

Form **990**  
(Rev. January 2020)  
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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS</b>		<b>D Employer identification number</b> <b>13-1623829</b>
	Doing business as		<b>E Telephone number</b> <b>212-876-7700</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>424 EAST 92ND STREET</b>		<b>G Gross receipts \$</b> <b>296,087,287.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10128-6804</b>		
<b>F Name and address of principal officer: MATTHEW BERSHADKER SAME AS C ABOVE</b>		<b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶	

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **WWW.ASPCA.ORG**

**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: <b>TO ENSURE SAFETY &amp; PROTECTION OF ANIMALS THROUGH AN ARRAY OF SERVICES INCLUDING EDUCATION.</b>		
	<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>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>1244</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2370</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-603,729.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>-666,479.</b>	
<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)	<b>243,128,195.</b>	<b>254,185,353.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>13,524,637.</b>	<b>14,074,642.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>7,536,920.</b>	<b>8,578,545.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,494,801.</b>	<b>2,210,434.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>267,684,553.</b>	<b>279,048,974.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>12,841,684.</b>	<b>14,439,720.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>93,073,736.</b>	<b>99,270,657.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>48,100,559.</b>	<b>2,010,718.</b>	<b>7,469,024.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>132,604,143.</b>	<b>129,449,035.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>240,530,281.</b>	<b>250,628,436.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>27,154,272.</b>	<b>28,420,538.</b>	
<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)	<b>313,130,836.</b>	<b>393,129,611.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>30,238,135.</b>	<b>53,122,402.</b>
		<b>282,892,701.</b>	<b>340,007,209.</b>

**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.

<b>Sign Here</b>	<i>Peter Accinno</i> Signature of officer	<b>10/9/2020</b> Date		
	<b>PETER ACCINNO, INTERIM CFO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PATRICK YU, CPA</b>	Preparer's signature <i>Patrick Yu</i>	Date <b>10/9/2020</b>	Check <input checked="" type="checkbox"/> Self-employed PTIN <b>P00675982</b>
	Firm's name ▶ <b>BAKER TILLY US, LLP</b>	Firm's EIN ▶ <b>39-0859910</b>	Phone no. <b>212.697.6900</b>	
Firm's address ▶ <b>ONE PENN PLAZA, SUITE 3000 NEW YORK, NY 10119</b>				

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

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Part III Statement of Program Service Accomplishments

Check 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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 86,250,544. including grants of \$ ) (Revenue \$ 14,074,642. ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 54,145,558. including grants of \$ ) (Revenue \$ ) SEE SCHEDULE O

4c (Code: ) (Expenses \$ 36,583,186. including grants of \$ ) (Revenue \$ ) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 15,867,869. including grants of \$ 14,439,720.) (Revenue \$ )

4e Total program service expenses 192,847,157.

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**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>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<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>X</b>
<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>X</b>	
<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>X</b>
<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>X</b>
<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>X</b>
<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>X</b>
<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>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<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>X</b>	
<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>X</b>	
<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>X</b>
<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>X</b>	
<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>X</b>	
<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>X</b>	
<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>X</b>
<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>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>X</b>	
<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>X</b>	
<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>X</b>
<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>X</b>
<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</i> .....	<b>X</b>	
<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>X</b>	
<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>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<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>X</b>	

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

	Yes	No
<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> .....	22	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> .....	23	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> .....	24a	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
<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? .....	24c	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	25a	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> .....	25b	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	26	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	27	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	28a	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	28b	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	28c	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	29	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> .....	30	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	31	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> .....	32	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> .....	33	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> .....	34	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	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> .....	35b	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	36	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> .....	37	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	38	X

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check 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 .....	1a	212
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	1b	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? .....	1c	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<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		
	2a	1244	
<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 on 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 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		
	7d		
<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	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<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.)	11b	
<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	12b	
<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	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<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 on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.	13	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	12	
<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?	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	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?	7a	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?	7b	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?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	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 on Schedule O	9	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?	10a	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?	10b	
<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?	11a	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	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	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	15a	X
<b>b</b>	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<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?	16a	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?	16b	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 ▶  
**PETER ACCINNO, INTERIM CFO - 212-876-7700**  
**520 EIGHTH AVENUE, 7TH FLOOR, NEW YORK, NY 10018**

**THE AMERICAN SOCIETY FOR THE PREVENTION  
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**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. See instructions for the order in which to list the persons above.

 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 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) FREDERICK TANNE CHAIRPERSON	1.00 0.00	X		X				0.	0.	0.
(2) SALLY SPOONER VICE CHAIRPERSON	1.00 0.00	X		X				0.	0.	0.
(3) CATHY WALLACH SECRETARY UNTIL 6/13/19	1.00 0.00	X		X				0.	0.	0.
(4) LINDA LLOYD LAMBERT SECRETARY AS OF 6/13/19	1.00 0.00	X		X				0.	0.	0.
(5) JANE W. PARVER TREASURER	1.00 0.00	X		X				0.	0.	0.
(6) ARRIANA BOARDMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) C. ALLEN PARKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) JEFFREY A. PFEIFLE DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) MARTIN PURIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) SCOTT THIEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) MARY JO WHITE DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) TIM F. WRAY DIRECTOR	3.00 0.00	X						0.	0.	0.
(13) MATTHEW BERSHADKER PRESIDENT & CHIEF EXECUTIVE OFFICER	65.00 2.00	X		X				762,996.	0.	80,543.
(14) BILL LEE SVP & CHIEF FINANCIAL OFFICER	50.00 0.00			X				304,218.	0.	46,176.
(15) TODD HENDRICKS SVP, DEVELOPMENT	50.00 0.00				X			372,174.	0.	76,451.
(16) ELIZABETH ESTROFF SVP, COMMUNICATIONS	50.00 0.00				X			362,207.	0.	79,253.
(17) SARAH LEVIN GOODSTINE SVP, OPERATIONS & STRATEGY	50.00 5.00				X			397,859.	0.	62,194.

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**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 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			
(18) STACY WOLF SVP, POLICY, RESPONSE & ENGAGEMENT	50.00 0.00				X			310,829.	0.	50,429.
(19) BERT TROUGHTON SVP, SHELTER & VETERINARY SERVICES	50.00 2.00				X			319,223.	0.	65,500.
(20) BEVERLY JONES SVP, CHIEF LEGAL OFFICER	50.00 0.00				X			311,560.	0.	74,094.
(21) CHERYL BUCCI SVP, PEOPLE & AS OF 11/1 OPERATIONS	50.00 0.00				X			239,029.	0.	59,168.
(22) J'MAI GAYLE DIRECTOR, SURGERY	50.00 0.00					X		278,329.	0.	51,260.
(23) STEVE MUSSO EVP, CAPITAL PROJECTS & FACILITIES P	50.00 0.00					X		260,242.	0.	40,003.
(24) NANCY PERRY SVP, GOVERNMENT RELATIONS	50.00 0.00					X		263,471.	0.	46,218.
(25) CAMILLE DECLEMENTI VICE PRESIDENT, ASPCA ANIMAL HOSPITA	50.00 0.00					X		237,852.	0.	35,122.
(26) LUKE FRANKLIN VP, MEMBERSHIP	50.00 0.00					X		194,097.	0.	52,038.
<b>1b Subtotal</b>								4,614,086.	0.	818,449.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,614,086.	0.	818,449.

**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 172

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, 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
EAGLE-COM, INC., 110 EGLINGTON AVENUE EAST, STE 604, TORONTO, ONTARIO, M4P 1E	MEDIA BROADCAST	22,695,575.
LAUGHLIN CONSTABLE, INC. 207 E. MICHIGAN ST, MILWAUKEE, WI 53202	DIGITAL MEDIA	8,762,394.
APPCO GROUP US. INC, 315 WEST 36TH STREET, 10TH FLOOR, NEW YORK, NY 10018	STREET CANVASS/CONSULTING	7,253,053.
ASCENTA GROUP INC., 315 WEST 36TH STREET, 10TH FLOOR, NEW YORK, NY 10018	DIRECT MARKETING	6,813,163.
FORUM SERVICES GROUP, INC. 260 MADISON AVENUE, NEW YORK, NY 10016	STAFFING & CONSULTING SERVICES	4,549,154.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 167



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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	1,282,511.				
	<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>	252,902,842.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,948,571.				
	<b>h Total.</b> Add lines 1a-1f			254,185,353.			
<b>Program Service Revenue</b>	<b>2 a</b> ANIMAL POISON CONTROL CENTER FEES	<b>Business Code</b>	900000	11,077,395.	11,077,395.		
	<b>b</b> MOBILE CLINIC VET. & CLINIC REVEN		900000	1,784,101.	1,784,101.		
	<b>c</b> ANIMAL HOSPITAL FEES		900000	912,399.	912,399.		
	<b>d</b> ADOPTION CENTER FEES		900000	300,747.	300,747.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			14,074,642.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			5,846,069.		5,846,069.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			2,430,219.		2,430,219.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	19,180,854.			
			(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	16,448,378.					
<b>c</b> Gain or (loss)	<b>7c</b>	2,732,476.					
<b>d</b> Net gain or (loss)			2,732,476.		2,732,476.		
<b>8 a</b> Gross income from fundraising events (not including \$ 1,282,511. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		719,142.				
		<b>b</b> Less: direct expenses	<b>8b</b>	589,935.			
		<b>c</b> Net income or (loss) from fundraising events			129,207.		129,207.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>b</b> Less: direct expenses	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
		<b>b</b> Less: cost of goods sold	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>11 a</b> LIST SALES	<b>Business Code</b>	900099	254,737.		254,737.	
	<b>b</b> LOSS FROM K-1 ACTIVITY		900099	-603,729.	-603,729.		
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			-348,992.			
<b>12 Total revenue.</b> See instructions			279,048,974.	14,074,642.	-603,729.	11,392,708.	

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**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	14,439,720.	14,439,720.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,973,904.	3,420,121.	239,463.	314,320.
<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)				
<b>7</b> Other salaries and wages	71,656,096.	61,648,660.	4,399,924.	5,607,512.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,821,500.	3,288,956.	230,279.	302,265.
<b>9</b> Other employee benefits	14,237,610.	12,253,527.	857,944.	1,126,139.
<b>10</b> Payroll taxes	5,581,547.	4,803,730.	336,339.	441,478.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	526,883.	384,548.	90,686.	51,649.
<b>b</b> Legal	1,226,567.	854,625.	241,303.	130,639.
<b>c</b> Accounting	463,557.		463,557.	
<b>d</b> Lobbying	422,700.	422,700.		
<b>e</b> Professional fundraising services. See Part IV, line 17	7,469,024.			7,469,024.
<b>f</b> Investment management fees	675,456.		675,456.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	21,768,404.	21,197,442.	137,356.	433,606.
<b>12</b> Advertising and promotion	39,868,020.	19,894,441.	21.	19,973,558.
<b>13</b> Office expenses	17,617,711.	11,470,502.	222,508.	5,924,701.
<b>14</b> Information technology	12,331,894.	5,831,245.	604,488.	5,896,161.
<b>15</b> Royalties				
<b>16</b> Occupancy	5,763,985.	5,431,987.	324,925.	7,073.
<b>17</b> Travel	1,092,051.	1,090,665.	1,137.	249.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,361,127.	5,946,584.	122,099.	292,444.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	4,932,932.	4,687,456.	228,617.	16,859.
<b>23</b> Insurance	1,576,836.	1,484,838.	84,883.	7,115.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>VETERINARY &amp; MEDICAL SE</b>	9,214,816.	9,214,503.	278.	35.
<b>b</b> <b>OPERATING SUPPLIES</b>	2,919,224.	2,827,254.	56,444.	35,526.
<b>c</b> <b>REPAIRS AND MAINTENANCE</b>	1,437,524.	1,365,385.	70,482.	1,657.
<b>d</b> <b>MISCELLANEOUS EXPENSES</b>	1,249,348.	888,268.	292,531.	68,549.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	250,628,436.	192,847,157.	9,680,720.	48,100,559.
<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)	84,241,627.	44,631,955.	39,477,936.	131,736.

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**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 .....	17,339,051.	<b>1</b>	21,449,443.	
	<b>2</b> Savings and temporary cash investments .....	4,443,069.	<b>2</b>	27,107,238.	
	<b>3</b> Pledges and grants receivable, net .....	19,972,783.	<b>3</b>	14,098,940.	
	<b>4</b> Accounts receivable, net .....	6,406,943.	<b>4</b>	7,234,837.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	3,207,364.	<b>9</b>	3,452,748.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 105,779,803.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 48,121,277.	54,320,942.	<b>10c</b>	57,658,526.
	<b>11</b> Investments - publicly traded securities .....	126,769,641.	<b>11</b>	146,391,767.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	62,286,198.	<b>12</b>	69,277,172.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	18,384,845.	<b>15</b>	46,458,940.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	313,130,836.	<b>16</b>	393,129,611.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	13,588,385.	<b>17</b>	16,312,604.	
	<b>18</b> Grants payable .....	3,991,906.	<b>18</b>	1,535,699.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<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 .....	12,657,844.	<b>25</b>	35,274,099.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	30,238,135.	<b>26</b>	53,122,402.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	213,283,348.	<b>27</b>	264,507,765.	
	<b>28</b> Net assets with donor restrictions .....	69,609,353.	<b>28</b>	75,499,444.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	282,892,701.	<b>32</b>	340,007,209.	
<b>33</b> Total liabilities and net assets/fund balances .....	313,130,836.	<b>33</b>	393,129,611.		

**THE AMERICAN SOCIETY FOR THE PREVENTION  
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**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>	279,048,974.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	250,628,436.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	28,420,538.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	282,892,701.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	24,931,380.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	3,762,590.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	340,007,209.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	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 on Schedule O.	<b>X</b>	
<b>3a</b>	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>X</b>
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2019)



THE AMERICAN SOCIETY FOR THE PREVENTION

Schedule A (Form 990 or 990-EZ) 2019 OF CRUELTY TO ANIMALS

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	182705546	197064307	219969109	243128195	254185353	1097052510.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	182705546	197064307	219969109	243128195	254185353	1097052510.
<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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						1097052510.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	182705546	197064307	219969109	243128195	254185353	1097052510.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5222599.	4588637.	5149538.	6362100.	8276288.	29599162.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		37,048.	145,264.	131,748.		314,060.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	396,241.	253,763.	311,653.	341,899.	254,737.	1558293.
<b>11 Total support.</b> Add lines 7 through 10						1128524025.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	70,623,637.
<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 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.21 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	97.07 %
<b>16a 33 1/3% support test - 2019.</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 - 2018.</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 - 2019.</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 - 2018.</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"/>

THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2019. 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 - 2018. 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

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**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 12a or 12b 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 Part VI.</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 Part VI.</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 Part VI.</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>		



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**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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<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? <i>If "No," describe in Part VI 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.</i>	<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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<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 line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI 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? <i>If "Yes," then in Part VI 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.</i>	<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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<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? <i>Provide details in Part VI.</i>	<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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

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**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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

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Schedule A (Form 990 or 990-EZ) 2019

**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 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 2019 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-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

LIST RENTALS

2015 AMOUNT: \$ 368,475.

2016 AMOUNT: \$ 253,763.

2017 AMOUNT: \$ 311,653.

2018 AMOUNT: \$ 341,899.

2019 AMOUNT: \$ 254,737.

MISCELLANEOUS

2015 AMOUNT: \$ 27,766.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

THE AMERICAN SOCIETY FOR THE PREVENTION  
OF CRUELTY TO ANIMALS

Employer identification number

13-1623829

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS</b>	Employer identification number <b>13-1623829</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>6,134,704.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS</b>	<b>Employer identification number</b> 13-1623829
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS</b>	Employer identification number 13-1623829
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee



SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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.

Table with 2 columns: Name of organization (THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS) and Employer identification number (13-1623829)

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

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

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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

THE AMERICAN SOCIETY FOR THE PREVENTION

Schedule C (Form 990 or 990-EZ) 2019 OF CRUELTY TO ANIMALS

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (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 (grassroots 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.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<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?	.....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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					

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**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		13,939.
<b>d</b> Mailings to members, legislators, or the public? .....	X		38,320.
<b>e</b> Publications, or published or broadcast statements? .....	X		243.
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		15,603.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		634,273.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		63,140.
<b>i</b> Other activities? .....	X		200,757.
<b>j</b> Total. Add lines 1c through 1i .....			966,275.
<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? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

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

<b>1</b> Dues, assessments and similar amounts from members .....	1
<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 .....	2a
<b>b</b> Carryover from last year .....	2b
<b>c</b> Total .....	2c
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3
<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? .....	4
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

GENERAL - THE ASPCA'S MISSION TO PREVENT CRUELTY TO ANIMALS IS  
 PRIMARILY ADVANCED THROUGH A SERIES OF SIGNIFICANT DIRECT CARE  
 PROGRAMS. THE ASPCA'S 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

## THE AMERICAN SOCIETY FOR THE PREVENTION

Schedule C (Form 990 or 990-EZ) 2019 OF CRUELTY TO ANIMALS

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**Part IV** Supplemental Information (continued)

DEVELOPMENT FOR SHELTERS AND RESCUE ORGANIZATIONS; A BEHAVIORAL REHABILITATION CENTER TO REHABILITATE UNDER SOCIALIZED, FEARFUL DOGS FROM PUPPY MILLS, HOARDING AND OTHER CRUELTY CASES; A COLLABORATION WITH THE NEW YORK CITY POLICE DEPARTMENT; THE ASPCA'S COMMUNITY ENGAGEMENT PROGRAM TO ADDRESS THE ROOT CAUSES OF SUFFERING IN HOARDING CASES; THE ASPCA ANIMAL HOSPITAL; AND SPAY/NEUTER OPERATIONS AND ADOPTION CENTER IN NEW YORK CITY ARE ALL LABORATORIES FOR UNDERSTANDING THE MYRIAD PROBLEMS ANIMALS FACE AND INFORM THEIR WORK TO ADVANCE POLICIES THAT WILL PREVENT CRUELTY IN THE FUTURE. THE LESSONS THE ASPCA TAKES FROM THESE PROGRAMS ENABLE THEM TO BRING EXPERT VOICES AND INFORMED OPINIONS TO THEIR WORK FOR LAWS TO DETER CRUEL TREATMENT OF ANIMALS.

1A. VOLUNTEERS: THE ASPCA WORKS WITH VOLUNTEERS HOLDING CITIZEN TRAINING WORKSHOPS IN LOCAL COMMUNITIES, PROVIDING OPPORTUNITIES FOR THEM TO JOIN THEIR STAFF AT THE STATE AND FEDERAL CAPITOLS TO PROMOTE OR OPPOSE LEGISLATION THROUGH MEETINGS WITH LEGISLATORS AND THEIR AIDES. THE ASPCA EMPLOYS TRAINING TOOLS SUCH AS WEBINARS AND CONFERENCES.

1B. PAID STAFF OR MANAGEMENT: ASPCA MANAGEMENT AND STAFF STRATEGIZE AND COORDINATE THEIR PUBLIC POLICY EFFORTS AIMED AT ENHANCING OUR ABILITY TO PERFORM DIRECT CARE WORK AND TO HELP PREVENT CRUELTY. THEY CULTIVATE AND 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, THE ASPCA BUYS ADVERTISEMENT

Schedule C (Form 990 or 990-EZ) 2019

## THE AMERICAN SOCIETY FOR THE PREVENTION

Schedule C (Form 990 or 990-EZ) 2019 OF CRUELTY TO ANIMALS

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**Part IV** Supplemental Information (continued)

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 THEIR ISSUES. THE ASPCA ALSO BUYS STRATEGICALLY TARGETED ADVERTISING SPACE ON SOCIAL MEDIA (E.G., FACEBOOK) FOR THE SAME PURPOSE.

1D. MAILINGS TO MEMBERS, LEGISLATORS, OR THE PUBLIC: THE ASPCA COMMUNICATES WITH THEIR 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. THE ASPCA EMPLOYS 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.

1.E PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS: ASPCA STAFF CONDUCTS INTERVIEWS WITH AND PROVIDES BACKGROUND TO MEDIA ORGANIZATIONS TO INFORM THE PUBLIC OF ITS LIFESAVING PROGRAMS AND LEGISLATION, REGULATIONS, OR POLICY DECISIONS CONCERNING ANIMAL WELFARE.

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

Schedule C (Form 990 or 990-EZ) 2019

THE AMERICAN SOCIETY FOR THE PREVENTION

Schedule C (Form 990 or 990-EZ) 2019 OF CRUELTY TO ANIMALS

**Part IV** Supplemental Information (continued)

THROUGH DIRECT CONTACTS WITH FEDERAL AND STATE LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS AT ALL LEVELS, AND LOCAL LEGISLATURES. THE ASPCA'S STAFF, UNPAID VOLUNTEERS, AND CONSULTANTS WORK TO INFLUENCE LEGISLATION TO HELP ANIMALS THROUGH SUCH CONTACTS.

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/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). 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No). 6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? (Yes/No). 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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 on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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**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 make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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
1a Beginning of year balance	10,238,118.	65,998,068.	57,060,223.	52,413,558.	54,180,975.
b Contributions		15,663.	601,555.		51,514.
c Net investment earnings, gains, and losses	1,008,406.	-3,129,099.	8,336,290.	4,646,665.	-1,818,931.
d Grants or scholarships					
e Other expenditures for facilities and programs		52,646,514.			
f Administrative expenses					
g End of year balance	11,246,524.	10,238,118.	65,998,068.	57,060,223.	52,413,558.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.00 %
  - b Permanent endowment  67.00 %
  - c Term endowment  33.00 %
- 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:
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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
1a Land		5,321,057.		5,321,057.
b Buildings		62,241,458.	25,156,348.	37,085,110.
c Leasehold improvements		7,421,550.	3,510,679.	3,910,871.
d Equipment		16,313,267.	13,807,704.	2,505,563.
e Other		14,482,471.	5,646,546.	8,835,925.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				57,658,526.



