACY SUBMITTED AN AMICUS (FRIEND OF THE COURT) BRIEF IN SUPPORT OF A PLAINTIFF IN REYNOLDSBURG, OHIO, WHO IS CHALLENGING A MUNICIPAL ORDINANCE BANNING PIT BULLS.



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THE PUPPY MILLS TEAM CONTINUED TO RAISE AWARENESS AND PROVIDE PROTECTION FOR PUPPY MILL DOGS ACROSS THE U.S. IN 2015, THE NOPETSTOREPUPPIES.COM WEBSITE WAS REDESIGNED TO MAKE IT MORE MOBILE-FRIENDLY; THE SITE NOW ALSO INCLUDES A COMPREHENSIVE SNAPSHOT OF LAWS AND LEGISLATION ACROSS THE COUNTRY AND PROVIDES OPPORTUNITIES FOR SUPPORTERS TO TAKE ACTION. IT HOUSES MORE THAN 21,000 PHOTOGRAPHS TAKEN BY U.S. DEPARTMENT OF AGRICULTURE (USDA) INSPECTORS AT LICENSED BREEDING FACILITIES WHERE VIOLATIONS WERE FOUND, GIVING CONSUMERS AN INSIDE VIEW INTO THE CONDITIONS AT SUBSTANDARD BREEDING FACILITIES AND LINKING SOME OF THEM TO PET STORES THROUGHOUT THE COUNTRY THAT HAVE SOLD PUPPIES FROM THESE BREEDERS.

THE ASPCA, IN COLLABORATION WITH OTHER ANIMAL WELFARE GROUPS, FILED A PETITION FOR RULEMAKING WITH THE USDA, URGING THE AGENCY TO IMPROVE THE STANDARDS OF CARE FOR DOGS KEPT IN FEDERALLY LICENSED COMMERCIAL BREEDING FACILITIES FOR USE IN THE PET TRADE. THE ASPCA ALSO WORKED ON FEDERAL, STATE AND LOCAL LEGISLATIVE EFFORTS TO HELP PROVIDE MORE PROTECTIONS FOR DOGS IN PUPPY MILLS. IN 2015, THE ASPCA SUPPORTED MANY LOCALITIES IN PASSING BILLS TO PROHIBIT OR RESTRICT RETAIL PUPPY SALES TO KEEP SOME OF THE VERY WORST BREEDERS FROM SOURCING TO LOCAL PET STORES.

IN 2015, GOVERNMENT RELATIONS (GR) HELPED FURTHER THE MASSACHUSETTS FARM ANIMAL CONFINEMENT BALLOT MEASURE, COLLECTING SIGNATURES TO HELP QUALIFY A MEASURE FOR THE NOVEMBER 2016 BALLOT THAT WOULD REQUIRE FARM ANIMALS TO HAVE ENOUGH ROOM TO TURN AROUND AND EXTEND THEIR LIMBS. THE GR TEAM

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WORKED TO ENABLE MORE EFFECTIVE RESPONSES FOR ANIMAL VICTIMS OF MANMADE AND NATURAL DISASTERS. THE TEAM ALSO HELPED STRENGTHEN STANDARDS FOR DOGS AND CATS SOLD IN PET STORES, PARTICULARLY IN NEW YORK AND NEW JERSEY.

ON THE FEDERAL LEVEL, GR WORKED TO ENACT TOUGHER STANDARDS TO IMPROVE THE LIVES OF FARM ANIMALS AT FEDERALLY RUN RESEARCH FACILITIES. THE ASPCA SUCCESSFULLY WORKED TO INCLUDE STRONG LANGUAGE IN THE FY2016 OMNIBUS BILL REQUIRING THE U.S. MEAT ANIMAL RESEARCH CENTER (USMARC) AND THE U.S. DEPARTMENT OF AGRICULTURE'S OTHER FEDERALLY RUN AGRICULTURAL RESEARCH FACILITIES TO COMPLY WITH IMPROVED ANIMAL WELFARE STANDARDS. NOW, FOR THE FIRST TIME, USMARC AND SIMILAR FACILITIES CONDUCTING FARM ANIMAL RESEARCH ARE SUBJECT TO THE ANIMAL WELFARE ACT'S BASIC STANDARDS AND INSPECTIONS.

THE TEAM ALSO WORKED TO ENACT TOUGHER PENALTIES FOR FEDERAL ANIMAL FIGHTING CONVICTIONS BY SUCCESSFULLY LOBBYING THE U.S. SENTENCING COMMISSION TO CONSIDER STRICTER SENTENCING GUIDELINES IN FEDERAL ANIMAL FIGHTING CASES.

THE ASPCA ALSO SUCCESSFULLY LOBBIED TO CONTINUE THE BAN ON FEDERAL FUNDS FOR HORSE SLAUGHTER IN THE FY2016 OMNIBUS. THE GR TEAM LAUNCHED THE HORSE ACTION TEAM, WHICH QUICKLY GREW INTO A POWERFUL NETWORK OF MORE THAN 600 ADVOCATES ACROSS THE COUNTRY. THESE ADVOCATES ENCOURAGED THEIR U.S. REPRESENTATIVES TO CO-SPONSOR THE SAFEGUARD AMERICAN FOOD EXPORTS (SAFE) ACT, WHICH WOULD PERMANENTLY PREVENT HORSE SLAUGHTER FROM RESUMING IN OUR COUNTRY BY PROHIBITING THE SLAUGHTER OF HORSES FOR HUMAN CONSUMPTION IN

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THE U.S., AS WELL AS BAN THEIR EXPORT FOR THAT PURPOSE.