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**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	21,275,969.	END-OF-YEAR MARKET VALUE
(B) GLOBAL ASSET ALLOCATION	8,527,126.	END-OF-YEAR MARKET VALUE
(C) FUND OF FUNDS - PRIVATE		
(D) EQUITY	920,930.	END-OF-YEAR MARKET VALUE
(E) FUND OF FUNDS - CAPITAL	7,635,997.	END-OF-YEAR MARKET VALUE
(F) PRIVATE EQUITY	21,494,939.	END-OF-YEAR MARKET VALUE
(G) EMERGING MARKETS	9,422,211.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>69,277,172.</b>	

**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> (Col. (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) PERPETUAL TRUSTS	21,490,449.
(2) REMAINDER TRUSTS	686,825.
(3) RIGHT-OF-USE ASSETS	24,281,666.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>46,458,940.</b>

**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) OPERATING LEASES LIABILITIES	28,513,477.
(3) ANNUITY OBLIGATIONS	6,620,168.
(4) OTHER LIABILITIES	140,454.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>35,274,099.</b>

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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**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>	303,996,460.
<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>	24,931,380.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	691,562.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-675,456.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	24,947,486.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	279,048,974.
<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>		
<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>	0.
<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>	279,048,974.

**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>	250,644,542.
<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>	691,562.	
<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>	691,562.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	249,952,980.
<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>	675,456.	
<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>	675,456.
<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>	250,628,436.

**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.

**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.

**PART X, LINE 2:**

THE ASPCA QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE IRC AND CORRESPONDING PROVISIONS OF THE STATE LAW IN NEW YORK STATE

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**Part XIII** Supplemental Information (continued)

AND IS NOT SUBJECT TO FEDERAL OR STATE 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 2019 OR 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES -675,456.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization <b>THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS</b>	Employer identification number <b>13-1623829</b>
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**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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENT		18,024,494.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENT		3,869,913.
NORTH AMERICA - CANADA	0	2	PROGRAM SERVICES	SHELTER OUTREACH & FARM PROGRAM	325,324.
SOUTH ASIA	0	0	DATA PROCESSING, ANALYTICS AND REPORTING		30,614.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	DATA PROCESSING, ANALYTICS AND REPORTING		14,300.
<b>3 a Subtotal</b> .....	0	2			22,264,645.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	2			22,264,645.

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

Schedule F (Form 990) 2019





THE AMERICAN SOCIETY FOR THE PREVENTION  
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**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; don't 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; don't file with Form 990)* .....  Yes  No





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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a 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 10 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			
ASCENTA GROUP (APPCO) - 315 WEST 36TH STREET, 10TH FLOOR, DONOR SERVICES GROUP, LLC - 1200 WILSHIRE BLVD #650, LOS SD&A TELESERVICES, INC. - 5757 WEST CENTURY BLVD, SUITE NEW CANVASSING EXPERIENCE, INC. - 78 SAN MARCOS STREET, KNEWSALES GROUP INC. - 550 QUEEN STREET EAST SUITE 145,	DIRECT MARKETING		X	11,099,110.	14,334,690.	-3,235,580.
	DIRECT MARKETING		X	5,744,290.	1,031,098.	4,713,191.
	DIRECT MARKETING		X	3,409,345.	520,612.	2,888,734.
	DIRECT MARKETING		X	2,915,910.	3,308,474.	-392,564.
	DIRECT MARKETING		X	975,867.	1,046,891.	-71,024.
<b>Total</b>				24,144,522.	20,241,765.	3,902,757.

- 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, DC, 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

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Schedule G (Form 990 or 990-EZ) 2019

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**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	(b) Event #2	(c) Other events	(d) Total events
		BERGH BALL (event type)	HUMANE AWARD (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	1,103,956.	517,669.	380,028.	2,001,653.
	<b>2</b> Less: Contributions .....	677,836.	224,647.	380,028.	1,282,511.
	<b>3</b> Gross income (line 1 minus line 2) .....	426,120.	293,022.		719,142.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....		21,860.		21,860.
	<b>7</b> Food and beverages .....	91,619.	47,726.		139,345.
	<b>8</b> Entertainment .....	31,188.			31,188.
	<b>9</b> Other direct expenses .....	60,717.	155,039.	181,786.	397,542.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				589,935.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				129,207.	

**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	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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: \_\_\_\_\_

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- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Table with 2 columns: Label (13a, 13b) and Percentage (%). Row 13a: The organization's facility. Row 13b: An outside facility.

Name Address

Name Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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

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?

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 explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ASCENTA GROUP (APPCO)

(I) ADDRESS OF FUNDRAISER:

315 WEST 36TH STREET, 10TH FLOOR, NEW YORK, NY 10018

(I) NAME OF FUNDRAISER: DONOR SERVICES GROUP, LLC

(I) ADDRESS OF FUNDRAISER: 1200 WILSHIRE BLVD #650, LOS ANGELES, CA 90017

THE AMERICAN SOCIETY FOR THE PREVENTION  
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Schedule G (Form 990 or 990-EZ)

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: SD&A TELESERVICES, INC.

(I) ADDRESS OF FUNDRAISER:

5757 WEST CENTURY BLVD, SUITE 300, LOS ANGELES, CA 90045

(I) NAME OF FUNDRAISER: NEW CANVASSING EXPERIENCE, INC.

(I) ADDRESS OF FUNDRAISER: 78 SAN MARCOS STREET, AUSTIN, TX 78702

(I) NAME OF FUNDRAISER: KNEWSALES GROUP INC.

(I) ADDRESS OF FUNDRAISER:

550 QUEEN STREET EAST SUITE 145, TORONTO, ONTARIO, CANADA M5A 1V2

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
3 GIRLS ANIMAL RESCUE INC PO BOX 1001 SHADY POINT, OK 74956	46-1830371	501(C)3	22,300.	0.			RELOCATION
A GREENER WORLD PO BOX 115 TERREBONNE, OR 97760	81-2116665	501(C)3	80,000.	0.			FARM ANIMALS
AAEP FOUNDATION 4033 IRON WORKS PARKWAY LEXINGTON, KY 40511	61-1259683	501(C)3	50,000.	0.			EQUINE
ACADIANA ANIMAL AID 142 LE MEDICIN ROAD CARENCRO, LA 70520	23-7414331	501(C)3	20,000.	0.			RELOCATION
ALACHUA COUNTY HUMANE SOCIETY INC 4205 NW 6TH STREET GAINESVILLE, FL 32609	59-1908492	501(C)3	40,000.	0.			SPAY/NEUTER
ALL BUT FURGOTTEN 70 CARPENTER LANE NORTH HUNTINGDON, PA 15642	47-4612597	501(C)3	9,000.	0.			ANTI-CRUELTY

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **190.**

**3** Enter total number of other organizations listed in the line 1 table **209.**

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

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(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
ALLEGANY COUNTY ANIMAL SHELTER MANAGEMENT FOUNDATION - P.O. BOX 566 - CUMBERLAND, MD 21501	52-2292769	501(C)3	5,500.	0.			ANTI-CRUELTY
ALLIANCE FOR CONTRACEPTION IN CATS AND DOGS - 11145 NW OLD CORNELIUS PASS ROAD - PORTLAND, OR 97231	41-2185841	501(C)3	25,000.	0.			SPAY/NEUTER
AMERICAN HORSE COUNCIL FOUNDATION 1616 H ST NW WASHINGTON, DC 20006	52-1760034	501(C)3	25,000.	0.			EQUINE
ANICIRA VETERINARY CENTER 1992 MEDICAL AVE HARRISONBURG, VA 22801	20-8358468	501(C)3	105,000.	0.			SPAY/NEUTER
ANIMAL CARE CENTERS OF NYC 11 PARK PLACE, SUITE 805 NEW YORK, NY 10007	13-3788986	501(C)3	1,555,000.	0.			LIVE RELEASE
ANIMAL CARE FUND P.O. BOX A EAST SMITHFIELD, PA 18817	22-1837635	501(C)3	10,000.	0.			SAFETY NET/SURRENDER PREVENTION
ANIMAL FOLKS 1043 GRAND AVE #115 SAINT PAUL, MN 55105	80-0530102	501(C)3	16,000.	0.			ANTI-CRUELTY
ANIMAL HAVEN 200 CENTRE ST. NEW YORK, NY 10013	11-6101487	501(C)3	35,000.	0.			LIVE RELEASE
ANIMAL HUMANE ASSOCIATION OF NEW MEXICO, INC. - 615 VIRGINIA ST. SE - ALBUQUERQUE, NM 87108	85-0207652	501(C)3	6,500.	0.			LIVE RELEASE

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ANIMAL PROTECTION OF NEW MEXICO INC - PO BOX 11395 - ALBUQUERQUE, NM 87192-0395	85-0283292	501(C)3	25,000.	0.			EQUINE
ANIMAL PROTECTIVE FOUNDATION OF SCHENECTADY INC - 53 MAPLE AVENUE - GLENVILLE, NY 12302	14-0472728	501(C)3	87,500.	0.			SPAY/NEUTER
ANIMAL RESCUE LEAGUE OF BERKS COUNTY INC - 58 KENNEL RD. - BIRDSBORO, PA 19508	23-1417505	501(C)3	8,000.	0.			ANTI-CRUELTY
ANIMAL WELFARE ASSOCIATION, INC. 509 CENTENNIAL BLVD VOORHEES, NJ 08043	22-1752792	501(C)3	5,800.	0.			OTHER
ANIMAL WELFARE LEAGUE OF CHARLOTTE COUNTY FLORIDA INC - 3519 DRANCE STREET - PT CHARLOTTE, FL 33980-2407	59-1146309	501(C)3	32,309.	0.			DISASTER/EMERGENCY
ANIMALKIND P.O.BOX 902 HUDSON, NY 12534	14-1820248	501(C)3	40,000.	0.			SPAY/NEUTER
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	86-0135567	501(C)3	832,000.	0.			LIVE RELEASE
ASHEVILLE HUMANE SOCIETY 14 FOREVER FRIEND LN ASHEVILLE, NC 28806	56-1444098	501(C)3	8,050.	0.			EQUINE
ASSISI ANIMAL CLINICS OF VIRGINIA INC - 415 CAMPBELL SW AVE - ROANOKE, VA 24016	54-2021941	501(C)3	7,500.	0.			ANTI-CRUELTY

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ASSOCIATION OF SHELTER VETERINARIANS INC - 3225 ALPHAWOOD DRIVE - APEX, NC 27539	73-1627937	501(C)3	30,000.	0.			LIVE RELEASE
AUBURN VALLEY HUMANE SOCIETY 4910 A STREET SE AUBURN, WA 98092	45-0638467	501(C)3	10,275.	0.			LIVE RELEASE
BAKERSFIELD SOCIETY FOR THE PREVENTION CRUELTY TO ANIMALS CORP - 3000 GIBSON STREET - BAKERSFIELD, CA 93308	95-2141790	501(C)3	10,000.	0.			RELOCATION
BARK AVENUE FOUNDATION 1413 1/2 W. KENNETH ROAD, #245 GLENDALE, CA 91201	20-1329182	501(C)3	35,000.	0.			SPAY/NEUTER
BENTON FRANKLIN HUMANE SOCIETY PO BOX 7163 KENNEWICK, WA 99336	91-0819423	501(C)3	9,700.	0.			LIVE RELEASE
BETHEL FRIENDS OF CANINES PO BOX 3167 BETHEL, AK 99559	46-2344486	501(C)3	45,700.	0.			SPAY/NEUTER
BEYOND THE ROSES EQUINE RESCUE AND RETIREMENT - 11621 BRYCE ROAD - EMMETT, MI 48022	45-4360903	501(C)3	9,000.	0.			EQUINE
BITTER ROOT HUMANE ASSOCIATION P.O. BOX 57 HAMILTON, MT 59840	81-0351709	501(C)3	6,800.	0.			LIVE RELEASE
BOISE BULLY BREED RESCUE 1670 S. WILLOW LAKE WAY EAGLE, ID 83616	27-2352979	501(C)3	35,800.	0.			LIVE RELEASE

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BRANDYWINE VALLEY SPCA 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 19380	23-1381030	501(C)3	115,000.	0.			RELOCATION
BROOME COUNTY HUMANE SOCIETY AND RELIEF ASSOCIATION - 167 CONKLIN AVE - BINGHAMTON, NY 13903	15-0622327	501(C)3	100,000.	0.			SPAY/NEUTER
CARIBBEAN THOROUGHBRED AFTERCARE INC - PO BOX 43001 PMB 372 - RIO GRANDE, PR 00745	66-0869307	501(C)3	15,000.	0.			EQUINE
CAROLINA EQUINE RESCUE & ASSISTANCE, INC. - 1107 SUMMERLIN DAIRY RD - WINGATE, NC 28174	80-0157330	501(C)3	7,500.	0.			EQUINE
CAT ADOPTION TEAM 14175 SW GALBREATH DR. SHERWOOD, OR 97140	20-0773189	501(C)3	50,000.	0.			RELOCATION
CENTRAL NEW YORK CAT COALITION INCORPORATED - PO BOX 6182 - SYRACUSE, NY 13217	06-1688749	501(C)3	25,000.	0.			SPAY/NEUTER
CENTRAL NEW YORK SPAY NEUTER ASSISTANCE PROGRAM (CNY SNAP) - 17 SALISBURY ST. - CORTLAND, NY 13045	20-3322730	501(C)3	60,000.	0.			SPAY/NEUTER
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406	57-6021863	501(C)3	6,500.	0.			LIVE RELEASE
CHEMUNG COUNTY HUMANE SOCIETY AND SPCA, INC - 2435 STATE ROUTE 352 - ELMIRA, NY 14903	16-0743999	501(C)3	82,100.	0.			SPAY/NEUTER

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CLEVELAND ANIMAL PROTECTIVE LEAGUE 1729 WILLEY AVE CLEVELAND, OH 44113-4302	34-0714644	501(C)3	300,000.	0.			LIVE RELEASE
COLUMBIA-GREENE HUMANE SOCIETY, INC. - 111 HUMANE SOCIETY ROAD - HUDSON, NY 12534	14-1487056	501(C)3	25,000.	0.			SPAY/NEUTER
COLUMBUS HUMANE 3015 SCIOTO-DARBY EXECUTIVE COURT HILLIARD, OH 43026	31-4379492	501(C)3	110,000.	0.			SAFETY NET/SURRENDER PREVENTION
COMMUNICATION ALLIANCE TO NETWORK THOROUGHBRED EX-RACEHORSES - 8619 EDGEWOOD PARK DRIVE - COMMERCE TOWNSHIP, MI 48382	38-3483606	501(C)3	30,000.	0.			EQUINE
COMMUNITY PARTNERS 1000 N. ALAMEDA ST. LOS ANGELES, CA 90012	95-4302067	501(C)3	30,000.	0.			FARM ANIMALS
DAKIN PIONEER VALLEY HUMANE SOCIETY, INC (DBA DAKIN HUMANE SOCIETY) - PO BOX 6307 - SPRINGFIELD, MA 01101	20-5318898	501(C)3	35,000.	0.			SPAY/NEUTER
DANE COUNTY HUMANE SOCIETY 5132 VOGES ROAD MADISON, WI 53718	39-0806335	501(C)3	52,000.	0.			RELOCATION
DAYS END FARM HORSE RESCUE INC PO BOX 309 LISBON, MD 21765	52-1759077	501(C)3	7,500.	0.			ANTI-CRUELTY
DENVER DUMB FRIENDS LEAGUE 2080 S. QUEBEC ST. DENVER, CO 80231	84-0405254	501(C)3	271,000.	0.			EQUINE

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DOG IS MY COPILOT, INC. P.O. BOX 3399 JACKSON HOLE, WY 83001	45-5441984	501(C)3	71,000.	0.			RELOCATION
DOGS PLAYING FOR LIFE 728 ROCKY MOUNTAIN PLACE LONGMONT, CO 80504	46-5559418	501(C)3	250,000.	0.			LIVE RELEASE
DUBUQUE REGIONAL HUMANE SOCIETY 4242 CHAVENELLE ROAD DUBUQUE, IA 52002	42-6039535	501(C)3	60,000.	0.			RELOCATION
DUPLIN COUNTY ANIMAL SERVICES 117 MIDDLETON CEMETARY LN KENANSVILLE, NC 28349	56-6000296	GOVERNMENTAL (MU	10,000.	0.			ANTI-CRUELTY
EAU CLAIRE COUNTY HUMANE ASSOCIATION - 3900 OLD TOWN HALL ROAD - EAU CLAIRE, WI 54701	39-6125537	501(C)3	5,700.	0.			LIVE RELEASE
EMANCIPET 7010 EASY WIND DRIVE #260 AUSTIN, TX 78752	74-2913624	501(C)3	85,000.	0.			SAFETY NET/SURRENDER PREVENTION
FARM SHARE, INC. 14125 SW 320TH ST HOMESTEAD, FL 33033	65-0342192	501(C)3	175,000.	0.			SAFETY NET/SURRENDER PREVENTION
FELINE RESCUE INC 593 FAIRVIEW AVE. N ST. PAUL, MN 55104	41-1876072	501(C)3	100,000.	0.			LIVE RELEASE
FELINES INC. 6379 N. PAULINA ST. CHICAGO, IL 60660	36-2922975	501(C)3	215,000.	0.			RELOCATION

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FIXING THE BORO INC PO BOX 273 STATESBORO, GA 30459	82-0903634	501(C)3	67,000.	0.			SPAY/NEUTER
FIXNATION, INC. 7680 CLYBOURN AVENUE LOS ANGELES, CA 91352	83-0452460	501(C)3	175,000.	0.			SPAY/NEUTER
FLORIDA ANIMAL CONTROL ASSOCIATION INC - P.O. BOX 211267 - ROYAL PALM BEACH, FL 33421	59-2929688	501(C)6	6,000.	0.			ANTI-CRUELTY
FOOD ANIMAL CONCERNS TRUST (FACT) 3525 W. PETERSON AVE CHICAGO, IL 60659	36-3172605	501(C)3	100,000.	0.			FARM ANIMALS
FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006	13-3179546	501(C)3	200,000.	0.			SAFETY NET/SURRENDER PREVENTION
FOOD CHAIN WORKERS ALLIANCE 1730 W OLYMPIC BLVD LOS ANGELES, CA 90015	90-0728464	501(C)3	15,000.	0.			FARM ANIMALS
FOREST COUNTY HUMANE SOCIETY P.O. BOX 57 CRANDON, WI 54520	39-1812068	501(C)3	35,200.	0.			LIVE RELEASE
FOREST COUNTY POTAWATOMI COMMUNITY PO BOX 340 CRANDON, WI 54520	39-1225059	GOVERNMENTAL (OT	17,800.	0.			LIVE RELEASE
FRIENDS OF ANCHORAGE ANIMAL CARE & CONTROL - 2451 COPPERWOOD DRIVE - ANCHORAGE, AK 99516	83-1312622	TAX STATUS PENDI	8,600.	0.			LIVE RELEASE

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FRIENDS OF THE PALM SPRINGS ANIMAL SHELTER - 4575 E MESQUITE AVE - PALM SPRINGS, CA 92264	33-0731853	501(C)3	15,500.	0.			LIVE RELEASE
FRIENDS OF THE SHELTER INC 870 KOOTENAI CUT-OFF ROAD PONDERAY, ID 83852	94-3071245	501(C)3	120,000.	0.			LIVE RELEASE
GEAUGA COUNTY HUMANE SOCIETY - RESCUE VILLAGE - PO BOX 116 - NOVELTY, OH 44072	23-7358431	501(C)3	12,600.	0.			ANTI-CRUELTY
GLOBAL FEDERATION OF ANIMAL SANCTUARIES - P.O. BOX 73308 - PHOENIX, AZ 85050	26-1676217	501(C)3	30,000.	0.			EQUINE
HAINES ANIMAL RESCUE KENNEL 857 SMALL TRACTS RD. HAINES, AK 99827	31-1748166	501(C)3	31,000.	0.			LIVE RELEASE
HEART OF PHOENIX EQUINE RESCUE INC 3368 PLYMALE BRANCH RD HUNTINGTON, WV 25704	45-4421742	501(C)3	10,000.	0.			EQUINE
HEART OF THE VALLEY ANIMAL SHELTER 1549 E CAMERON BRIDGE RD BOZEMAN, MT 59718	23-7375919	501(C)3	26,300.	0.			LIVE RELEASE
HOOFBEATS AND PAWPRINTS RESCUE 17341 RIVER RD NATCHEZ, MS 39120	82-0606243	501(C)3	10,000.	0.			RELOCATION
HOPE FOR HORSES INC 10576 ARNO RD GALT, CA 95632	45-4538139	501(C)3	10,000.	0.			EQUINE