GRANTS (EXPENSES: \$13,476,946)

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 2015, THE ASPCA AWARDED 1,077 GRANTS--TOTALING MORE THAN \$12.5 MILLION--TO 724 ORGANIZATIONS IN 48 STATES, D.C. AND PUERTO RICO TO SUPPORT U.S.-BASED NONPROFIT ORGANIZATIONS AND GOVERNMENT AGENCIES HELPING TO IMPROVE ANIMALS' LIVES.

AWARDED VIA 30 DISTINCT PROGRAMS, ASPCA GRANTS TIED TO KEY ASPCA STRATEGIC GOALS AND SUPPORTED A VARIETY OF EFFORTS, INCLUDING: PROGRAMS THAT INCREASE LIVES SAVED IN SHELTERS, SPAY/NEUTER INITIATIVES, CRUELTY PREVENTION AND RESPONSE PROGRAMS, PROJECTS THAT AID IN BETTER OUTCOMES FOR ANIMAL VICTIMS OF DISASTERS, CAMPAIGNS TO RESCUE EQUINES AT RISK FOR SLAUGHTER, SAFETY NET/SURRENDER PREVENTION SERVICES, AND RETURN-TO-OWNER INITIATIVES.

FORM 990, PART IV, LINE 2

THE ASPCA IS NOT REQUIRED TO COMPLETE SCHEDULE B FOR THE PERIOD ENDED 12/31/2015, 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

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ORGANIZATION DURING THE YEAR.

FORM 990, PART V, LINE 3B

ASPCA WILL FILE A 2015 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 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".

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

THE FORM 990 WAS PREPARED BY A NATIONALLY-REOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE DRAFT OF THE FORM 990 IS REVIEWED BY SENIOR MANAGEMENT, LEGAL COUNSEL, AS WELL AS THE AUDIT COMMITTEE [A COMMITTEE OF THE BOARD OF DIRECTORS], AND A COPY

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IS CIRCULATED TO THE FULL BOARD OF DIRECTORS PRIOR TO ITS FILING WITH THE  
INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C

ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES COMPLETE A WRITTEN CONFLICT OF  
INTEREST QUESTIONNAIRE AND DECLARATION ANNUALLY. THE SECRETARY OF THE  
ASPCA PROVIDES COPIES OF ALL COMPLETED DISCLOSURE STATEMENTS TO THE CHAIR  
OF THE AUDIT COMMITTEE AND TO THE CHIEF LEGAL OFFICER. ANY POTENTIAL  
CONFLICTS ARE ADDED TO RECORDS MAINTAINED BY THE 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.

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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 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

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4. ANY ACTIONS (SUCH AS RECUSAL) TAKEN BY A MEMBER OF THE AUDIT COMMITTEE HAVING A CONFLICT OF INTEREST. THE AUDIT COMMITTEE THEN APPROVES THE MINUTES WITHIN A REASONABLE PERIOD OF TIME AFTER ITS PREPARATION. SIMILARLY, THE BOARD DOCUMENTS THE BASIS FOR ITS DETERMINATION OF THE PRESIDENT & 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 9	
REMOVAL OF TRUST INTEREST	(1,314,223)
PENSION RELATED ACTUARIAL LOSSES	(1,665)
	-----
	(1,312,558)

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

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THE VENDOR, SO THAT THE RENTAL, FOOD AND OTHER COSTS ARE INEXTRICABLY COMBINED AND FURTHER CATEGORIZATION ON SCHEDULE G, PART II, IS IMPOSSIBLE.

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



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- EQUINE PROJECTS
- SHELTER AND SPAY/NEUTER PROGRAMS
- ANIMAL RELOCATION INITIATIVES
- ANIMAL WELFARE SPONSORSHIPS AND SCHOLARSHIPS
- RESEARCH

THE ASPCA CONDUCTS REGULAR REVIEWS OF OUR APPLICANTS' NON-PROFIT STATUS.

GRANTEES ARE EXPECTED TO REPORT BACK TO THE ASPCA WITH RESPECT TO THE USE  
OF THE GRANT FUNDS FOR THE PURPOSES REQUESTED.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
ANTICRUELTY PROGRAMS & GRANTS	13,476,946.	33,749,932.	
TOTALS	<u>13,476,946.</u>	<u>33,749,932.</u>	

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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,

ATTACHMENT 3

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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EAGLE-COM, INC. 110 EGLINGTON AVE., EAST, STE 604 TORONTO ONTARIO CANADA M4P 1E4	MEDIA BROADCAST	18,650,000.
TRUE NORTH, INC. 630 THIRD AVENUE, 12TH FL NEW YORK, NY 10017	MEDIA PLACEMENT	8,460,773.
CIGNA 900 COTTAGE GROVE ROAD HARTFORD, CT 06152	HEALTH INSURANCE	7,752,565.
PATTON KIEHL P.O. BOX 590 THORNBURG, VA 22565	DATA PROCESSING	3,807,538.
SMS DIRECT, INC. 8461 VIRGINIA MEADOWS DR MANASSAS, VA 20109	PRINTING SERVICES	3,376,687.