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HOPES LEGACY EQUINE RESCUE INC 5145 TAYLOR CREEK ROAD AFTON, VA 22920	80-0273321	501(C)3	10,000.	0.			EQUINE
HORSE AND HOUND RESCUE FOUNDATION 2350 SOUTH MIDWEST BOULEVARD GUTHRIE, OK 73044	81-1465411	501(C)3	10,000.	0.			EQUINE
HORSEPOWER SANCTUARIES PO BOX 58 LOCKWOOD, CA 93932	77-0269641	501(C)3	10,000.	0.			EQUINE
HORSES WITHOUT HUMANS RESCUE ORGANIZATION - 6191 NORTH US HIGHWAY 129 - BELL, FL 32619	82-2321776	501(C)3	7,500.	0.			EQUINE
HUMANE ANIMAL WELFARE SOCIETY OF WAUKESHA COUNTY INC - 701 NORTHVIEW ROAD - WAUKESHA, WI 53188	39-6108644	501(C)3	34,700.	0.			LIVE RELEASE
HUMANE INDIANA 8149 KENNEDY AVE HIGHLAND, IN 46322	35-0895837	501(C)3	60,000.	0.			RELOCATION
HUMANE SOCIETY FOR SEATTLE-KING COUNTY - 13212 SE EASTGATE WAY - BELLEVUE, WA 98005	91-0282060	501(C)3	8,165.	0.			RELOCATION
HUMANE SOCIETY OF BOULDER VALLEY 2323 55TH ST. BOULDER, CO 80301	84-0152768	501(C)3	10,000.	0.			LIVE RELEASE
HUMANE SOCIETY OF BURNETT COUNTY INC - 7410 COUNTY ROAD D - WEBSTER, WI 54893	31-1743404	501(C)3	13,300.	0.			LIVE RELEASE

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HUMANE SOCIETY OF CEDAR CREEK LAKE INC - 10200 CR 2403 - TOOL, TX 75143	75-1889148	501(C)3	40,000.	0.			RELOCATION
HUMANE SOCIETY OF CHEROKEE COUNTY P.O. BOX 1354 TAHLEQUAH, OK 74465	73-1409570	501(C)3	10,000.	0.			RELOCATION
HUMANE SOCIETY OF GRAND FORKS DBA CIRCLE OF FRIENDS HUMANE SOCIETY - 4375 N WASHINGTON STREET - GRAND FORKS, ND 58203	23-7367340	501(C)3	11,100.	0.			LIVE RELEASE
HUMANE SOCIETY OF LIVINGSTON COUNTY - PO BOX 233 - AVON, NY 14414	16-1344384	501(C)3	6,000.	0.			SPAY/NEUTER
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 76103	75-1245911	501(C)3	42,720.	0.			EQUINE
HUMANE SOCIETY OF SARASOTA COUNTY, INC - 2331 15TH STREET - SARASOTA, FL 34237	59-6014943	501(C)3	20,000.	0.			RELOCATION
HUMANE SOCIETY OF SONOMA COUNTY 5345 HWY 12 WEST SANTA ROSA, CA 95407	94-6001315	501(C)3	10,000.	0.			RELOCATION
HUMANE SOCIETY OF SOUTHERN WISCONSIN - 222 S ARCH STREET - JANESVILLE, WI 53548	39-0973879	501(C)3	105,000.	0.			SPAY/NEUTER
HUMANE SOCIETY OF TAMPA 3607 N ARMENIA AVE TAMPA, FL 33607	59-0799907	501(C)3	20,000.	0.			RELOCATION

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HUMANE SOCIETY OF THE OUACHITAS PO BOX 845 MENA, AR 71953	71-0502540	501(C)3	20,000.	0.			RELOCATION
HUMANE SOCIETY OF THE PIKES PEAK REGION - 610 ABBOT LANE - COLORADO SPRINGS, CO 80905	84-0410111	501(C)3	6,500.	0.			LIVE RELEASE
HUMANE SOCIETY OF THE UNITED STATES - 700 PROFESSIONAL DRIVE, STE. C - GAITHERSBURG, MD 20879	53-0225390	501(C)3	20,000.	0.			LIVE RELEASE
HUMANE SOCIETY OF WESTERN MONTANA 5930 HIGHWAY 93 SOUTH MISSOULA, MT 59804	81-0290933	501(C)3	96,250.	0.			LIVE RELEASE
HUMANE SOCIETY OF YATES COUNTY PO BOX 12 PENN YAN, NY 14527	22-3495082	501(C)3	20,000.	0.			SPAY/NEUTER
INSTITUTE FOR HUMAN-ANIMAL CONNECTION, COLORADO SEMINARY - 2148 S. HIGH ST - DENVER, CO 80210	84-0404231	501(C)3	10,000.	0.			SAFETY NET/SURRENDER PREVENTION
IRVINE ANIMAL CARE CENTER - CITY OF IRVINE - 6443 OAK CANYON RD. - IRVINE, CA 92618	95-2759391	GOVERNMENTAL (MU	92,500.	0.			LIVE RELEASE
JEFFERSON COUNTY S.P.C.A. 25056 WATER STREET WATERTOWN, NY 13601	15-0552724	501(C)3	52,000.	0.			SPAY/NEUTER
KENTUCKY EQUINE HUMANE CENTER INC P.O. BOX 910124 LEXINGTON, KY 40591-0124	20-5883736	501(C)3	40,000.	0.			EQUINE

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KENTUCKY HUMANE SOCIETY 1000 LYNDON LANE LOUISVILLE, KY 40222	61-0463938	501(C)3	100,000.	0.			RELOCATION
KITSAP HUMANE SOCIETY 9167 DICKEY ROAD NW SILVERDALE, WA 98383	91-0728353	501(C)3	5,450.	0.			LIVE RELEASE
LONGMONT HUMANE SOCIETY INC 9595 NELSON ROAD LONGMONT, CO 80501	84-0645455	501(C)3	7,000.	0.			ANTI-CRUELTY
LOS ANGELES ANIMAL SERVICES 221 N. FIGUEROA STREET, SUITE #600 LOS ANGELES, CA 90012	95-6000735	GOVERNMENTAL (MU	400,000.	0.			LIVE RELEASE
LOS ANGELES COUNTY ANIMAL CARE FOUNDATION - 5898 CHERRY AVENUE - LONG BEACH, CA 90805	95-3909782	501(C)3	939,400.	0.			RELOCATION
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET LOS ANGELES, CA 90058	95-3135649	501(C)3	200,000.	0.			SAFETY NET/SURRENDER PREVENTION
LOUISA COMMUNITY ANIMAL RESPONSE TEAM - PO BOX 704 - MINERAL, VA 23117	82-3851845	501(C)3	6,500.	0.			ANTI-CRUELTY
LOVE THIS HORSE, EQUINE RESCUE 5049 ESCONDIDO CANYON ROAD ACTON, CA 93510	81-4434284	501(C)3	20,000.	0.			EQUINE
MARICOPA COUNTY ANIMAL CARE AND CONTROL - 2500 S. 27TH AVENUE - PHOENIX, AZ 85009	86-6000472	GOVERNMENTAL (MU	67,500.	0.			RELOCATION

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MARTIN COUNTY HUMANE SOCIETY PO BOX 123 FAIRMONT, MN 56031	41-1678502	501(C)3	7,155.	0.			LIVE RELEASE
MCPAWS, INC PO BOX 1375 MCCALL, ID 83638	82-0503942	501(C)3	9,300.	0.			LIVE RELEASE
MERCY FOR ANIMALS 8033 SUNSET BLVD. LOS ANGELES, CA 90046	54-2076145	501(C)3	50,000.	0.			FARM ANIMALS
MIAMI-DADE ANIMAL SERVICES 3599 NW 79 AVENUE DORAL, FL 33122	59-6000573	GOVERNMENTAL (MU	100,000.	0.			SAFETY NET/SURRENDER PREVENTION
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD., STE. 220 BINGHAM FARMS, MI 48025-4509	38-1358206	501(C)3	7,000.	0.			RELOCATION
MICHIGAN STATE UNIVERSITY HANNAH ADMINISTRATION BUILDING EAST LANSING, MI 48824	00-0000000	OTHER	35,000.	0.			EQUINE
MIDATLANTIC HORSE RESCUE, INC PO BOX 407 CHESAPEAKE CITY, MD 21915	27-3543490	501(C)3	40,000.	0.			EQUINE
MINN-KOTA PAAWS PEOPLE ADVOCATING ANIMAL WELFARE SERVICES - 2125 1ST AVE S - FARGO, ND 58103	30-0245020	501(C)3	7,800.	0.			SPAY/NEUTER
MISSION ANIMAL HOSPITAL 10100 VIKING DRIVE EDEN PRAIRIE, MN 55344	47-2606680	501(C)3	25,900.	0.			SPAY/NEUTER

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MISSISSIPPI SPAY AND NEUTER 657 HWY 49 SOUTH RICHLAND, MS 39218	20-2938077	501(C)3	38,000.	0.			SPAY/NEUTER
MISSOULA CITY-COUNTY ANIMAL CONTROL - 6700 BUTLER CREEK RD - MISSOULA, MT 59808	81-6001397	GOVERNMENTAL (MU	5,500.	0.			LIVE RELEASE
MOBILE SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS - 620 ZEIGLER CIR W - MOBILE, AL 36608	63-0500374	501(C)3	80,000.	0.			RELOCATION
MOHAWK AND HUDSON RIVER HUMANE SOCIETY - 3 OAKLAND AVE - MENANDS, NY 12204	14-1338459	501(C)3	5,500.	0.			LIVE RELEASE
MONTGOMERY COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - PO BOX 484 - AMSTERDAM, NY 12010	14-1383470	501(C)3	112,500.	0.			SPAY/NEUTER
MORGAN SAFENET FOUNDATION INC 770 BRYSON LANE MIDLOTHIAN, TX 76065	46-5031216	501(C)3	15,000.	0.			EQUINE
MOUNTAIN HUMANE PO BOX 1496 HAILEY, ID 83333	82-0351171	501(C)3	44,600.	0.			SAFETY NET/SURRENDER PREVENTION
MT. PLEASANT ANIMAL SHELTER INC 194 ROUTE 10 WEST EAST HANOVER, NJ 07936	23-7189562	501(C)3	20,000.	0.			SAFETY NET/SURRENDER PREVENTION
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVE NASHVILLE, TN 37209	62-0672999	501(C)3	12,200.	0.			LIVE RELEASE

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NEBRASKA HUMANE SOCIETY 8929 FORT STREET OMAHA, NE 68134	47-0378997	501(C)3	15,420.	0.			ANTI-CRUELTY
NEW ENGLAND FEDERATION OF HUMANE SOCIETIES - 951 BROADWAY ST - LOWELL, MA 01854	02-0447142	501(C)3	7,500.	0.			LIVE RELEASE
NEW VOCATION RACEHORSE ADOPTION PROGRAM - 3293 WRIGHT RD - LAURA, OH 45337	31-1681380	501(C)3	80,000.	0.			EQUINE
NEW YORK CITY POLICE DEPARTMENT GRANTS UNIT, ONE POLICE PLAZA RM 80 NEW YORK, NY 10038	13-6400434	GOVERNMENTAL (MU	600,000.	0.			ANTI-CRUELTY
NEW YORK STATE ANIMAL PROTECTION FEDERATION EDUCATION FUND - PO BOX 1115 - ALBANY, NY 12201	82-1433077	501C3	25,000.	0.			LIVE RELEASE
NEXUS EQUINE INC PO BOX 54572 OKLAHOMA CITY, OK 73154	81-1990122	501(C)3	25,000.	0.			EQUINE
NORTHWEST ORGANIZATION FOR ANIMAL HELP - 31300 BRANDSTROM ROAD - STANWOOD, WA 98292	91-1362069	501(C)3	78,000.	0.			LIVE RELEASE
NORTHWEST SPAY & NEUTER CENTER 6401 PACIFIC AVENUE TACOMA, WA 98408	91-2133291	501(C)3	80,250.	0.			RELOCATION
OFFICE OF THE ATTORNEY GENERAL 202 NORTH NINTH STREET RICHMOND, VA 23219	54-6001703	GOVERNMENTAL (OT	27,500.	0.			EQUINE

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OHIO FEDERATED HUMANE SOCIETIES P.O. BOX 21328 COLUMBUS, OH 43221	34-1423507	501(C) 3	15,000.	0.			LIVE RELEASE
OKANOGAN COUNTY ANIMAL FOSTER CARE ASSOCIATION - P O BOX 3385 - OMAK, WA 98841	91-1290463	501(C)3	60,700.	0.			LIVE RELEASE
OKANOGAN REGIONAL SPAY NEUTER PROJECT - P O BOX 3221 - OMAK, WA 98841	01-0555614	501(C)3	12,800.	0.			SPAY/NEUTER
OKTIBBEHA COUNTY HUMANE SOCIETY INC - PO BOX 297 - STARKVILLE, MS 39760	64-0618170	501(C)3	180,000.	0.			RELOCATION
OLYMPIC PENINSULA HUMANE SOCIETY P.O. BOX 3124 PORT ANGELES, WA 98362	91-6001724	501(C)3	35,000.	0.			LIVE RELEASE
ONEIDA COUNTY HUMANE SOCIETY, INC. 1852 STEVENS ST RHINELANDER, WI 54501	39-1312508	501(C) 3	7,900.	0.			LIVE RELEASE
OPERATION PETS THE SPAY/NEUTER CLINIC OF WESTERN NEW YORK, INC. - 24 QUAKER LAKE TERR - ORCHARD PARK, NY 14127	16-1543255	501(C)3	126,856.	0.			SPAY/NEUTER
OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND, OR 97211	93-0386880	501(C)3	250,000.	0.			LIVE RELEASE
OSHKOSH AREA HUMANE SOCIETY INC 1925 SHELTER CT. OSHKOSH, WI 54901	39-1709813	501(C)3	110,000.	0.			SAFETY NET/SURRENDER PREVENTION

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P.E.T.S. LOW COST SPAY AND NEUTER CLINIC - PO BOX 4669 - WICHITA FALLS, TX 76308	68-0648159	501(C)3	67,000.	0.			SPAY/NEUTER
PARADISE GARDEN ANIMAL HAVEN 598 KENT HILL ROAD WOODHULL, NY 14898	13-4244183	501(C)3	24,000.	0.			SPAY/NEUTER
PAWS OF BAINBRIDGE ISLAND AND NORTH KITSAP - PO BOX 10811 - BAINBRIDGE ISLAND, WA 98110	91-0952064	501(C)3	7,950.	0.			LIVE RELEASE
PEACEFUL KINGDOM P.O. BOX 9394 KNOXVILLE, TN 37940	62-1818180	501(C)3	30,000.	0.			RELOCATION
PET SAVERS 7525 E TRENT AVE SPOKANE VALLEY, WA 99212	91-1741239	501(C)3	90,800.	0.			LIVE RELEASE
PETCO FOUNDATION 654 RICHLAND HILLS DRIVE SAN ANTONIO, TX 78245	33-0845930	501(C)3	100,000.	0.			LIVE RELEASE
PETS ARE WONDERFUL SUPPORT, INC. 134 W. 29TH STREET NEW YORK, NY 10001	80-0233785	501(C)3	75,000.	0.			SAFETY NET/SURRENDER PREVENTION
PITTSBURGH ANIMAL AVIATION RESCUE TEAM - 15 ALLEGHENY COUNTY AIRPORT - WEST MIFFLIN, PA 15122	45-5576740	501(C)3	20,000.	0.			RELOCATION
PRETTY GOOD CAT BOX 432 LONG BEACH, CA 90803	45-0829960	501(C)3	25,000.	0.			LIVE RELEASE

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RACER PLACERS, INC. N2437 BRATTSET LANE JEFFERSON, WI 53549	77-0716805	501(C)3	6,500.	0.			EQUINE
RANDOLPH COUNTY ANIMAL SERVICES 1370 COUNTY LAND ROAD RANDLEMAN, NC 27317	56-6001526	GOVERNMENTAL (MU	14,500.	0.			ANTI-CRUELTY
RERUN, INC. 236B WATERS ROAD EAST GREENBUSH, NY 12061	61-1336739	501(C)3	25,000.	0.			EQUINE
RETIRED RACEHORSE PROJECT 2976 SOLOMON'S ISLAND RD. EDGEWATER, MD 21037	27-1622725	501(C)3	50,000.	0.			EQUINE
SACRAMENTO SPCA 6201 FLORIN PERKINS ROAD SACRAMENTO, CA 95828	94-1312343	501(C)3	6,500.	0.			LIVE RELEASE
SAFE HAVEN FOR CATS 8431-137 GARVEY DRIVE RALEIGH, NC 27616	56-1916620	501(C)3	70,000.	0.			SPAY/NEUTER
SEATTLE AREA FELINE RESCUE 14717 AURORA AVE N SHORELINE, WA 98133	91-2041961	501(C)3	13,490.	0.			LIVE RELEASE
SEATTLE VETERINARY OUTREACH PO BOX 1094 WOODINVILLE, WA 98041	83-2653099	501(C)3	50,000.	0.			LIVE RELEASE
SECOND CHANCE ANIMAL SERVICES INC. 111 YOUNG ROAD EAST BROOKFIELD, MA 01515	04-3490671	501(C)3	51,200.	0.			RELOCATION

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SHELTER ANIMALS COUNT 41 WATCHUNG PLAZA SUITE 393 MONTCLAIR, NJ 07042	46-2215168	501(C)3	50,000.	0.			LIVE RELEASE
SHELTER FROM THE STORM ANIMAL RESCUE INC - 1602 BLOSSOM LANE - MADISON, WI 53716	20-3627106	501(C)3	10,700.	0.			LIVE RELEASE
SHELTER TRANSPORT ANIMAL RESCUE TEAM (START) - PO BOX 4792 - VALLEY VILLAGE, CA 91617	45-4258426	501(C)3	25,000.	0.			RELOCATION
SNAKE RIVER ANIMAL SHELTER INC PO BOX 51741 IDAHO FALLS, ID 83405	20-5175430	501(C)3	6,200.	0.			LIVE RELEASE
SNIPWELL SPAY NEUTER & WELLNESS CLINIC INC - 3463 HWY. 21 BYPASS, STE 110 - FORT MILL, SC 29715	82-3296883	501(C)3	90,000.	0.			SPAY/NEUTER
SOUTHERN PINES ANIMAL SHELTER PO BOX 2021 HATTIESBURG, MS 39403	64-0514796	501(C)3	120,000.	0.			RELOCATION
SPAY AND NEUTER SYRACUSE (SANS) 2616 ERIE BLVD EAST SYRACUSE, NY 13224	55-0852853	501(C)3	64,750.	0.			SPAY/NEUTER
SPAY/NEUTER YOUR PET PO BOX 477 MEDFORD, OR 97501	91-1804542	501(C)3	25,000.	0.			SPAY/NEUTER
SPAY-NEUTER SERVICES OF INDIANA, INC. - 1100 W. 42ND STREET, SUITE 205 - INDIANAPOLIS, IN 46208	31-0922223	501(C)3	14,400.	0.			SPAY/NEUTER

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SPCA OF TEXAS 2400 LONE STAR DR. DALLAS, TX 75212	75-1216660	501(C)3	55,600.	0.			SAFETY NET/SURRENDER PREVENTION
SPOKANE HUMANE SOCIETY PO BOX 6247 SPOKANE, WA 99217	91-0565011	501(C)3	17,000.	0.			LIVE RELEASE
SPOKANIMAL C A R E 710 N NAPA ST SPOKANE, WA 99202	91-1223929	501(C)3	10,000.	0.			LIVE RELEASE
SPRINGFIELD ANIMAL ADVOCACY FOUNDATION - 1600 NORTH WASHINGTON - SPRINGFIELD, MO 65803	26-4015205	501(C)3	32,500.	0.			SPAY/NEUTER
ST. AUGUSTINE HUMANE SOCIETY P. O. BOX 133 ST. AUGUSTINE, FL 32085	59-1324680	501(C)3	32,000.	0.			SPAY/NEUTER
ST. CROIX ANIMAL WELFARE CENTER, INC. - RR 2 BOX 9250 - KINGSHILL, VI 00850	23-7357706	501(C)3	100,000.	0.			SAFETY NET/SURRENDER PREVENTION
TEXAS ANIMAL SHELTER COALITION PO BOX 6551 MCKINNEY, TX 75071	31-1717528	501(C)3	15,000.	0.			OTHER
THE ANIMAL HEALTH ORGANIZATION 7206 GOODING BLVD DELAWARE, OH 43015	82-1260951	501(C)3	40,000.	0.			SPAY/NEUTER
THE ASSOCIATION FOR ANIMAL WELFARE ADVANCEMENT - 15508 W. BELL ROADSUITE 101 - 613 - SURPRISE, AZ 85374	41-1618666	501(C)6	110,000.	0.			LIVE RELEASE

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THE FIX IS IN INC PO BOX 32 LAKE TOMAHAWK, WI 54539	26-4628692	501(C)3	21,000.	0.			SPAY/NEUTER
THIS OLD HORSE 13926 60TH STREET SOUTH AFTON, MN 55001	45-4234611	501(C)3	35,000.	0.			EQUINE
TLC PETSNIPI, INC 1701 E GARY RD LAKELAND, FL 33801	61-1647971	501(C)4	126,000.	0.			SPAY/NEUTER
TOBACCO VALLEY ANIMAL SHELTER P.O.BOX 1815 EUREKA, MT 59917	81-0496968	501(C)3	8,400.	0.			ANTI-CRUELTY
TOLEDO AREA HUMANE SOCIETY 827 ILLINOIS AVE MAUMEE, OH 43537	34-4429093	501(C)3	70,000.	0.			RELOCATION
TOMPKINS COUNTY SPCA 1640 HANSHAW ROAD ITHACA, NY 14850	15-0624378	501(C)3	61,880.	0.			SPAY/NEUTER
TRI-COUNTY HUMANE SOCIETY 735 8TH ST NE ST. CLOUD, MN 56302	23-7449686	501(C)3	20,500.	0.			LIVE RELEASE
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3800 SPRUCE STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)3	49,300.	0.			SAFETY NET/SURRENDER PREVENTION
UNIVERSITY OF FLORIDA FOUNDATION 1938 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32603	59-0974739	501(C)3	75,000.	0.			ANTI-CRUELTY

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UPLANDS PEAK SANCTUARY 6444 FREEDOM ARNEY RD. FREEDOM, IN 47431	46-1798261	501(C)3	7,800.	0.			FARM ANIMALS
VIRGINIA FEDERATION OF HUMANE SOCIETIES - PO BOX 545 - EDINBURG, VA 22824	51-0208873	501(C)3	15,000.	0.			RELOCATION
VOICE FOR THE ANIMALS FOUNDATION 2633 LINCOLN BLVD #202 SANTA MONICA, CA 90405	95-4754776	501(C)3	10,000.	0.			LIVE RELEASE
VOLUNTEERS FOR ANIMALS PO BOX 1621 BATAVIA, NY 14021	22-2783890	501(C)3	20,000.	0.			SPAY/NEUTER
WADENA COUNTY HUMANE SOCIETY PO BOX 248 WADENA, MN 56482	41-1878213	501(C)3	40,200.	0.			LIVE RELEASE
WAGS AND WALKS 8721 SANTA MONICA BLVD. #344 WEST HOLLYWOOD, CA 90069	45-3749303	501(C)3	35,000.	0.			LIVE RELEASE
WASHINGTON COUNTY ANIMAL SHELTER 801 W. CLYDESDALE DRIVE FAYETTEVILLE, AR 72701	71-6003197	GOVERNMENTAL (MU	20,000.	0.			RELOCATION
WASHINGTON HUMANE SOCIETY 71 OGLETHORPE ST NW WASHINGTON, DC 20011	53-0219724	501(C)3	246,500.	0.			LIVE RELEASE
WASHINGTON STATE UNIVERSITY FOUNDATION - PO BOX 641927 - PULLMAN, WA 99164	91-1075542	501(C)3	25,000.	0.			LIVE RELEASE

Schedule I (Form 990)

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

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WAYSIDE WAIFS, INC. 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	44-0605374	501(C)3	20,300.	0.			RELOCATION
WENATCHEE VALLEY HUMANE SOCIETY INC - P.O. BOX 55 - WENATCHEE, WA 98807	91-0838299	501(C)3	30,550.	0.			LIVE RELEASE
WEST VIRGINIA HORSE NETWORK 412 12TH ST. SE CHARLESTON, WV 25314	47-2241488	501(C)3	6,700.	0.			EQUINE
YAKIMA HUMANE SOCIETY 106 SOUTH 6TH AVE. YAKIMA, WA 98902	91-0580938	501(C)3	5,700.	0.			LIVE RELEASE
YAVAPAI HUMANE SOCIETY 1625 SUNDG RANCH ROAD PRESCOTT, AZ 86301	86-0327745	501(C)3	37,500.	0.			EQUINE

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

Schedule I (Form 990) (2019)

13-1623829

Page 2

**Part III Grants and Other Assistance to Domestic Individuals.** 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 noncash assistance

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

**PART I, LINE 2:**

ASPCA GRANTS PROVIDE SUPPORT TO A VARIETY OF U.S. BASED NON-PROFIT OR MUNICIPAL ANIMAL WELFARE ORGANIZATIONS THROUGH CASH GRANTS, SPONSORSHIPS, SCHOLARSHIPS AND TRAINING. THE ASPCA DOES NOT ACCEPT UNSOLICITED GRANT PROPOSALS BY MAIL, ELECTRONICALLY, OR IN ANY FORMAT OTHER THAN BY SUBMITTING AN APPLICATION THROUGH ITS WEBSITE.

THE ASPCA CAREFULLY CONSIDERS A NUMBER OF FACTORS IN ITS GRANT REVIEW PROCESS. AMONG THOSE FACTORS IS AN ORGANIZATION'S ABILITY TO DEMONSTRATE

THE AMERICAN SOCIETY FOR THE PREVENTION  
OF CRUELTY TO ANIMALS

Schedule I (Form 990)

13-1623829 Page 2

**Part IV** Supplemental Information

ITS STABILITY, PROFESSIONALISM AND POSITIVE IMPACT ON THE LIVES OF AT RISK ANIMALS. 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:

- INNOVATIVE PROGRAMS THAT MAKE A SIGNIFICANT AND POSITIVE IMPACT ON THE LIVES OF ANIMALS AT RISK OF SUFFERING OR HOMELESSNESS
- COLLABORATION WITH OTHER ANIMAL WELFARE ORGANIZATIONS
- UP-TO-DATE AND ACCURATE WEBSITE INCLUDING REPORTS ON THE ORGANIZATION'S ACTIVITIES AND STATISTICS
- ACTIVE FUNDRAISING EFFORTS
- ACCESS TO OTHER SOURCES OF FUNDING

THE ASPCA'S FUNDING PRIORITIES INCLUDE GRANTS FOR THE FOLLOWING PURPOSES:

- ANTI-CRUELTY EFFORTS
- EMERGENCY AND DISASTER RESPONSE AND PREPAREDNESS
- EQUINE PROJECTS
- FARM ANIMAL WELFARE
- ANIMAL RELOCATION INITIATIVES
- ANIMAL SHELTERING AND SPAY/NEUTER PROGRAMS
- ANIMAL WELFARE SPONSORSHIPS AND SCHOLARSHIPS

THE ASPCA CONDUCTS REGULAR REVIEW OF ITS GRANT APPLICANTS' NON-PROFIT STATUS OR STANDING IN THE COMMUNITY SERVED. GRANTEES ARE REQUIRED TO REPORT BACK TO THE ASPCA WITH RESPECT TO THE USE AND IMPACT OF THE GRANT FUNDS PROVIDED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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 (such as 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 on line 1a? .....

**3** Indicate which, if any, of the following the 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? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- 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? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on 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? ..... **6a**
- b** Any related organization? ..... **6b**
- 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2019

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

13-1623829

Schedule J (Form 990) 2019

**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 aren't 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				
(1) MATTHEW BERSHADKER PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	562,186.	200,000.	810.	41,400.	39,143.	843,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BILL LEE SVP & CHIEF FINANCIAL OFFICER	(i)	277,253.	25,000.	1,965.	19,000.	27,176.	350,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TODD HENDRICKS SVP, DEVELOPMENT	(i)	355,932.	15,000.	1,242.	41,400.	35,051.	448,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH ESTROFF SVP, COMMUNICATIONS	(i)	340,965.	20,000.	1,242.	41,400.	37,853.	441,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SARAH LEVIN GOODSTINE SVP, OPERATIONS & STRATEGY	(i)	368,319.	29,000.	540.	22,400.	39,794.	460,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STACY WOLF SVP, POLICY, RESPONSE & ENGAGEMENT	(i)	309,797.	0.	1,032.	37,846.	12,583.	361,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BERT TROUGHTON SVP, SHELTER & VETERINARY SERVICES	(i)	306,567.	0.	12,656.	41,400.	24,100.	384,723.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BEVERLY JONES SVP, CHIEF LEGAL OFFICER	(i)	311,020.	0.	540.	41,400.	32,694.	385,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHERYL BUCCI SVP, PEOPLE & AS OF 11/1 OPERATIONS	(i)	226,797.	0.	12,232.	18,630.	40,538.	298,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) J'MAI GAYLE DIRECTOR, SURGERY	(i)	277,519.	0.	810.	11,200.	40,060.	329,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) STEVE MUSSO EVP, CAPITAL PROJECTS & FACILITIES P	(i)	256,678.	0.	3,564.	21,025.	18,978.	300,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) NANCY PERRY SVP, GOVERNMENT RELATIONS	(i)	249,684.	11,465.	2,322.	21,300.	24,918.	309,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CAMILLE DECLEMENTI VICE PRESIDENT, ASPCA ANIMAL HOSPITA	(i)	237,317.	0.	535.	19,440.	15,682.	272,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) LUKE FRANKLIN VP, MEMBERSHIP	(i)	193,680.	0.	417.	17,423.	34,615.	246,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							



THE AMERICAN SOCIETY FOR THE PREVENTION  
OF CRUELTY TO ANIMALS

Schedule J (Form 990) 2019

13-1623829

Page 3

**Part III Supplemental Information**

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

**PART I, LINE 7:**

THE FOLLOWING EMPLOYEES RECEIVED DISCRETIONARY, NON-FIXED PAYMENTS THAT ARE  
REPORTED IN SCHEDULE J, PART II, COLUMN B(II). THE DISCRETIONARY NON-FIXED  
PAYMENTS ARE DETERMINED BASED ON THE PERFORMANCE EVALUATION PROCESS:

MATTHEW BERSHADKER \$200,000

TODD HENDRICKS \$15,000

ELIZABETH ESTROFF \$20,000

SARAH LEVIN GOODSTINE \$29,000

BILL LEE \$25,000

NANCY PERRY \$11,465

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	154	5,832,077.	QUOTE PRICE
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	9	116,494.	COST
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** 0

	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 isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**Open to Public  
Inspection

Name of the organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
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**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

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, PROGRAM SERVICE ACCOMPLISHMENTS:****SHELTER AND VETERINARY SERVICES (SVS)**

SVS INCLUDES THE ASPCA ANIMAL HOSPITAL IN NEW YORK CITY; ASPCA SPAY/NEUTER ALLIANCE IN NORTH CAROLINA; NORTHERN TIER SHELTER INITIATIVE, ADOPTION CENTER IN NEW YORK CITY; AND THE ANIMAL POISON CONTROL CENTER, A 24-HOUR ANIMAL POISON CONTROL TELEPHONE HOTLINE IN URBANA, ILLINOIS; ANIMAL RECOVERY CENTER (ARC); CANINE ANNEX FOR RECOVERY & ENRICHMENT (CARE); KITTEN NURSERY; ANIMAL RELOCATION PROGRAM; AND COMMUNITY MEDICINE INCLUDING SPAY/NEUTER CLINICS IN NEW YORK CITY, LOS ANGELES AND ASHEVILLE, NORTH CAROLINA AND A COMMUNITY VETERINARY CENTER IN LIBERTY CITY, MIAMI.

THE ASPCA ANIMAL HOSPITAL (AAH) PROVIDES ASSISTANCE TO NEW YORK CITY'S VULNERABLE ANIMALS, OFFERING URGENT-CARE SERVICES TO PETS OF FAMILIES EXPERIENCING FINANCIAL CHALLENGES. IN 2019, MORE THAN 7,900 PUBLIC CLIENTS WERE ASSISTED AT THE AAH AND MORE THAN 3,910 ANIMALS WHOSE CAREGIVERS WERE UNABLE TO AFFORD VETERINARY CARE WERE TREATED. AAH TREATED 423 ANIMAL VICTIMS OF CRUELTY AND NEGLECT, 1,038 ANIMALS

THROUGH THE ASPCA'S NYC COMMUNITY ENGAGEMENT PROGRAM, AND 1,240 ANIMALS

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number	13-1623829
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THROUGH THEIR ADOPTION CENTER.

IN 2019, ASPCA SPAY/NEUTER ALLIANCE (ASNA) PERFORMED 25,140 SURGERIES AT THEIR CLINIC IN ASHEVILLE, NORTH CAROLINA. THROUGH ITS 15-YEAR OLD NATIONAL SPAY/NEUTER RESPONSE TEAM MENTORSHIP PROGRAM, 10 MILLION CATS AND DOGS HAVE BEEN SPAYED OR NEUTERED NATIONWIDE. THE MENTORED CLINICS, INCLUDING 180 ORGANIZATIONS IN 41 STATES, CURRENTLY SPAY/NEUTER A COMBINED TOTAL OF MORE THAN 1 MILLION CATS AND DOGS EACH YEAR. THIS ACHIEVEMENT IS THE RESULT OF CLINICS PRIORITIZING ACCESS TO AFFORDABLE SPAY/NEUTER SURGERIES IN THEIR COMMUNITIES—SAVING AT-RISK ANIMALS AND DRAMATICALLY REDUCING THE NUMBER OF HOMELESS PETS ENTERING SHELTERS NATIONWIDE, TACKLING PET OVERPOPULATION ACROSS THE COUNTRY.

THE NORTHERN TIER SHELTER INITIATIVE (NTSI) PROVIDES CONSULTATIONS, TRAINING AND GRANTS TO ANIMAL WELFARE ORGANIZATIONS TO IMPROVE QUALITY OF LIFE FOR COMPANION ANIMALS IN SHELTERS AND SURROUNDING COMMUNITIES. THE ASPCA FOCUSES ITS EFFORTS IN RURAL, LOW-INCOME COMMUNITIES IN SEVEN STATES: ALASKA, IDAHO, MINNESOTA, MONTANA, NORTH DAKOTA, WASHINGTON AND WISCONSIN. IN 2019, THE ORGANIZATION ENGAGED WITH 129 ORGANIZATIONS, DISTRIBUTED \$1.5 MILLION IN GRANTS, AND PROVIDED 20 TRAININGS AND 207 CONSULTATIONS DESIGNED TO ENHANCE SHELTER OPERATIONS AND SHELTERS' ENGAGEMENT WITH THEIR COMMUNITIES.

FOUR NTSI PARTNER ORGANIZATIONS ATTENDED TRAINING AT ASNA, AND ONE ORGANIZATION COMPLETED TRAINING AT THE ASPCA'S BEHAVIORAL REHABILITATION CENTER. THE ORGANIZATION ALSO COLLABORATED WITH NTSI PARTNERS ON MULTIPLE PROJECTS, INCLUDING A FIRST-OF-ITS-KIND FACILITY-DESIGN COURSE FOR ORGANIZATIONS BUILDING NEW OR RENOVATING EXISTING SHELTERS AND THE CREATION OF A COMPREHENSIVE

Name of the organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number	13-1623829
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CONFERENCE-PLANNING GUIDE, WHICH DIRECTLY SUPPORTED FIVE OF THE SEVEN STATES WITH ANIMAL WELFARE CONFERENCES.

IN 2019, THE ASPCA ONYX AND BREEZY SHEFTS ADOPTION CENTER CONCEPTUALIZED AND LAUNCHED A NEW MATCHMAKING PROGRAM THAT FOUND ADOPTERS FOR 3,726 TOTAL ANIMALS: 2,729 CATS AND 997 DOGS. THE ASPCA ADOPTION CENTER ENGAGED WITH MORE THAN 600 VOLUNTEERS, WHO LOGGED NEARLY 29,900 VOLUNTEER HOURS. VOLUNTEERS WERE OFFERED INNOVATIVE WAYS TO CONTRIBUTE TO SHELTER OPERATIONS, INCLUDING FACILITATING "DOGGY DAY OUT," A PROGRAM THAT ALLOWS VOLUNTEERS TO TAKE DOGS OUT OF THE SHELTER FOR EXTENDED PERIODS OF TIME.

THE ASPCA ANIMAL POISON CONTROL CENTER (APCC), WHICH PROVIDES EMERGENCY ASSISTANCE TO PET OWNERS AND VETERINARIANS TO ASSIST ANIMALS WHO HAVE BEEN EXPOSED TO POTENTIALLY HAZARDOUS SUBSTANCES, ANSWERED MORE THAN 353,630 CALLS IN 2019, A 13% INCREASE OVER 2018. STAFF ALSO PROVIDED OVER 58 HOURS OF CONTINUING EDUCATION FOR VETERINARY PROFESSIONALS, AUTHORED SEVEN JOURNAL ARTICLES, WROTE OR REVIEWED OVER 86 PEER-REVIEWED TEXTBOOK CHAPTERS, AND PARTICIPATED IN 55 MEDIA FEATURES. EVERY YEAR, APCC IS HELPING MORE AND MORE ANIMALS.

THE ANIMAL RECOVERY CENTER (ARC) PROVIDES LIFESAVING MEDICAL CARE AND BEHAVIORAL INTERVENTIONS TO REHABILITATE ANIMALS BROUGHT TO THE ORGANIZATION BY THE NEW YORK CITY POLICE DEPARTMENT (NYPD) OR ASPCA HUMANE LAW ENFORCEMENT AND COMMUNITY ENGAGEMENT PROGRAMS. IN 2019, ARC CARED FOR 744 ANIMALS, ULTIMATELY PREPARING THEM FOR ADOPTION OR RETURNING THEM TO THEIR OWNER, IF APPROPRIATE.

Name of the organization	THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number	13-1623829
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IN 2019, THE ASPCA'S GLORIA GURNEY CANINE ANNEX FOR RECOVERY & ENRICHMENT (CARE) SERVED 462 DOGS RESCUED THROUGH THE ORGANIZATION'S PARTNERSHIP WITH THE NYPD, MANY OF WHOM WERE SHY, FEARFUL OR UNDERSOCIALIZED. CARE PROVIDED CUSTOMIZED BEHAVIORAL REHABILITATION TO HELP PREPARE THESE DOGS AND PUPPIES FOR LIFE IN A HOME.

IN 2019, THE ASPCA KITTEN NURSERY WELCOMED 1,429 KITTENS, WITH 92% SPENDING TIME IN FOSTER HOMES. OF THESE FOSTERED KITTENS, 71% OF THEIR TOTAL TIME IN THE ASPCA'S CUSTODY WAS SPENT IN A FOSTER HOME, ALLOWING FOR MORE KITTENS TO BE HELPED ON SITE AT THE NURSERY FACILITY.

BY WAY OF BOTH LAND AND AIR TRANSPORTATION, THE ANIMAL RELOCATION PROGRAM TRANSPORTED 42,296 ANIMALS--33,474 DOGS, 8,451 CATS AND 371 OTHER ANIMALS--IN 2019. THE ORGANIZATION PARTNERS WITH "SOURCE" SHELTERS IN AREAS WITH HIGH HOMELESS PET POPULATIONS AND TRANSPORTS ANIMALS TO "DESTINATION" SHELTERS IN COMMUNITIES WHERE ADOPTABLE ANIMALS ARE IN HIGH DEMAND. THE PROGRAM INCLUDES MORE THAN 40 SOURCE SHELTERS ACROSS 27 STATES, NEARLY 100 DESTINATION SHELTERS IN 35 STATES, AND FIVE WAYSTATIONS LOCATED IN CALIFORNIA, KANSAS, KENTUCKY, TENNESSEE AND VIRGINIA. SINCE LAUNCHING IN 2014, THE ORGANIZATION HAS TRANSPORTED MORE THAN 141,000 COMPANION ANIMALS ON OVER 6,200 TRIPS THROUGHOUT THE U.S., MAKING IT THE LARGEST NATIONAL TRANSPORTER OF ANIMALS FOR ADOPTION.

THE COMMUNITY CAT INITIATIVE IS A NEW PROGRAM TO TEACH INTERESTED MEMBERS OF THE PUBLIC HOW TO EFFECTIVELY MANAGE CAT COLONIES VIA TRAP, NEUTER, RETURN & MONITOR (TNRM). THE ORGANIZATION HELD 11 TNRM CERTIFICATION WORKSHOPS IN 2019--CERTIFYING OVER 170 ATTENDEES--AS WELL

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AS SPECIALIZED COMMUNITY CAT WORKSHOPS. THIS INITIATIVE ALSO SUPPORTS THE NYPD IN MAKING INFORMED DECISIONS ABOUT HOW TO BEST ADDRESS COMMUNITY CAT ISSUES IN THEIR PRECINCTS.

THE ORGANIZATION PARTICIPATED IN 17 SOCIAL SERVICE AGENCY/COMMUNITY TRAININGS, INCLUDING JOINT-SERVICE TRAININGS WITH URBAN RESOURCE INSTITUTE NYC PALS (PEOPLE AND ANIMALS LIVING SAFELY), A PROGRAM THAT HELPS CO-SHELTER DOMESTIC VIOLENCE VICTIMS AND THEIR PETS.

AN ESSENTIAL TOOL IN PREVENTING ANIMAL HOMELESSNESS IS SPAY/NEUTER SURGERIES, AND LAST YEAR THE ASPCA REACHED A TOTAL OF 500,000 SPAY/NEUTER SURGERIES IN NYC. THE NYC COMMUNITY MEDICINE TEAM SPAYED OR NEUTERED 48,095 ANIMALS AND COMPLETED 7,310 PRIMARY PET CARE (PPC) VISITS. THE ORGANIZATION INCREASED SPAY/NEUTER TRANSPORT CAPACITY WITH A NEW VEHICLE THAT TRANSPORTS UP TO 80 ANIMALS AT A TIME AND IS DESIGNED TO LIMIT STRESS FOR ANIMALS AND MINIMIZE DISEASE TRANSMISSION. THE ASPCA COMPLETED CONSTRUCTION OF ITS NEW COMMUNITY VETERINARY CENTER IN THE BRONX, A GROUNDBREAKING NEW PROGRAM AND FACILITY THAT WILL PROVIDE AFFORDABLE, ACCESSIBLE MEDICAL CARE TO ANIMALS IN NEED AND WILL CONTRIBUTE TO THE IMPROVEMENT OF THE LIVES OF NEW YORK CITY'S MOST VULNERABLE ANIMALS.

SINCE 2014, THE ORGANIZATION HAS BEEN WORKING IN LOS ANGELES, CA, ASSISTING ANIMALS IN UNDERSERVED COMMUNITIES IN THE L.A. AREA AND IMPROVING ANIMAL WELFARE POLICIES IN THE STATE OF CALIFORNIA.

IN 2019, THE ASPCA WORKED CLOSELY WITH THE LOS ANGELES COUNTY DEPARTMENT OF ANIMAL CARE AND CONTROL AND ASSISTED OVER 6,500 ANIMALS THROUGH A VARIETY OF SERVICES FOR PET OWNERS SUCH AS VACCINATIONS,



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SPAY/NEUTER, MICROCHIPS, EMERGENCY VETERINARY CARE AND PET SUPPLIES.

THE ORGANIZATION PROVIDED ADOPTIONS SUPPORT TO L.A. COUNTY ANIMAL CARE CENTERS TO INCREASE CAT ADOPTIONS THROUGH BOTH GRANT FUNDING TO SUBSIDIZE ADOPTION FEES AND PROMOTE ADOPTIONS AND ON-SITE CAT ADOPTION FACILITATORS. CAT ADOPTIONS INCREASED BY 247 IN 2019 COMPARED TO 2018. MORE THAN 2,000 KITTENS WERE DIVERTED FROM ENTERING L.A. COUNTY SHELTERS AND SAFELY PLACED THROUGH FOSTERING AND RELOCATION SO THEY COULD RECEIVE CARE UNTIL THEY WERE OLD ENOUGH TO BE SPAYED OR NEUTERED AND ADOPTED.

PET FOOD DISTRIBUTION ALSO EXPANDED TO LOS ANGELES THROUGH A PARTNERSHIP WITH LOS ANGELES REGIONAL FOOD BANK. MOREOVER, ATTENDING THE WEEKLY FOOD DISTRIBUTION GAVE THE TEAM AN IMPORTANT OPPORTUNITY TO CONNECT WITH PET PARENTS AND PROVIDE INFORMATION AND ACCESS TO SERVICES.

SINCE OPENING A STATIONARY SPAY/NEUTER CLINIC IN SOUTH LOS ANGELES IN 2014, THE ORGANIZATION ADDED TWO MOBILE SPAY/NEUTER CLINICS AND ONE MOBILE VETERINARY CLINIC DEDICATED TO PPC. IN 2019, THE ASPCA LAUNCHED ANOTHER NEW SPAY/NEUTER VEHICLE, CELEBRATED THE FIVE-YEAR ANNIVERSARY OF THE L.A. SPAY/NEUTER CLINIC, AND BEGAN WORKING WITH COMMUNITY CAT GROUPS IN A FOCUS AREA TO PROVIDE COMMUNITY CAT SPAY/NEUTER SURGERIES.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE -CONTINUED  
OVERALL IN L.A. IN 2019, THE ASPCA DISTRIBUTED 55,000 POUNDS OF DOG AND CAT FOOD, ASSISTED MORE THAN 9,000 ANIMALS, CONDUCTED MORE THAN 20,000 SPAY/NEUTER SURGERIES AND SERVED 7,500 PPC APPOINTMENTS.

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IN OCTOBER 2019, THE ASPCA OPENED THE ASPCA COMMUNITY VETERINARY CENTER IN LIBERTY CITY, MIAMI, BUILT IN PARTNERSHIP WITH MIAMI-DADE ANIMAL SERVICES AND MIAMI-DADE COUNTY. THE CVC BRINGS AFFORDABLE AND ACCESSIBLE VETERINARY SERVICES TO PETS AND PET OWNERS IN MIAMI-DADE COUNTY, INCLUDING THE LIBERTY CITY AREA-A CRITICALLY UNDERSERVED COMMUNITY WITH LIMITED ACCESS TO VETERINARY CARE.

THE CVC OFFERS PARTIALLY AND FULLY SUBSIDIZED BASIC AND PREVENTIVE CARE TO COMPANION ANIMALS, INCLUDING VACCINATIONS, SPAY/NEUTER SURGERIES, AND TREATMENT FOR INFECTIONS AND OTHER MINOR ISSUES. BETWEEN OCTOBER AND DECEMBER 2019, THE ORGANIZATION CARED FOR NEARLY 600 ANIMALS.

THE ORGANIZATION ESTABLISHES STRATEGIC ALLIANCES WITH LOCAL SERVICE PROVIDERS IN THE MIAMI-DADE AREA TO REACH MORE PET OWNERS IN NEED. IN ADDITION TO JOINING SEVERAL COMMUNITY COALITIONS AND ATTENDING MONTHLY HOMEOWNERS ASSOCIATION AND CITY AND COUNTY MEETINGS IN LIBERTY CITY, THE ASPCA DEVELOPED A PARTNERSHIP WITH WALKING ONE STOP, AN ORGANIZATION THAT EMPOWERS LOCAL LEADERS WITH RESOURCES TO CONNECT COMMUNITY MEMBERS TO ASPCA SERVICES.

IN 2019, THE ASPCA ESTABLISHED A PET FOOD PARTNERSHIP WITH FARM SHARE, A NON-PROFIT ORGANIZATION FOCUSED ON ALLEVIATING HUNGER BY DISTRIBUTING FOOD MONTHLY AT COMMUNITY EVENTS TO THOSE IN NEED THROUGHOUT FLORIDA. ASPCA STAFF PROVIDE PET FOOD AND CONNECT WITH PET OWNERS TO SHARE INFORMATION ABOUT ASPCA SERVICES IN THE AREA.

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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLIC EDUCATION AND COMMUNICATIONS

ESSENTIAL TO THE ASPCA'S MISSION IS BRINGING AWARENESS TO ITS PROGRAMS AND EDUCATING THE PUBLIC, ILLUSTRATING HOW PEOPLE AND ORGANIZATIONS CAN ENGAGE AND GET INVOLVED. THE ASPCA HAD NEARLY 50 MILLION PAGE VIEWS ON ASPCA.ORG IN 2019, BRINGING AWARENESS TO MORE THAN 2.5 MILLION SUPPORTERS AND THE PUBLIC AT LARGE ON ACTION THEY CAN TAKE ON BEHALF OF ANIMALS.

SOCIAL MEDIA POSTINGS ARE A KEY PART OF THE ASPCA'S EDUCATION PROCESS, AND THEY UPDATED THE PUBLIC OF REGULATORY WINS AND PROVIDED DETAILS OF THE ASPCA'S ANTI-CRUELTY EFFORTS. THE ASPCA'S PROMOTIONS GENERATED TENS OF MILLIONS OF SOCIAL MEDIA IMPRESSIONS IN 2019. THE PUBLIC WAS UPDATED ON ACTION THAT CAN BE TAKEN TO ENSURE THAT ANIMALS ARE GIVEN THE GREATEST POSSIBLE PROTECTION UNDER THE LAW AND MADE AWARE OF HOW EACH PERSON CAN HELP THIS EFFORT. IN 2019, MORE THAN 100 ADVOCACY E-MAILS WERE SENT TO ASPCA SUPPORTERS URGING THEM TO TAKE ACTION ON A VARIETY 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 ACROSS THE COUNTRY IN STATE LEGISLATURES.

IN 2019, THE ASPCA DISTRIBUTED NEARLY 2,000,000 COPIES OF ASPCA ACTION, ITS MEMBER MAGAZINE, AND 15,000 COPIES, COMBINED PRINT AND DIGITAL, OF ITS ANNUAL REPORT. 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 IS AVAILABLE ON THE ASPCA

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WEBSITE, WHICH HAS MANY ADDITIONAL EDUCATIONAL RESOURCES FOR THE  
PUBLIC.

THE ASPCA CONTINUES TO BE A LEADING VOICE IN NATIONAL AND LOCAL MEDIA  
ON ANIMAL CRUELTY AND WELFARE ISSUES. IN 2019, THE ASPCA APPEARED IN  
23,197 FAVORABLE MEDIA PLACEMENTS ACROSS TRADITIONAL MEDIA OUTLETS AND  
BLOGS, INCLUDING MANY HIGH-QUALITY PLACEMENTS IN HIGH-EXPOSURE OUTLETS  
SUCH AS THE NEW YORK TIMES, THE ASSOCIATED PRESS, FORBES, CNN, NBC  
NEWS, THE HILL, THE WASHINGTON POST, USA TODAY, THE HUFFINGTON POST  
AND GOOD MORNING AMERICA. ASPCA EFFORTS RELATED TO ADOPTION CAMPAIGNS,  
LEGISLATIVE EFFORTS AND ANIMAL CRUELTY INITIATIVES WERE AMONG THE  
FEATURED TOPICS. THE ASPCA ALSO ENGAGED MANY CELEBRITY INFLUENCERS IN  
2019 INCLUDING CECILY STRONG, ADRIEN GRENIER, EDIE FALCO, KJ APA AND  
BETHENNY FRANKEL WHO LENT THEIR VOICES TO HIGHLIGHT THE ORGANIZATION'S  
WORK. SPECIFIC ASPCA-RELATED ACTIVITIES AND INITIATIVES COVERED BY  
MAJOR MEDIA IN 2019 INCLUDE:

ASPCA'S GROUNDBREAKING INITIATIVE FOR LOW-COST COMMUNITY VET CLINICS  
AND UPSTATE NY REHABILITATION FACILITY  
IN 2019, THE ASPCA ANNOUNCED MAJOR PLANS TO ADDRESS TWO  
LIFE-THREATENING CHALLENGES FACING DOGS AND CATS: LACK OF ACCESSIBLE,  
AFFORDABLE VETERINARY CARE AND THE LIMITED SCOPE OF CRUELTY  
REHABILITATION PROGRAMS. THE ASPCA COMMITTED \$45 MILLION TO OPEN THREE  
LOW-COST VETERINARY CLINICS IN NEW YORK CITY OVER THE NEXT THREE YEARS,  
AND BUILD A NEW FACILITY IN THE HUDSON VALLEY THAT WILL REHABILITATE  
ANIMAL VICTIMS OF CRUELTY. MAJOR LOCAL MEDIA OUTLETS REPORTING THESE  
PROJECTS INCLUDED AMNEWYORK, WCBS-NY, WPIX11, NY1 AND BK READER.

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ASPCA COMMUNITY VETERINARY CENTER

THE NEW ASPCA COMMUNITY VETERINARY CENTER IN LIBERTY CITY, FLORIDA,  
OPENED IN OCTOBER THROUGH A PARTNERSHIP WITH MIAMI-DADE ANIMAL  
SERVICES. THE NEW FACILITY WILL PROVIDE SPAY/NEUTER SURGERIES AND OTHER  
PREVENTIVE AND BASIC VETERINARY CARE FOR ANIMALS AT REDUCED OR NO COST  
TO MIAMI-DADE COUNTY PET OWNERS. NEWS OUTLETS COVERING THE GRAND  
OPENING INCLUDED THE MIAMI HERALD, SOUTH FLORIDA TIMES, AND THE MIAMI  
TIMES.

THE ASPCA-NYPD PARTNERSHIP

THE ASPCA AND THE NYPD COMMEMORATED THE POSITIVE IMPACT THAT THEIR  
PARTNERSHIP HAS HAD ON NYC ANIMALS IN THE FIFTH YEAR OF THEIR  
RELATIONSHIP. NEARLY 3,300 VICTIMS OF ANIMAL CRUELTY HAVE BEEN TREATED  
SINCE THE PROGRAM BEGAN CITYWIDE IN 2014. THE ASPCA COMMUNITY  
ENGAGEMENT PROGRAM ALSO WORKS WITH THE NYPD AND OTHER CITY AGENCIES TO  
SUPPORT PET OWNERS IN NEED BY ARRANGING VETERINARY CARE AND PROVIDING  
PET SUPPLIES. MEDIA AND OUTLETS BRIAN LEHRER SHOW, METRO, GOTHAMIST,  
THE NEW YORK POST, AND PIX 11 COVERED THE ANNIVERSARY. IN ADDITION, THE  
CANADIAN PRESS REPORTED HOW THE ONTARIO SOCIETY FOR THE PREVENTION OF  
CRUELTY TO ANIMALS IS POINTING TO THE SUCCESS OF THE ASPCA-NYPD  
PARTNERSHIP AS A POSSIBLE MODEL FOR THE PROVINCE'S EFFORTS TO FIGHT  
ANIMAL CRUELTY.

ANIMAL FIGHTING INVESTIGATION

IN MAY, THE ASPCA ASSISTED THE INDIANA GAMING COMMISSION (IGC) IN  
RESCUING NEARLY 600 BIRDS AND 10 DOGS FROM ANIMAL FIGHTING RINGS. THE  
IGC SIMULTANEOUSLY EXECUTED TWO SEARCH WARRANTS ON SEPARATE INDIANA  
PROPERTIES WHERE THE ASPCA FOUND DOGS CONFINED WITH HEAVY CHAINS AND

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HOUSED IN A MANNER CONSISTENT WITH DOGFIGHTING. THE BIRDS HAD PHYSICAL ALTERATIONS COMMONLY ASSOCIATED WITH COCKFIGHTING. THE ASPCA MOVED THE ANIMALS TO A TEMPORARY SHELTER FOR MEDICAL TREATMENT AND BEHAVIORAL CARE. NATIONAL MEDIA OUTLETS REPORTING THE RESCUE AND INVESTIGATION INCLUDED THE ASSOCIATED PRESS, THE HILL AND NBC NEWS. LOCAL MEDIA OUTLETS REPORTING THIS NEWS INCLUDED THE NEW YORK DAILY NEWS AND WGNTV.

#### LONG ISLAND DOGFIGHTING RAID

IN OCTOBER 2019, THE ASPCA ASSISTED THE NYPD WITH REMOVING 28 DOGS FROM TWO PROPERTIES WHERE SUSPECTED LARGE-SCALE DOGFIGHTING OPERATIONS WERE HELD. THE ASPCA ALSO ASSISTED WITH FORENSIC EVIDENCE COLLECTION, SHELTERING AND MEDICAL CARE FOR THE DOGS. IN DECEMBER, MEDIA OUTLETS REVISITED THE CASE, REPORTING THAT A VETERINARY WORKER AND TWO MEN WERE CHARGED WITH RUNNING THE DOGFIGHTING RINGS. OUTLETS COVERING THE ASPCA'S RESCUE AND CARE FOR THE SEIZED DOGS INCLUDED THE ASSOCIATED PRESS, NEW YORK POST, NEW YORK DAILY NEWS, NBC NEW YORK, GOTHAMIST AND NEWSDAY.

#### NEW YORK PET STORE SALES BAN

IN APRIL, A NEW LAW PROPOSED BY TWO NEW YORK ELECTED OFFICIALS WOULD BAN NEW YORK STATE PET STORES FROM SELLING CATS, DOGS AND RABBITS, MAKING NEW YORK THE THIRD STATE TO PASS THIS TYPE OF ANIMAL WELFARE LEGISLATION. NATIONAL MEDIA OUTLETS REPORTING THE ASPCA'S SUPPORT OF THE LEGISLATION INCLUDED CONSUMER AFFAIRS AND CARE2, WHILE LOCAL MEDIA OUTLETS INCLUDED DEMOCRAT & CHRONICLE, CRAIN'S NEW YORK, AMNEWYORK, PATCH.COM, AND AUBURN PUB.

#### PET LEASING LEGISLATION

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IN JULY, LEGISLATORS IN NEW JERSEY PROPOSED A PET LEASING BAN, WHICH WAS VOTED INTO LAW IN AUGUST. MEDIA OUTLETS REPORTING ON THE ASPCA'S OPPOSITION TO PET LEASING INCLUDED CNBC, NBR AND THE CHICAGO TRIBUNE, ALL OF WHICH POSITIONED THE ASPCA AS AN EXPERT IN ANIMAL WELFARE. AT THE END OF THE YEAR, MEDIA OUTLETS REPORTED THAT FLORIDA AND MICHIGAN LAWMAKERS ARE AIMING TO BAN PET LEASING. THE TWO STATES WOULD BE JOINING SEVEN OTHER STATES TO PASS LAWS THAT HAVE BANNED THE PRACTICE. NEWSWEEK AND REGIONAL OUTLETS INCLUDING THE SUN SENTINEL, ORLANDO SENTINEL, WINK NEWS AND WIOD HIGHLIGHTED THE ASPCA'S EFFORTS TO BAN PET LEASING.

#### A PROPOSAL TO SAVE WILD MUSTANGS

THE ASPCA AND THE HUMANE SOCIETY OF THE UNITED STATES (HSUS) PROPOSED A PLAN TO SAVE AMERICA'S WILD MUSTANGS FROM SLAUGHTER. THIS NEW, NON-LETHAL PLAN WHICH WAS BACKED BY THE NATIONAL CATTLEMEN'S BEEF ASSOCIATION AND THE AMERICAN FARM BUREAU FEDERATION WOULD REDUCE HERD SIZE BY EXPANDING FERTILITY CONTROL ON THE RANGE, ULTIMATELY SAVING THE BUREAU OF LAND MANAGEMENT MONEY IN THE LONG RUN. AS PART OF THE PROPOSAL, THE HSUS AND THE ASPCA WOULD DROP THEIR LONG-HELD OPPOSITION TO THE CONTROVERSIAL ROUNDUPS OF THE HORSES. MEDIA OUTLETS REPORTING ON THE ASPCA AND HSUS'S PLAN TO SAVE AND PROTECT AMERICA'S WILD HORSES INCLUDED THE ASSOCIATED PRESS, CAPITAL PRESS, CQ WEEKLY AND GO HUNT.

#### USDA ANIMAL WELFARE LAWSUIT

IN 2017, THE USDA REMOVED THOUSANDS OF CRITICAL ANIMAL WELFARE ENFORCEMENT RECORDS FROM ITS WEBSITE TO PROTECT THE BREEDERS' "PERSONAL PRIVACY." IN APRIL, THE ASPCA SUED THE USDA AFTER NEARLY 40 FREEDOM OF INFORMATION ACT REQUESTS WENT UNANSWERED. MEDIA OUTLETS REPORTING THE

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ASPCA'S LAWSUIT WITH THE USDA INCLUDED BLOOMBERG, WSB, AND WJAX.

#### MEOW FOR NOW

IN CONNECTION WITH ADOPT A SHELTER CAT MONTH, THE ASPCA PROMOTED ITS "MEOW FOR NOW" CAMPAIGN, WHICH OFFERS TRAINING, FOOD AND SUPPLIES TO SUPPORT FOSTER PROGRAMS IN SHELTERS AROUND THE COUNTRY. THESE PROGRAMS FIND TEMPORARY HOMES FOR VULNERABLE KITTENS, WHICH EASES THE STRAIN ON OVERCROWDED SHELTERS. NATIONAL AND LOCAL MEDIA OUTLETS COVERING THE MEOW FOR NOW CAMPAIGN INCLUDED GOTHAMIST, WFLA, KVLV AND KWQC. ON JUNE 9, KITTENS FROM THE ASPCA ADOPTION CENTER APPEARED ON THE SET OF GOOD MORNING AMERICA TO PROMOTE THE MEOW FOR NOW CAMPAIGN.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE -CONTINUED

#### ASPCA ANIMAL POISON CONTROL CENTER'S TOP TOXINS LIST

THE ASPCA'S ANIMAL POISON CONTROL CENTER RELEASED ITS TOP TOXINS FOR PETS LIST DURING NATIONAL POISON PREVENTION WEEK IN MARCH. NATIONAL MEDIA OUTLETS COVERING THE TOP TOXINS LISTED BY OVER-THE-COUNTER MEDICATIONS-INCLUDED PEOPLE MAGAZINE, GOOD HOUSEKEEPING, AND HOUSE BEAUTIFUL.

#### MARIJUANA TOXICITY

AS A LIKELY CONSEQUENCE OF THE LEGALIZATION OF CANNABIS PRODUCTS IN SEVERAL STATES, THE ASPCA POISON CONTROL CENTER REPORTED MORE THAN 1,800 CANNABIS-RELATED CALLS IN 2018. CALLS ABOUT PETS EXPERIENCING EFFECTS FROM ACCIDENTALLY EATING EDIBLE CANNABIS PRODUCTS OR THE CANNABIS PLANT ITSELF ROSE 765 PERCENT OVER THE PAST DECADE. NATIONAL MEDIA OUTLETS REPORTING ON NEW ASPCA MARIJUANA TOXICITY STATISTICS AND INCLUDING EXPERT INSIGHT INCLUDED ASSOCIATED PRESS, BUSINESS INSIDER,



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BUSTLE, AND MASHABLE.

500,000TH SPAY/NEUTER SURGERY

IN JULY, VETERINARY PRACTICE NEWS CONGRATULATED THE ASPCA FOR COMPLETING ITS 500,000TH SPAY/NEUTER SURGERY IN NEW YORK CITY. THE ASPCA CELEBRATED 17 YEARS OF OFFERING FREE OR LOW-COST PROCEDURES TO UNDERSERVED PET OWNERS THROUGH ITS SPECIALIZED MOBILE UNITS AND TWO FULL-TIME SPAY/NEUTER CLINICS.

CLEAR THE SHELTERS

IN AUGUST, THE ASPCA PARTICIPATED IN CLEAR THE SHELTERS, A NATIONAL ADOPTION EVENT THAT FEATURED MORE THAN 2,000 PARTICIPATING SHELTERS AND WAS SPONSORED BY NBC AND TELEMUNDO. MEDIA OUTLETS COVERING THE ASPCA'S PARTICIPATION INCLUDED TODAY SHOW, GOTHAMIST, AMNY, AND SPECTRUM NEWS.

HURRICANE DORIAN RESPONSE

IN SEPTEMBER, MEDIA OUTLETS COVERED THE ASPCA'S PROACTIVE RESCUE AND SAFETY ADVOCACY EFFORTS AHEAD OF HURRICANE DORIAN, INCLUDING THE ASPCA'S DISASTER PREPAREDNESS TIPS. IN THOSE ARTICLES, THE ORGANIZATION ADVISED PET OWNERS TO INCLUDE THEIR PETS IN EVACUATION PLANS, TO MAKE SURE PETS ARE WEARING ID TAGS, AND TO CREATE A PORTABLE PET EMERGENCY KIT. MEDIA OUTLETS HIGHLIGHTING THE ASPCA'S PREPAREDNESS TIPS INCLUDED HEAVY, HIGHLANDS NEWS-SUN, AL DIA NEWS, AND WFTX. THE ASPCA PARTNERED WITH WINGS OF RESCUE AND THE RACHAEL RAY FOUNDATION TO TRANSPORT ANIMALS FROM SHELTERS AT RISK OF FLOODING BEFORE HURRICANE DORIAN MADE LANDFALL. TOGETHER, THE ORGANIZATIONS MOVED NEARLY 200 ANIMALS TO THE NORTHEAST WHERE THEY WERE MADE AVAILABLE FOR ADOPTION. THE ASPCA ADOPTION CENTER TOOK IN 20 CATS AND KITTENS FROM THE TRANSPORT. THE

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ASPCA'S INVOLVEMENT WITH PET EVACUATIONS WAS COVERED BY USA TODAY,  
ASSOCIATED PRESS, MOTHER NATURE NETWORK, NEW YORK DAILY NEWS, MASS  
LIVE, AND SAVANNAH NOW.

SUBARU PARTNERSHIP

IN 2019, SUBARU SHARE THE LOVE EVENT CELEBRATED A 12-YEAR PARTNERSHIP  
WITH THE ASPCA. THE TWO ORGANIZATIONS ALSO PROMOTED THE FIRST ANNUAL  
NATIONAL MAKE A DOG'S DAY, OBSERVED ON OCTOBER 22. THIS CAMPAIGN  
ENCOURAGED PEOPLE TO ADOPT SPECIAL NEEDS DOGS. THE ASPCA AND LOCAL  
SUBARU DEALERSHIPS ALSO JOINED FORCES DURING Q4 TO PROVIDE A VARIETY OF  
GRANTS TO LOCAL SHELTERS NATIONWIDE. THE GRANTS COVERED A VARIETY OF  
SERVICES, INCLUDING ADOPTION FEES, SPAY/NEUTER SERVICES, AND  
MICROCHIPPING. THE ASPCA AND SUBARU'S PARTNERSHIP WAS FEATURED ON GOOD  
MORNING AMERICA, THE TODAY SHOW, NEWSWEEK, KXTV AND DESERT SUN.

CONTINUING COVERAGE OF ASPCA "KID OF THE YEAR"

THE ASPCA'S 2018 KID OF THE YEAR, SEVEN-YEAR-OLD ROMAN MCCONN, WAS A  
GUEST ON ELLEN IN JANUARY. IN ADDITION TO FEATURING ROMAN'S WORK TO  
HELP ANIMALS GET ADOPTED, THE SHOW INCLUDED A VIDEO EXCERPT OF ROMAN'S  
SPEECH AT THE ASPCA HUMANE AWARDS LUNCHEON. OVER THE FIRST SIX MONTHS  
OF 2019, OTHER NATIONAL AND REGIONAL MEDIA OUTLETS COVERING ROMAN'S  
MISSION TO HELP VULNERABLE DOGS INCLUDED INSIDE EDITION, ABC NEWS, THE  
ATLANTA JOURNAL CONSTITUTION, THE TODAY SHOW, GOOD DAY NEW YORK AND  
ANIMAL PLANET'S DODO HEROES.

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POLICY, RESPONSE AND ENGAGEMENT PROGRAMS (PRE)

PRE INCLUDES THE BEHAVIORAL REHABILITATION CENTER IN WEAVERVILLE, NORTH CAROLINA; THE CRUELTY RECOVERY CENTER; NATIONAL FIELD RESPONSE; LEGAL ADVOCACY; HUMANE LAW ENFORCEMENT IN NEW YORK, WHICH INCLUDES THE ASPCA-NEW YORK CITY POLICE DEPARTMENT (NYPD) PARTNERSHIP AND COMMUNITY ENGAGEMENT IN NYC, LOS ANGELES AND MIAMI; EQUINE WELFARE; FARM ANIMAL WELFARE; AND NATIONAL, STATE, AND LOCAL LEGISLATIVE INITIATIVES, AS WELL AS ANIMAL BEHAVIOR, AND ANIMAL FORENSIC ACTIVITIES.

IN 2019, THE ASPCA BEHAVIORAL REHABILITATION CENTER (BRC) CONTINUED TO REHABILITATE EXTREMELY FEARFUL, UNDERSOCIALIZED DOGS, MOST FROM CRUELTY CASE BACKGROUNDS. THE TEAM REDUCES DOGS' FEAR OF PEOPLE AND ACCLIMATES THEM TO REAL-LIFE SITUATIONS, PREPARING THEM FOR LIVES IN LOVING HOMES, USING SCIENTIFICALLY SOUND TECHNIQUES. THE BRC RECORDED THE 100TH GRADUATE FROM THE PROGRAM THIS YEAR.

THE BRC ALSO COLLABORATES WITH OTHER ANIMAL WELFARE ORGANIZATIONS THROUGH THE LEARNING LAB-A PARTNER PROGRAM DESIGNED TO ELEVATE ANIMAL WELFARE NATIONALLY BY CONNECTING EXPERTS ACROSS THE COUNTRY WHO SHARE BEHAVIOR BEST PRACTICES AND INNOVATIVE TECHNIQUES. SIX NEW PARTNER ANIMAL WELFARE GROUPS ATTENDED THE LEARNING LAB CORE RETREAT, BRINGING THE TOTAL NUMBER TO 10 PARTNERS NATIONWIDE. TWO PARTNERS ATTENDED THE ASPCA'S LEARNING LAB SPECIALIST RETREAT TO LEARN HOW TO CONDUCT THE BRC'S COMPREHENSIVE PROGRAM FOR THE REHABILITATION OF EXTREMELY FEARFUL DOGS. THE ORGANIZATION ALSO LAUNCHED A RESOURCE LIBRARY FOR ALL LEARNING LAB PARTNERS, HOSTED MULTI-ORGANIZATION, LIVE DISCUSSION GROUPS ON A RANGE OF BEHAVIOR TOPICS, AND COLLABORATED WITH PARTNERS ON JOINT PRESENTATIONS AT TWO ANIMAL WELFARE CONFERENCES-ALL IN EFFORT TO PROMOTE CONTINUED LEARNING. THE BRC TEAM ALSO CREATED AND LAUNCHED THE

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"EVERYONE IS ON THE BEHAVIOR TEAM" EARNING COURSE SERIES TO INCREASE THE CAPABILITY OF STAFF AND VOLUNTEERS AT ANY SHELTER TO SAFELY SUPPORT ANIMALS' BEHAVIORAL HEALTH, THEREBY IMPROVING QUALITY OF LIFE AND ADOPTABILITY.

IN 2019, THE ASPCA BEGAN HIRING A DEDICATED TEAM OF SHELTERING, VETERINARY AND ANIMAL BEHAVIOR STAFF AT OUR NEW CRUELTY RECOVERY CENTER (CRC), WHICH SERVES ANIMALS RESCUED IN ASPCA NATIONAL CRUELTY CASES AND DISASTER RESPONSES. ALONG WITH HIRING, FINDING A NEW FACILITY TO HOUSE THE RESCUED ANIMALS BECAME A TOP PRIORITY. THIS FACILITY WILL ALLOW THE ORGANIZATION TO EXPAND BEHAVIORAL AND MEDICAL SERVICES, WHILE PROVIDING OPPORTUNITIES FOR ANIMALS TO HEAL AFTER RESCUE. THE ANTI-CRUELTY BEHAVIOR TEAM (ACBT), WHICH OVERSAW THE BEHAVIORAL HEALTH OF ANIMALS RESCUED BY THE ASPCA FROM CRUELTY AND NATURAL DISASTERS, SUCCESSFULLY REHABILITATED OVER 70% OF FEARFUL, UNDERSOCIALIZED DOGS, THEREBY FREEING UP SPACE AT THE BEHAVIORAL REHABILITATION CENTER FOR DOGS NEEDING MORE INTENSIVE TREATMENTS. ACBT CONTINUED THEIR GROUND-BREAKING WORK ON DOCUMENTING EVIDENCE OF PSYCHOLOGICAL TRAUMA TO SUPPORT CRUELTY CASES.

AS PART OF THE RESTRUCTURE, ACBT TRANSITIONED INTO THE BEHAVIORAL SCIENCES TEAM (BST) TO WORK CLOSELY WITH BEHAVIOR TEAMS ACROSS THE ORGANIZATION, TO ELEVATE THE ORGANIZATION'S SHELTER BEHAVIOR PROGRAMS BY ESTABLISHING BEST PRACTICES AND PROCESSES WITHIN A HOLISTIC MODEL OF PHYSICAL AND PSYCHOLOGICAL HEALTH CARE. BST WILL LEAD COLLABORATIONS ACROSS THE ORGANIZATION TO ADVANCE THE ANIMAL WELFARE FIELD BY DEVELOPING EFFECTIVE AND EFFICIENT INTERVENTIONS FOR COMMON BEHAVIOR CONDITIONS AND SHARING INNOVATIONS WITH OTHER ORGANIZATIONS NATIONWIDE.

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IN 2019, FORENSIC SCIENCES WORKED WITH THE ASPCA'S STRATEGY & RESEARCH TEAM TO DEVELOP AND REFINE A THREE-YEAR RESEARCH PLAN THAT WILL ALLOW FOR STRATEGIC SELECTION OF RESEARCH THAT ALIGNS THE NEEDS OF THE ORGANIZATION WITH THE NEEDS OF THE PROFESSION TO MOVE THE WORK FORWARD. THE PROJECT SUCCESS HAS LED TO THE DEVELOPMENT OF A THREE-TO-FIVE-YEAR PLAN FOR FORENSIC SCIENCES STARTING IN 2020, ALLOWING FORENSICS TO PRIORITIZE THEIR WORK ACROSS THE LANDSCAPE OF THE ORGANIZATION TO INCREASE IMPACT. RESEARCH INCLUDES EXAMINING COMMON INJURY PATTERNS AND OFFENDER CHARACTERISTICS IN CASES INVOLVING DOMESTIC VIOLENCE, AND ANALYZING SCAR AND WOUND PATTERNS ON PIT BULL-TYPE DOGS TO HELP RECOGNIZE INJURIES ASSOCIATED WITH DOGFIGHTING. IN 2019, IT WAS THE FIRST TIME THE ORGANIZATION OFFERED VETERINARY INTERNS A FORMAL ROTATION IN FORENSIC SCIENCES; IN JUNE, THE ASPCA ANIMAL HOSPITAL IN NYC WELCOMED SEVEN NEW VETERINARY INTERNS. WHILE INTERNS HAVE ALWAYS BEEN INVOLVED IN THE MEDICAL CARE OF ANIMAL CRUELTY VICTIMS, THE ASPCA CAPITALIZED ON THE OPPORTUNITY TO PROVIDE SPECIALIZED TRAINING IN VETERINARY FORENSIC MEDICINE AND HOSTED INTERNS FOR APPROXIMATELY 29 WEEKS OF THE YEAR. IN ADDITION TO SUPERVISED EXAMINATIONS AND NECROPSIES, THEY ALSO GAINED EXPERIENCE BY WRITING VETERINARY REPORTS AND OBSERVING EXPERT WITNESS TESTIMONY PREPARATION WITH ASPCA AND NYC PROSECUTORS. IN 2019, THE ASPCA HELD THREE TRAININGS FOR VETERINARY TECHNICIANS ACROSS FLORIDA.

IN 2019, THE ASPCA DEPLOYED TO SEVEN OPERATIONS ACROSS SIX STATES. THESE ENCOMPASSED MULTIPLE DISASTER RESPONSES, INCLUDING A HURRICANE, WILDFIRE, AND FLOOD-ALL WHILE THE ORGANIZATION CONTINUED TO OPERATE ITS EMERGENCY SHELTER FOR ANIMALS RESCUED FROM CRUELTY SITUATIONS. NEARLY 4,000 ANIMALS WERE ASSISTED VIA DEPLOYMENTS, INVESTIGATIVE CASE SUPPORT

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AND CONSULTATIONS. IN ADDITION TO DIRECT ANIMAL WORK, THE ASPCA SPENT A LARGE PORTION OF THE YEAR UNDERGOING SIGNIFICANT RESTRUCTURING TO MORE EFFICIENTLY SERVE ANIMALS IN NEED ACROSS THE COUNTRY. FORMERLY KNOWN AS FIELD INVESTIGATIONS AND RESPONSE, THE RENAMED NATIONAL FIELD RESPONSE (NFR) TEAM CONTINUES THE WORK OF REMOVING ANIMALS FROM CRISIS SITUATIONS CREATED BY NATURAL DISASTERS AND INCIDENTS OF ANIMAL FIGHTING, PUPPY MILLS, HOARDING OR NEGLECT. AS NFR'S FOCUS SHIFTED TO OPERATIONAL PLANNING, LOGISTICS AND FIELD RESPONSE, THE MEDICAL AND SHELTERING FUNCTIONS FORMERLY IN FIR SHIFTED OVER TO THE NEWLY CREATED CRUELTY RECOVERY CENTER (CRC).

THROUGH LEGAL ADVOCACY (LA), THE ASPCA CONTINUED ITS WORK TO INCREASE LEGAL PROTECTIONS FOR ANIMALS THROUGH CIVIL LITIGATION, LEGISLATIVE COUNSEL AND INVESTIGATIVE AND LEGAL ASSISTANCE TO LAW ENFORCEMENT AND PROSECUTORS IN ANIMAL CRUELTY CASES. IN 2019, THE ORGANIZATION WORKED TOWARD REDUCING LEGAL HOLD TIMES FOR SEIZED ANIMALS IN NEW YORK CITY. THE ORGANIZATION FILED 27 PETITIONS IN NYC UNDER THE STATE'S SECURITY POSTING LAW WITH THE GOAL OF REDUCING THE LENGTH OF TIME THAT ANIMALS SEIZED IN NYPD CASES MUST BE HELD BEFORE THEY CAN LEGALLY BE MADE AVAILABLE FOR ADOPTION. OVERALL, EFFORTS REDUCED HOLD TIMES FOR ANIMALS SEIZED IN NYC CRIMINAL CASES BY 26% COMPARED TO 2018. THE LA TEAM ALSO ASSISTED IN NATIONAL CRIMINAL CASES BY PROVIDING SUBSTANTIAL LEGAL ASSISTANCE IN 18 LARGE-SCALE CRIMINAL CASES ACROSS THE COUNTRY. THIS WORK HELPED LEAD TO NUMEROUS GUILTY VERDICTS IN BOTH STATE AND FEDERAL ANIMAL-FIGHTING AND CRUELTY CASES.

THE ASPCA HUMANE LAW ENFORCEMENT (HLE) DEPARTMENT CONTINUES TO WORK CLOSELY WITH THE NEW YORK CITY POLICE DEPARTMENT SINCE THE PARTNERSHIP

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BEGAN IN 2014. COMBINED EFFORTS HAVE PROVEN EFFECTIVE AND IMPACTFUL VIA LAW ENFORCEMENT AND/OR INTERVENTION: IN 2019, THE NYPD MANAGED MORE THAN 7,200 CALLS TO 311 REGARDING ANIMAL CRUELTY, MORE THAN 1,000 CALLS TO THE ORGANIZATION'S 24-HOUR HUMANE LAW ENFORCEMENT HOTLINE, 81 CASES REFERRED TO THE COMMUNITY ENGAGEMENT TEAM THAT RESULTED IN MORE THAN 451 ANIMALS ASSISTED. IN OCTOBER 2019, THE ASPCA ASSISTED THE NYPD'S ANIMAL CRUELTY INVESTIGATION SQUAD IN THE EXECUTION OF SEARCH WARRANTS CONNECTED TO A LARGE-SCALE DOGFIGHTING OPERATION. TOGETHER, THE ORGANIZATIONS STRATEGICALLY DEVELOPED A PLAN FOR THE RESCUE OF 29 DOGS ACROSS THREE LOCATIONS: TWO RESIDENTIAL BUILDINGS IN MANHATTAN AND A PRIVATE HOME IN UNIONDALE, LONG ISLAND. THE ASPCA ALSO CONDUCTED 69 TRAININGS TO 2,795 NYPD PERSONNEL AND ATTENDED PRECINCT COMMUNITY COUNCIL MEETINGS, COMMUNITY BOARD MEETINGS AND DISTRICT CABINET MEETINGS THROUGHOUT THE FIVE BOROUGHES. IN 2019, LAW ENFORCEMENT LIAISONS SECURED A SPOT FOR THE ASPCA AS PART OF THE NYPD CITIZENS POLICE ACADEMY. THE 10-WEEK PROGRAM REPLICATES AND CONDENSES THE NYPD RECRUIT TRAINING REGIMEN, ALLOWING CIVILIAN NEW YORKERS TO GAIN A FINER UNDERSTANDING OF THE SKILLS AND ABILITIES THAT POLICE OFFICERS BRING TO A COMMUNITY PARTNERSHIP. MORE THAN 140 DOGS WERE TREATED IN THE ASPCA GLORIA GURNEY CANINE ANNEX FOR RECOVERY AND ENRICHMENT (CARE).

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE -CONTINUED  
 THE ASPCA SERVES LOCAL COMMUNITIES THROUGH COMMUNITY ENGAGEMENT PARTNERSHIPS IN NEW YORK CITY, LOS ANGELES, AND MIAMI. IN NEW YORK, THE CE TEAM PARTNERS WITH THE NYPD, ANIMAL CARE CENTERS OF NEW YORK CITY (NYC ACC), SOCIAL SERVICE AGENCIES, COMMUNITY LEADERS AND MEMBERS, AND FOOD BANK FOR NEW YORK CITY (FBNYC) TO IMPROVE THE WELFARE OF THE CITY'S ANIMALS. EFFORTS INCLUDE PROVIDING ACCESS TO VETERINARY CARE,

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SHELTER TO OUTDOOR DOGS, RESOURCES FOR DOMESTIC VIOLENCE SURVIVORS, IMPROVING CONDITIONS IN HOARDING SITUATIONS AND PROVIDING PET FOOD TO THOSE IN NEED. IN 2019, THE ORGANIZATION HAD A 12% INCREASE IN CASE REFERRALS AND DIRECTLY ASSISTED MORE THAN 3,000 ANIMALS AND THEIR FAMILIES. FBNYC DISTRIBUTED MORE THAN 103,000 POUNDS OF PET FOOD TO NEARLY 300 ORGANIZATIONS ACROSS THE FIVE BOROUGHES. THROUGH TWO "REPACK" DAYS, THE ORGANIZATION PACKAGED 4,000 POUNDS OF BULK PET FOOD INTO TWO-POUND BAGS. MORE THAN 400,000 MEALS WERE SERVED TO PETS WHO ARE LIVING WITH FOOD-INSECURE FAMILIES.

IN 2019, THE ASPCA WORKED ON A NUMBER OF CAMPAIGNS AND HELPED PASS MANY LEGISLATIVE AND POLICY INITIATIVES THAT RESULTED IN STRONGER ANIMAL PROTECTIONS ACROSS THE COUNTRY. HIGHLIGHTS INCLUDE:

THE PUPPY MILL INITIATIVE PROVIDES SUBJECT MATTER EXPERTISE FOR THE ASPCA'S LITIGATION, LEGISLATION AND POLICY WORK AIMED AT IMPROVING THE WELFARE OF COMMERCIAL BRED DOGS AND RAISES AWARENESS ABOUT INHUMANE BREEDING PRACTICES THROUGH PUBLIC EDUCATION CAMPAIGNS. IN EARLY 2019, THE ORGANIZATION FILED THE ASPCA'S SECOND FREEDOM OF INFORMATION ACT LAWSUIT AGAINST THE U.S. DEPARTMENT OF AGRICULTURE (USDA) FOR UNLAWFULLY WITHHOLDING INFORMATION FROM THE PUBLIC RELATING TO THE AGENCY'S INSPECTION OF COMMERCIAL DOG BREEDING FACILITIES. IN 2017, THE USDA ABRUPTLY PURGED TENS OF THOUSANDS OF SUCH RECORDS FROM ITS ONLINE DATABASE AND, FOR THE PAST THREE YEARS, CONTINUED TO BLOCK PUBLIC ACCESS. IN RESPONSE, THE ASPCA MOUNTED A COORDINATED EFFORT INVOLVING LITIGATION, LOBBYING AND PUBLIC ENGAGEMENT TO COMPEL THE AGENCY TO RESTORE THESE CRITICAL RECORDS. IN AUTUMN 2019, THE AGENCY BEGAN TO RELEASE SUBSTANTIAL AMOUNTS OF INFORMATION AS A RESULT OF THE



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LITIGATION. IN DECEMBER, CONGRESS PASSED A LAW DIRECTING THE USDA TO RESTORE ONLINE ACCESS TO ANIMAL WELFARE RECORDS AND TO POST COMPLETE INSPECTION REPORTS AND ENFORCEMENT RECORDS ON ITS WEBSITE MOVING FORWARD.

EQUINE WELFARE: THE 2020 FEDERAL SPENDING BILL ALLOTTED AN ADDITIONAL \$21 MILLION OF FUNDING FOR WILD HORSES AND BURROS, WITH CLEAR LANGUAGE AIMED AT SHIFTING THE BUREAU OF LAND MANAGEMENT'S (BLM) WILD HORSE AND BURRO PROGRAM AWAY FROM TAKING HORSES OFF THE RANGE IN FAVOR OF MAXIMIZING ON-RANGE FERTILITY CONTROL TREATMENT AND HUMANE CARE OF HORSES. ADDITIONALLY, THE ASPCA HELPED REVERSE 2018 BLM POLICY GUIDELINES THAT MADE WILD HORSES VULNERABLE TO SALE FOR SLAUGHTER. THESE PROTECTIONS WILL HELP ENABLE HERDS TO LIVE WILD AND FREE FOR FUTURE GENERATIONS WITHOUT THREAT OF SALE TO SLAUGHTER OR MASS-KILLING MANAGEMENT STRATEGIES. THE ASPCA ALSO LED THE WORK TO CONTINUE THE LONGSTANDING BAN ON FEDERAL FUNDS FOR HORSE SLAUGHTER, WON NEW PROTECTIONS AGAINST SLAUGHTER OF WILD HORSES AND BURROS ON U.S. FOREST SERVICE LAND, AND HELPED PASS THE PREVENT ALL SORING TACTICS ACT IN THE U.S. HOUSE OF REPRESENTATIVES.

THE ASPCA ALSO WORKS TO IMPROVE EQUINE WELFARE BY INCREASING ADOPTIONS AND TRANSITIONING OF HORSES, INCREASING SAFETY NET SUPPORT AND ENHANCING ANTI-CRUELTY EFFORTS. IN 2019, THE ASPCA WELCOMED THE RIGHT HORSE INITIATIVE, A COLLECTIVE FOCUSED ON MASSIVELY INCREASING HORSE ADOPTION, AS A PROGRAM OF THE ASPCA. BY LEVERAGING THE ENGAGEMENT OF MORE THAN 60 PARTNERS, THE RIGHT HORSE INITIATIVE HAS SEEN A MORE THAN 20% INCREASE IN EQUINE ADOPTIONS AMONG PARTNERS DUE TO INNOVATIVE PROGRAMMING, INCREASING PUBLIC AWARENESS, AND COLLABORATION AMONG

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WELFARE AND INDUSTRY GROUPS. THROUGH THE ASPCA'S 2019 HELP A HORSE HOME CONTEST, MORE THAN 1,500 EQUINES WERE ADOPTED. THE CONTEST BRINGS EXPOSURE AND AWARENESS TO EQUINE ADOPTION AND INCREASES OPPORTUNITIES FOR HORSES TO FIND NEW HOMES. WITH AN AVERAGE INCREASE IN ADOPTIONS OF OVER 40%, THE CONTEST WAS A RESOUNDING SUCCESS WITH OVER 170 PARTICIPATING PARTNERS.

THE ASPCA REGIONAL SUPPORT CENTER IS A PILOT PROGRAM THAT PROVIDES A FREE, SAFE PLACE FOR HORSE OWNERS TO RELINQUISH HORSES WHO NEED REHOMING, SUPPORT FOR OWNERS WHO CANNOT AFFORD SOME ASPECT OF THEIR HORSE'S CARE AND RELATED SERVICES. IN JULY 2019, THE ASPCA OPENED THE SECOND REGIONAL SUPPORT CENTER PILOT IN OKLAHOMA CITY AND HAD HELPED NEARLY 80 EQUINES BY DECEMBER. IN ADDITION, THE ORGANIZATION EXPANDED ITS VET DIRECT PROGRAM AND PARTNERED WITH THE AMERICAN ASSOCIATION OF EQUINE PRACTITIONER'S FOUNDATION FOR THE HORSE. THROUGH THE NEW PARTNERSHIP AND AN INCREASED NUMBER OF VETERINARIAN PARTICIPANTS, THE PROGRAM WILL CONTINUE TO GROW AND PROVIDE AFFORDABLE VETERINARY CARE FOR OWNERS FACING FINANCIAL CHALLENGES.

FARM ANIMAL WELFARE: THE ASPCA'S CONTINUED ITS FARM ANIMAL WELFARE EFFORTS TO ENSURE MORE HUMANE TREATMENT FOR THE NEARLY 10 BILLION FARMED ANIMALS RAISED EACH YEAR IN THE U.S. AND ADD CRITICAL TRANSPARENCY TO THE AGRICULTURE INDUSTRY. THE ORGANIZATION COLLABORATED WITH FOOD COMPANIES AND INSTITUTIONS TO SECURE COMMITMENTS TO BETTER PRACTICES, EXPANDED THEIR CONSUMER EDUCATION CAMPAIGN AROUND FOOD LABELS AND HIGHER-WELFARE FOOD CHOICES, AND ADVOCATED FOR A MORE HUMANE FARMING SYSTEM AT THE LOCAL, STATE AND FEDERAL LEVELS. IN 2019, THE

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- SECURED OVER 20 NEW CORPORATE COMMITMENTS TO BECOME WELFARE-CERTIFIED AND REACHED THE MAJOR MILESTONE OF OVER 100 WELFARE-CERTIFIED PRODUCTS ON THE ASPCA SHOP WITH YOUR HEART BRAND LIST.

- LAUNCHED THE SHOPKIND HELPLINE, AN INTERACTIVE SERVICE THAT OFFERS IMMEDIATE TEXT MESSAGE ASSISTANCE AND CONNECTS THE PUBLIC WITH ASPCA EXPERTS WHO WILL ANSWER QUESTIONS ABOUT FOOD LABELS, HIGHER-WELFARE SHOPPING AND MORE.

- PARTNERED WITH WHOLE30 TO INCORPORATE A PROGRESSIVE ANIMAL WELFARE POLICY FOR ALL OF ITS WHOLE30 APPROVED PRODUCTS, WHICH WILL ENSURE MEANINGFUL ANIMAL WELFARE STANDARDS FOR MORE THAN 60 BRANDS.

- SUPPORTED CAMPAIGNS THAT LED THE AUSTIN INDEPENDENT SCHOOL DISTRICT, CINCINNATI PUBLIC SCHOOLS AND THE ENTIRE CITY OF BOSTON TO ADOPT THE GOOD FOOD PURCHASING PROGRAM. THIS FOOD PROCUREMENT PROGRAM INCLUDES ANIMAL WELFARE STANDARDS (DRAFTED WITH HELP FROM THE ASPCA) THAT REQUIRE MORE HUMANE FOOD SOURCING.

- HELPED ENACT THE FIRST-OF-ITS-KIND LEGISLATION IN VERMONT THAT PERMITS FARM ANIMAL WELFARE CERTIFICATION PROJECTS TO BE FUNDED BY THE STATE. THIS LANDMARK LAW MEANS IMPROVED CONDITIONS FOR FARM ANIMALS, ACCESS TO NEW MARKETS FOR FARMERS AND BETTER OPTIONS FOR CONSCIENTIOUS SHOPPERS, WHICH WILL HOPEFULLY INSPIRE OTHER STATES TO FOLLOW SUIT.

ENDING PET LEASING: TO MAKE ANIMALS SOLD IN PET STORES OR ONLINE APPEAR MORE AFFORDABLE, PET SELLERS OFTEN PARTNER WITH PRIVATE LENDING COMPANIES TO OFFER SEEMINGLY LOW MONTHLY FINANCING PLANS PADDED WITH HIDDEN FEES. CONSUMERS CAN LOSE THEIR PETS IF THEY MISS PAYMENTS OR ARE UNABLE TO BUY OUT THEIR CONTRACTS AT THE END OF THEIR LEASES. THE ASPCA WORKS AT THE STATE LEVEL TO END THIS PRACTICE, AND IN 2019, NEW JERSEY, CONNECTICUT, INDIANA AND WASHINGTON ALL ENACTED LEGISLATION TO OUTLAW

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THE LEASING OF DOGS AND CATS.

WORKING TO KEEP PEOPLE AND PETS TOGETHER: IN NEVADA, THE ASPCA HELPED PASS TWO CRITICAL LAWS SUPPORTING PET-FRIENDLY HOUSING-ONE PROHIBITS HOMEOWNER ASSOCIATIONS FROM IMPLEMENTING "NO PET" POLICIES OR BREED RESTRICTIONS, AND THE SECOND REQUIRES STATE-FINANCED HOUSING TO BE PET-FRIENDLY. THE ORGANIZATION CONTINUED THIS CRITICAL WORK IN CALIFORNIA, WHERE BOTH THE CITY AND COUNTY OF LOS ANGELES PASSED SIMILAR MEASURES APPLYING TO ALL LOCALLY FINANCED HOUSING. THESE PROTECTIONS WILL ENSURE THAT PETS AND THEIR CARETAKERS ARE NOT SEPARATED DUE TO ARBITRARY RENTAL RESTRICTIONS. THE ASPCA'S ADVOCACY AT THE FEDERAL LEVEL RESULTED IN \$2 MILLION OF FUNDING TO IMPLEMENT THE LIFESAVING GRANT PROGRAM AUTHORIZED BY THE PASSAGE OF THE PET AND WOMEN SAFETY ACT, LEGISLATION TO KEEP DOMESTIC VIOLENCE SURVIVORS AND THEIR PETS SAFE AND TOGETHER. TO TACKLE UNFAIR AND DISCRIMINATORY "PIT BULL BAN" LAWS THAT HARM COMMUNITIES RATHER THAN HELP THEM, WE WORKED WITH LOCAL PARTNERS TO SUCCESSFULLY REPEAL BREED BANS IN LIBERTY, MISSOURI; KANSAS CITY, KANSAS; AND EVERETT, WASHINGTON.

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

OTHER PROGRAMS

GRANTS - SINCE ESTABLISHING A FORMAL GRANTMAKING PROGRAM IN 2008, THE ASPCA HAS AWARDED \$147.8 MILLION TO SUPPORT U.S.-BASED NONPROFIT ORGANIZATIONS, GOVERNMENT AGENCIES, VETERINARIANS AND VETERINARY STUDENTS HELPING TO IMPROVE ANIMALS' LIVES. IN 2019, THE ASPCA AWARDED 585 GRANTS TOTALING OVER \$14.5 MILLION TO 448 ORGANIZATIONS IN 45

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STATES, PUERTO RICO, THE VIRGIN ISLANDS AND THE DISTRICT OF COLUMBIA.

GRANT HIGHLIGHTS FROM 2019 INCLUDE:

- \$1.9 MILLION TO LOS ANGELES PARTNERS AS PART OF THE ASPCA'S  
MULTI-YEAR COMMITMENT TO PROVIDE CRITICAL SERVICES TO LA'S ANIMALS
- \$1.9 MILLION IN SPENDING TO IMPROVE THE WELFARE OF NYC ANIMALS
- \$0.5 MILLION TOWARD EFFORTS BENEFITING COMPANION ANIMAL VICTIMS OF  
CRUELTY AND IMPROVING FARM ANIMAL WELFARE NATIONWIDE
- \$1.5 MILLION GRANTED VIA THE ASPCA NORTHERN TIER SHELTER INITIATIVE
- \$0.7 MILLION SUPPORTING THE PROTECTION OF AT-RISK EQUINES ACROSS THE  
U.S.

EXPENSES \$ 15,867,869. INCLUDING GRANTS OF \$ 14,439,720. REVENUE \$ 0.

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

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:

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

A COPY 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, SECTION B, 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 IS 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 AND THE EXECUTIVE COMMITTEE'S ANALYSIS OF THE PRESIDENT & CEO'S PERFORMANCE, DELIBERATES, AND VOTES ON A RECOMMENDATION ON THE PRESIDENT & CEO'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. THE PRESIDENT & CEO IS NOT PRESENT DURING EITHER THE AUDIT COMMITTEE'S REVIEW OF HIS COMPENSATION NOR THE FULL BOARD'S APPROVAL OF THE COMPENSATION AND DOES NOT PARTICIPATE IN THE DELIBERATIONS, EXCEPT THAT HE MAY ANSWER QUESTIONS THAT WILL HELP THE COMMITTEE OR THE FULL BOARD OF DIRECTORS IN THEIR DELIBERATIONS.

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

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COMPENSATION AND THE DATE APPROVED; 2. THE NAMES OF MEMBERS OF THE AUDIT COMMITTEE WHO WERE PRESENT DURING DISCUSSION OF THE COMPENSATION AND THOSE WHO VOTED ON IT; 3. THE COMPARABILITY DATA THAT WAS RELIED ON BY THE AUDIT COMMITTEE AND HOW SUCH DATA WAS OBTAINED; AND 4. ANY ACTIONS (SUCH AS RECUSAL) TAKEN BY A MEMBER OF THE AUDIT COMMITTEE HAVING A CONFLICT OF INTEREST. THE AUDIT COMMITTEE THEN APPROVES THE MINUTES WITHIN A REASONABLE PERIOD OF TIME AFTER ITS PREPARATION. SIMILARLY, THE BOARD DOCUMENTS THE BASIS FOR ITS DETERMINATION OF THE PRESIDENT & 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, CA, 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, CO

FORM 990, PART VI, SECTION C, LINE 19:  
AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, 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, CHANGES IN NET ASSETS:  
BENEFICIAL INTEREST IN TRUSTS HELD BY OTHERS 3,762,590.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

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 Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ASPCA VETERINARY SERVICES OF NORTH CAROLINA PC - 47-3987701, 25 HERITAGE DR, ASHVILLE, NC 28806	VETERINARY SERVICES TO THE ASPCA IN NC	NORTH CAROLINA	501(C)(3)	LINE 7	ASPCA	X	

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

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ASPCA VETERINARY SERVICES OF NORTH CAROLINA, PC	L	219,956.	
(2) ASPCA VETERINARY SERVICES OF NORTH CAROLINA, PC	O	178,075.	
(3)			
(4)			
(5)			
(6)			





THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

13-1623829

Form **990-W**  
(Worksheet)

**Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(and on Investment Income for Private Foundations) FORM 990-T

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year .....	1
2	Tax on the amount on line 1. See instructions for tax computation .....	2
3	Alternative minimum tax for trusts. See instructions .....	3
4	Total. Add lines 2 and 3 .....	4
5	Estimated tax credits. See instructions .....	5
6	Subtract line 5 from line 4 .....	6
7	Other taxes. See instructions .....	7
8	Total. Add lines 6 and 7 .....	8
9	Credit for federal tax paid on fuels. See instructions .....	9
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a
b	Enter the tax shown on the 2019 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b
c	<b>2020 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions .....	11			
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12			
13	2019 Overpayment. See instructions .....	13			
14	Payment due (Subtract line 13 from line 12) .....	14			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2020)

Form **990-T**

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

## 2019

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>424 EAST 92ND STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>NEW YORK, NY 10128-6804</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>13-1623829</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>525990</b></p>
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**C** Book value of all assets at end of year: **393,129,611.**

**F** Group exemption number (See instructions.) ▶ \_\_\_\_\_

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **INVESTMENTS**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **PETER ACCINNO, INTERIM CFO** Telephone number ▶ **212-876-7700**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)			
<b>3</b> Gross profit. Subtract line 2 from line 1c			
<b>4a</b> Capital gain net income (attach Schedule D)			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	-25,736.		-25,736.
<b>c</b> Capital loss deduction for trusts			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	-577,993.	STMT 1	-577,993.
<b>6</b> Rent income (Schedule C)			
<b>7</b> Unrelated debt-financed income (Schedule E)			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
<b>10</b> Exploited exempt activity income (Schedule I)			
<b>11</b> Advertising income (Schedule J)			
<b>12</b> Other income (See instructions; attach schedule)			
<b>13 Total.</b> Combine lines 3 through 12	-603,729.		-603,729.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	250.
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	
<b>22</b> Depletion	<b>22</b>	
<b>23</b> Contributions to deferred compensation plans	<b>23</b>	
<b>24</b> Employee benefit programs	<b>24</b>	
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>	
<b>27</b> Other deductions (attach schedule)	<b>27</b>	SEE STATEMENT 2 62,500.
<b>28 Total deductions.</b> Add lines 14 through 27	<b>28</b>	62,750.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	-666,479.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>	-666,479.

**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-666,479.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-666,479.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 4</b>	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-666,479.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-666,479.

**Part IV Tax Computation**

40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	0.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	18,000.
b	2019 estimated tax payments	51b	40,000.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Other 159,100. Total	51g	159,100.
52	<b>Total payments.</b> Add lines 51a through 51g <b>SEE STATEMENT 3</b>	52	217,100.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	217,100.
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input checked="" type="checkbox"/>	56	217,100.

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here** Under penalty 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 taxpayer) is based on all information of which preparer has any knowledge.

**Peter Acinno** 10/9/2020 **INTERIM CFO**  
 Signature of Officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **PATRICK YU, CPA** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: **P00675982**

Firm's name: **BAKER TILLY US, LLP** Firm's EIN: **39-0859910**  
 ONE PENN PLAZA, SUITE 3000  
 Firm's address: **NEW YORK, NY 10119** Phone no. **212.697.6900**



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

Form 990-T (2019)

13-1623829

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A) <b>0.</b>		Enter here and on page 1, Part I, line 7, column (B) <b>0.</b>
Total dividends-received deductions included in column 8				<b>0.</b>

THE AMERICAN SOCIETY FOR THE PREVENTION

Form 990-T (2019) OF CRUELTY TO ANIMALS

13-1623829

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))		0.	0.			0.

THE AMERICAN SOCIETY FOR THE PREVENTION

Form 990-T (2019) OF CRUELTY TO ANIMALS

13-1623829

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 26. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

## THE AMERICAN SOCIETY FOR THE PREVENTION

13-1623829

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
EIG ENERGY FUND XVI, LP - ORDINARY BUSINESS INCOME (LOSS)	-5,099.
EIG ENERGY FUND XVI, LP - OTHER NET RENTAL INCOME (LOSS)	50.
EIG ENERGY FUND XVI, LP - INTEREST INCOME	178.
EIG ENERGY FUND XVI, LP - ROYALTIES	711.
EIG ENERGY FUND XVI, LP - OTHER PORTFOLIO INCOME (LOSS)	-412.
EIG ENERGY FUND XVI, LP - OTHER INCOME (LOSS)	-40,492.
VENTURE INVESTMENT ASSOCIATES VI, LP - ORDINARY BUSINESS INCOME (LOSS)	2,429.
VENTURE INVESTMENT ASSOCIATES VI, LP - NET RENTAL REAL ESTATE INCOME	1.
VENTURE INVESTMENT ASSOCIATES VI, LP - OTHER NET RENTAL INCOME (LOSS)	21.
VENTURE INVESTMENT ASSOCIATES VI, LP - INTEREST INCOME	15.
VENTURE INVESTMENT ASSOCIATES VI, LP - DIVIDEND INCOME	44.
VENTURE INVESTMENT ASSOCIATES VI, LP - ROYALTIES	162.
VENTURE INVESTMENT ASSOCIATES VI, LP - OTHER INCOME (LOSS)	-3,920.
PARK SQUARE - ORDINARY BUSINESS INCOME (LOSS)	102,679.
ARCLIGHT - ORDINARY BUSINESS INCOME (LOSS)	-431,455.
ARCLIGHT - OTHER NET RENTAL INCOME (LOSS)	268.
ARCLIGHT - INTEREST INCOME	849.
ARCLIGHT - OTHER INCOME (LOSS)	-204,155.
PRIVATE EQUITY GLOBAL SELECT FUND III (U.S.) - ORDINARY BUSINESS INCOME (LOS	-33.
PRIVATE EQUITY GLOBAL SELECT FUND III (U.S.) - NET RENTAL REAL ESTATE INCOME	1.
PRIVATE EQUITY GLOBAL SELECT FUND III (U.S.) - INTEREST INCOME	4.
PRIVATE EQUITY GLOBAL SELECT FUND III (U.S.) - DIVIDEND INCOME	52.
PRIVATE EQUITY GLOBAL SELECT FUND III (U.S.) - OTHER PORTFOLIO INCOME (LOSS)	-167.
PRIVATE EQUITY GLOBAL SELECT FUND III (U.S.) - GUARANTEED PAYMENTS	167.
PRIVATE EQUITY GLOBAL SELECT FUND III (U.S.) - OTHER INCOME (LOSS)	109.
<b>TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5</b>	<b>-577,993.</b>

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
TAX RETURN PREPARATION FEES	2,500.
INVESTMENT MANAGEMENT FEES	60,000.
<b>TOTAL TO FORM 990-T, PAGE 1, LINE 27</b>	<b>62,500.</b>

## THE AMERICAN SOCIETY FOR THE PREVENTION

13-1623829

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 3

## DESCRIPTION

AMOUNT

2019 1099R WITHHOLDING

159,100.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 51G

159,100.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/99	190,746.	159,038.	31,708.	31,708.
12/31/00	111,615.	0.	111,615.	111,615.
12/31/01	3,412.	0.	3,412.	3,412.
12/31/02	33,793.	0.	33,793.	33,793.
12/31/03	33,894.	0.	33,894.	33,894.
12/31/04	24,123.	0.	24,123.	24,123.
12/31/05	0.	0.	0.	0.
12/31/06	0.	0.	0.	0.
12/31/07	0.	0.	0.	0.
12/31/08	0.	0.	0.	0.
12/31/09	3,080.	0.	3,080.	3,080.
12/31/10	0.	0.	0.	0.
12/31/11	9,597.	0.	9,597.	9,597.
12/31/12	18,648.	0.	18,648.	18,648.
12/31/13	5,860.	0.	5,860.	5,860.
12/31/14	42,510.	0.	42,510.	42,510.
12/31/15	144,157.	0.	144,157.	144,157.
NOL CARRYOVER AVAILABLE THIS YEAR			462,397.	462,397.

**SCHEDULE D**  
**(Form 1120)**  
Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**  
▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2019**

Name **THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS** Employer identification number **13-1623829**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>-1,247.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>-1,247.</b>

**Part II Long-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>-1,769.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>-1,769.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns .....	<b>18</b>	<b>0.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.







Form **4797**  
 Department of the Treasury  
 Internal Revenue Service  
 Name(s) shown on return

**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))  
 Attach to your tax return.

OMB No. 1545-0184

**2019**  
 Attachment  
 Sequence No. **27**

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

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

Identifying number  
**13-1623829**

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 5						-25,736.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7
<p><b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							-25,736.
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7						11	( 25,736.)
12	Gain, if any, from line 7 or amount from line 8, if applicable						12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16	
17	Combine lines 10 through 16						17	-25,736.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.							
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4						18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

THE AMERICAN SOCIETY FOR THE PREVENTION

Form 4797 (2019) OF CRUELTY TO ANIMALS

13-1623829

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

THE AMERICAN SOCIETY FOR THE PREVENTION13-1623829FORM 4797PROPERTY HELD MORE THAN ONE YEARSTATEMENT 5

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>SALES PRICE</u>	<u>DEPR.</u>	<u>COST OR BASIS</u>	<u>GAIN OR LOSS</u>
EIG ENERGY FUND XVI, LP VENTURE INVESTMENT ASSOCIATES VI, LP ARCLIGHT PRIVATE EQUITY GLOBAL SELECT FUND III (U						-23,621.
						-190.
						-1,924.
						-1.
TOTAL TO 4797, PART I, LINE 2						-25,736.

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

FOR THE YEAR ENDING  
DECEMBER 31, 2019

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**PREPARED FOR:**

THE AMERICAN SOCIETY FOR THE PREVENTION  
OF CRUELTY TO ANIMALS  
424 EAST 92ND STREET  
NEW YORK, NY 10128-6804

---

**PREPARED BY:**

BAKER TILLY US, LLP  
ONE PENN PLAZA  
SUITE 3000  
NEW YORK, NY 10119

---

**TO BE SIGNED AND DATED BY:**

THE AUTHORIZED INDIVIDUAL(S).

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

---

**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0500

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOVEMBER 16, 2020

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**SPECIAL INSTRUCTIONS:**

TAXABLE YEAR

2019

**California Exempt Organization  
Business Income Tax Return**

928961 12-04-19

FORM  
**109**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name **THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS** California corporation number **1859685**

Additional information. See instructions. FEIN **13-1623829**

Street address (suite/room no.) **424 EAST 92ND STREET** PMB no. \_\_\_\_\_

City (If the corporation has a foreign address, see instructions.) **NEW YORK** State **NY** ZIP code **10128-6804**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

- A First Return Filed?  Yes  No
- B Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- D Final Return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
Enter date (mm/dd/yyyy) \_\_\_\_\_
- E Amended Return  Yes  No
- F Accounting Method Used: (1)  Cash (2)  Accrual (3)  Other
- G Nature of trade or business **INVESTMENTS**
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No
- I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?  Yes  No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?  Yes  No
- K Unrelated Business Activity (UBA) Code **525990**
- L Is this a Hospital?  Yes  No  
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	•	1	-60,079	00
	2	Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2		00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	-60,079	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	•	5	-60,079	00
	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	•	6		00
	7	Net Operating Loss deduction. See General Information N	•	7		00
	8	Add line 6 and line 7	•	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	-60,079	00
	10	Tax <u>8.84</u> % x line 9. See General Information J	•	10		00
	11	Tax credits from Schedule B. See instructions	•	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	•	12		00
	13	Alternative minimum tax. See General Information O	•	13		00
	14	Total tax. Add line 12 and line 13	•	14	0	00
Payments	15	Overpayment from a prior year allowed as a credit	•	15		00
	16	2019 estimated tax payments. See instructions	•	16		00
	17	Withholding (Form 592-B and/or 593.) See instructions	•	17		00
	18	Amount paid with extension (form FTB 3539)	•	18		00
	19	Total payments and credits. Add line 15 through line 18	•	19		00
Use Tax/Tax Due/Overpayment	20	Use tax. See instructions	•	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21		00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24		00
	25	Enter amount of line 24 to be applied to 2020 estimated tax	•	25		00

THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

13-1623829

928971 12-04-19

Table with 3 columns: Description, Amount, and Total. Rows include Refund of Amount Due (lines 26-29), Penalties and interest (line 27), and Total amount due (line 29).

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

Table with 3 columns: Description, Amount, and Total. Rows include Gross receipts or gross sales (line 1), Cost of goods sold (line 2), Gross profit (line 3), Capital gain net income (lines 4a-c), Income from partnerships (line 5), Rental income (line 6), Unrelated debt-financed income (line 7), Investment income (line 8), Interest, Annuities, Royalties and Rents (line 9), Exploited exempt activity income (line 10), Advertising income (line 11), Other income (line 12), and Total unrelated trade or business income (line 13).

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Description, Amount, and Total. Rows include Compensation of officers, directors, and trustees (line 14), Salaries and wages (line 15), Repairs (line 16), Bad debts (line 17), Interest (line 18), Taxes (line 19), Contributions (line 20), Depreciation (lines 21a-b), Depletion (line 22), Contributions to deferred compensation plans (lines 23a-b), Other deductions (line 24), Total deductions (line 25), Unrelated business taxable income before allowable excess advertising costs (line 26), Excess advertising costs (line 27), Unrelated business taxable income before specific deduction (line 28), Specific deduction (line 29), and Unrelated business taxable income (line 30).

Sign Here section containing signature of Peter Accinno, Title INTERIM CFO, Date 10/9/2020, and Preparer's Use Only section with Firm name BAKER TILLY US, LLP and address ONE PENN PLAZA, SUITE 3000 NEW YORK, NY 10119.

**Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify) N/A

1 Inventory at beginning of year .....	1	00
2 Purchases .....	2	00
3 Cost of labor .....	3	00
4 a Additional IRC Section 263A costs. Attach schedule .....	4a	00
b Other costs. Attach schedule .....	4b	00
5 Total. Add line 1 through line 4b .....	5	00
6 Inventory at end of year .....	6	00
7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2 .....	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?  Yes  No

**Schedule B Tax Credits.**

1 Enter credit name _____ code • _____ .....	1	00
2 Enter credit name _____ code • _____ .....	2	00
3 Enter credit name _____ code • _____ .....	3	00
4 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11 .....	4	00

**Schedule K Add-On Taxes or Recapture of Tax.**

1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834 .....	1	00
2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots .....	2a	00
b Method for non-dealer installment obligations .....	2b	00
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles .....	3	00
4 Credit recapture. Credit name _____ .....	4	00
5 Total. Combine the amounts on line 1 through line 4 .....	5	00

**Schedule R Apportionment Formula Worksheet.** Use only for unrelated trade or business amounts.

**Part A. Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales .....	•	•	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			•

**Part B. Three Factor Formula.** Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: .....	•	•	•
2 Payroll factor: Wages and other compensation of employees .....	•	•	•
3 Sales factor: Gross sales and/or receipts less returns and allowances .....	•	•	•
4 Total percentage: Add the percentages in column (c) .....			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions .....			

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 .....

THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

13-1623829

928991 12-04-19

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness on or allocable to debt-financed property, 5 Average adjusted basis of or allocable to debt-financed property, 6 Debt basis percentage, column 4 ÷ column 5, 7 Gross income reportable, column 2 x column 6, 8 Allocable deductions, total of columns 3(a) and 3(b) x column 6, 9 Net income (or loss) includible, column 7 less column 8.

Total. Enter here and on Side 2, Part I, line 7

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, column 2 less column 3, 5 Set-asides, 6 Balance of investment income, column 4 less column 5.

Total. Enter here and on Side 2, Part I, line 8

Enter gross income from members (dues, fees, charges, or similar amounts)

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 6 columns: 1 Name of controlled organizations, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5). Includes sub-section for Exempt Controlled Organizations.

Table with 6 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column (10).

4 Add columns 5 and 10
5 Add columns 6 and 11
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity), 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, column 2 less column 3, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, column 6 less column 5 but not more than column 4, 8 Net income includible, column 4 less column 7 but not less than zero.

Total. Enter here and on Side 2, line 10



THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

13-1623829

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Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b).

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting separate basis income from periodicals.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, column 4 or 7.

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Total. Enter here and on Side 2, Part II, line 14

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired (mm/dd/yyyy), 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

THE AMERICAN SOCIETY FOR THE PREVENTION13-1623829


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CA 109	INCOME OR (LOSS) FROM PARTNERSHIPS, LIMITED LIABILITY COMPANIES OR S CORPORATIONS	STATEMENT 1
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DESCRIPTION	AMOUNT
EIG ENERGY FUND XVI, LP - ORDINARY BUSINESS INCOME (LOSS)	-299.
EIG ENERGY FUND XVI, LP - INTEREST INCOME	7.
EIG ENERGY FUND XVI, LP - OTHER INCOME (LOSS)	828.
DEUTSCHE BANK PRIVATE EQUITY GLOBAL SELECT FUND - ORDINARY BUSINESS INCOME (	17.
DEUTSCHE BANK PRIVATE EQUITY GLOBAL SELECT FUND - INTEREST INCOME	4.
DEUTSCHE BANK PRIVATE EQUITY GLOBAL SELECT FUND - ROYALTIES	3.
DEUTSCHE BANK PRIVATE EQUITY GLOBAL SELECT FUND - GUARANTEED PAYMENTS	13.
ARCLIGHT - ORDINARY BUSINESS INCOME (LOSS)	-60,554.
ARCLIGHT - INTEREST INCOME	2.
ARCLIGHT - OTHER INCOME (LOSS)	-100.
 TOTAL TO FORM 109, PAGE 2, LINE 5	 -60,079.

TAXABLE YEAR  
**2019**

**Net Operating Loss (NOL) Computation and  
NOL and Disaster Loss Limitations - Corporations**

CALIFORNIA FORM  
**3805Q**

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name <b>OF CRUELTY TO ANIMALS THE AMERICAN SOCIETY FOR THE PREVENTION</b>	California corporation number <b>1859685</b>
During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> <input type="checkbox"/> C Corporation <input checked="" type="radio"/> <input type="checkbox"/> S Corporation <input checked="" type="radio"/> <input checked="" type="checkbox"/> Exempt Organization <input type="radio"/> <input type="checkbox"/> Limited liability company (electing to be taxed as a corporation)	FEIN <b>13-1623829</b>
If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number: <input checked="" type="radio"/>	

**If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**

**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	60,079	00
2 2019 disaster loss included in line 1. Enter as a positive number	2		00
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	60,079	00
4 a Enter the amount of the loss incurred by a new business included in line 3	4a		00
b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
c Add line 4a and line 4b	4c		00
5 General NOL. Subtract line 4c from line 3	5	60,079	00
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions	<input checked="" type="radio"/> 6	60,079	00

**Part II NOL carryover and disaster loss carryover limitations. See instructions.**

1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	<input checked="" type="radio"/>	0		(g) Available balance
--	----------------------------------	---	--	-----------------------

**Prior Year NOLs**

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2018	(f) Amount used in 2019	(g) Available balance	(h) Carryover to 2020 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2014		GEN	6,778	<input checked="" type="radio"/> 4,287	0	0	<input checked="" type="radio"/> 4,287
<input checked="" type="radio"/> 2016		GEN	35	<input checked="" type="radio"/> 35	0	0	<input checked="" type="radio"/> 35
<input checked="" type="radio"/> 2017		GEN	2,433	<input checked="" type="radio"/> 2,433	0	0	<input checked="" type="radio"/> 2,433
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

**Current Year NOLs**

Year	Type of NOL	Initial loss	Carryover from 2018	Amount used in 2019	Available balance	Carryover to 2020 col. (d) minus col. (f) See instructions.
3 2019	DIS					
4 2019	GEN	60,079				60,079
2019						
2019						
2019						

\* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

**Part III 2019 NOL deduction**

1 Total the amounts in Part II, line 2, column (f)	<input checked="" type="radio"/> 1	00
2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2	00
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	<input checked="" type="radio"/> 3	00

# TAX RETURN FILING INSTRUCTIONS

INDIANA FORM IT-20NP

**FOR THE YEAR ENDING**  
DECEMBER 31, 2019

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**PREPARED FOR:**

THE AMERICAN SOCIETY FOR THE PREVENTION  
OF CRUELTY TO ANIMALS  
424 EAST 92ND STREET  
NEW YORK, NY 10128-6804

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**PREPARED BY:**

BAKER TILLY US, LLP  
ONE PENN PLAZA  
SUITE 3000  
NEW YORK, NY 10119

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**TO BE SIGNED AND DATED BY:**

THE AUTHORIZED INDIVIDUAL(S).

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**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

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**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7228  
INDIANAPOLIS, IN 46207-7228

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOVEMBER 16, 2020

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**SPECIAL INSTRUCTIONS:**

Form IT-20NP  
State Form 148  
(R18 / 8-19)

Indiana Department of Revenue

Indiana Nonprofit Organization Unrelated Business Income Tax Return

Calendar Year Ending December 31, 2019 or

Fiscal Year Beginning

2019 and Ending

Check box if amended.

Check box if name changed.

Name of Organization THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO AN  
Number and Street 424 EAST 92ND STREET  
City NEW YORK NY 101286804  
2-Digit County Code 00  
State ZIP Code  
Federal Employer Identification Number 13 1623829  
Principal Business Activity Code 525990  
Telephone Number 212 876 7700

K Check all boxes that apply: Initial Return Final Return In Bankruptcy Schedule M  
L Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? Yes X No

Adjusted Gross Income Tax Calculation on Unrelated Business Income

1. Unrelated business taxable income before NOL deduction from federal Form 990-T. Use a minus sign for negative amounts. Attach Form 990-T 1 -666479.00  
2. Specific deduction (generally \$1,000; see instructions) 2 1000.00  
3. Subtract line 2 from line 1 3 -667479.00

Modifications (use a minus sign for negative amounts)

4. Enter name of add-back or deduction Code No. 4 .00  
5. Enter name of add-back or deduction Code No. 5 .00  
6. Enter name of add-back or deduction Code No. 6 .00  
7. Enter name of add-back or deduction Code No. 7 .00  
8. Unrelated business income: add or subtract lines 3 through 7. If not apportioning, enter same amount on line 10 8 -667479.00  
9. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule) 9 .00 %  
10. Unrelated business income apportioned to Indiana (line 8 x line 9; otherwise, enter line 8 amount) 10 0.00  
11. Enter Indiana Net Operating Loss deduction. Enclose Schedule IT-20NOL 11 .00  
12. Taxable Indiana unrelated business income (subtract line 11 from line 10) 12 0.00  
13. Taxable income from other forms (Form 1120-POL) 13 .00  
14. Subtotal (add lines 12 and 13) 14 .00  
15. Indiana tax on unrelated business income (multiply line 14 by tax rate; see instructions for line 15) 15 0.00  
16. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet 16 .00  
17. Total tax due (add lines 15 and 16) 17 0.00

Credit for Estimated Tax and Other Payments

18. Quarterly estimated tax paid: Qrt. 1 Qrt. 2 Qrt. 3 Qrt. 4 Enter total 18 .00  
19. Amount paid with extension 19 .00  
20. Amount of overpayment credit (from tax year ending ) 20 .00  
21. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE) 21 .00  
22. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R) 22 .00  
23. Enter the amount of other credit Code No. 23 .00  
24. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return 24 .00  
25. Total credits (add lines 18-24) 25 .00  
26. Balance of tax due (line 17 minus line 25) 26 0.00  
27. Penalty for the underpayment of estimated tax. Attach Schedule IT-2220 27 .00  
Check box if using annualization method  
28. Interest: If payment is made after the original due date, compute interest (see instructions) 28 .00  
29. Penalty: If paid late, enter the greater of \$5 or 10% of line 26; see instructions. If line 17 is zero, enter \$10 per day filed past due date 29 .00  
30. Total payment due (add lines 26-29). (Payment must be made in U.S. funds) PAY THIS AMOUNT 30 .00  
31. Total overpayment (line 25 minus lines 17 and 27-29) 31 .00  
32. Amount of line 31 to be refunded 32 .00  
33. Amount of line 31 to be applied to the following year's estimated tax account 33 .00



2410000000

**Additional Explanation or Adjustment**

Line (a)	Explanation (b)	Amount (c)
7	STATE INCOME TAXES	250 .00
		.00
		.00

**Certification of Signatures and Authorization Section**

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

I authorize the department to discuss my return with my personal representative (see instructions).  Yes  No

Paid Preparer's Email Address:

PATRICK.YU@BAKERTILLY.COM

PETER ACCINNO, INTERIM CFO

PATRICK YU, CPA

Personal Representative's Name (Print or Type)

Paid Preparer: Firm's Name (or yours if self-employed)

Personal Representative's Email Address

P00675982

PTIN

*Peter Accinno* 10/9/2020

212 697 6900

Signature of Corporate Officer

Date

Telephone Number

PETER ACCINNO

INTERIM CF

ONE PENN PLAZA, SUITE 3000

Print or Type Name of Corporate Officer

Title

Address

Signature of Paid Preparer

Date

NEW YORK

PATRICK YU, CPA

City

NY

10119

Print or Type Name of Paid Preparer

State

ZIP Code +4

Please mail your forms to:  
 Indiana Department of Revenue  
 P.O. Box 7228  
 Indianapolis, IN 46207-7228



THE AMERICAN SOCIETY FOR THE PREVENTION13-1623829

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FOOTNOTESSTATEMENT 1

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FORM NP-20 INDIANA NONPROFIT ORGANIZATION UNRELATED BUSINESS  
INCOME TAX RETURN

## NET OPERATING LOSS

NOL CARRYOVER FROM 2013	1,113.
NOL CARRYOVER FROM 2014	6,778.
NOL CARRYOVER FROM 2015	321.
	<hr/>
NOL CARRYFORWARD TO 2018	8,212.
	<hr/> <hr/>

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

**FOR THE YEAR ENDING**  
DECEMBER 31, 2019

---

**PREPARED FOR:**

THE AMERICAN SOCIETY FOR THE PREVENTION  
OF CRUELTY TO ANIMALS  
424 EAST 92ND STREET  
NEW YORK, NY 10128-6804

---

**PREPARED BY:**

BAKER TILLY US, LLP  
ONE PENN PLAZA  
SUITE 3000  
NEW YORK, NY 10119

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	250
LESS: PAYMENTS AND CREDITS	\$	250
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

---

**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE NYSDTF AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NYSDTF.

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**





# CT-2

Department of Taxation and Finance

## Corporation Tax Return Summary

**THIS FORM MUST  
BE FILED WITH  
YOUR RETURN**

1 Legal name of corporation

1. THE AMERICAN SOCIETY FOR THE PREVENTI  
OF CRUELTY TO ANIMALS

Payment enclosed

2.

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 13-1623829

5 File number (FCC)

5. MM7

6 Period beginning date (mm-dd-yy)

6. 01-01-19

7 Period ending date (mm-dd-yy)

7. 12-31-19

8 Amended (Y=1; N=0)

8. 0

9 Address change (Y=1; N=0)

9. 0

10 Final (Y=1; N=0)

10.

11 NAICS code

11. 525990

12 MTA indicator (None = 0, Y = 1, N = 2, Both = 3)

12.

13 Federal 1120-H filed (Y = 1, N = 0)

13.

14 REIT/RIC indicator (Y=1, N=0)

14.

15 Tax due/MTA surcharge

15. 250.00

16 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000

16.

17 Balance due

17.

18 Amount of overpayment credited to next period - NYS

18.

19 Refund of overpayment

19.

20 Refund of unused tax credits

20.

21 Tax credits to be credited as an overpayment to next year's return

21.

22 Amount of overpayment credited to next period - MTA

22.

23 Amount of MTA surcharge retaliatory tax credit to be refunded

23.

24 Fixed dollar minimum

24.

25 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN

25. -

26 New York receipts

26.

27 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?

27.

28 Paid preparer's EIN

28. 39-0859910

29 Preparer's NYTPRIN

29.

30 Excl. code

30. 03

541001191019



984951 12-11-19 1019

For office use only

**Form CT-186-E filers only**

31	Excise tax on telecommunication services - NYS	31.	<input type="text"/>	<input type="text"/>
32	Excise tax on mobile telecommunication services subject to the 2.9% rate	32.	<input type="text"/>	<input type="text"/>
33	Total excise tax on telecommunication services	33.	<input type="text"/>	<input type="text"/>
34	Tax on gross income - NYS	34.	<input type="text"/>	<input type="text"/>
35	MTA surcharge related to non-mobile telecommunication services	35.	<input type="text"/>	<input type="text"/>
36	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	36.	<input type="text"/>	<input type="text"/>
37	Total MTA surcharge related to telecommunication services	37.	<input type="text"/>	<input type="text"/>
38	MTA surcharge on gross income	38.	<input type="text"/>	<input type="text"/>
39	Balance due - NYS	39.	<input type="text"/>	<input type="text"/>
40	Balance due - MTA	40.	<input type="text"/>	<input type="text"/>
41	Provided telecommunication services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3)	41.	<input type="text"/>	<input type="text"/>
42	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3)	42.	<input type="text"/>	<input type="text"/>
43	Overpayment credited to next year's tax - NYS	43.	<input type="text"/>	<input type="text"/>
44	Overpayment credited to next year's tax - MTA	44.	<input type="text"/>	<input type="text"/>
45	Refund of overpayment - NYS	45.	<input type="text"/>	<input type="text"/>
46	Refund of overpayment - MTA	46.	<input type="text"/>	<input type="text"/>
47	Refund of unused tax credits - NYS	47.	<input type="text"/>	<input type="text"/>
48	Refund of unused tax credits - MTA	48.	<input type="text"/>	<input type="text"/>
49	Refundable tax credits to be credited to next year's tax - NYS	49.	<input type="text"/>	<input type="text"/>
50	Refundable tax credits to be credited to next year's tax - MTA	50.	<input type="text"/>	<input type="text"/>

541002191019





Department of Taxation and Finance

**New York State E-File Authorization for Tax Year 2019**

988021 07-29-19  
**TR-579-CT**

**For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations**

(7/19)

Electronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation: THE AMERICAN SOCIETY FOR THE PREVENTION

Return type (mark an X for all that apply): CT-3  CT-3-A  CT-3-M  CT-3-S  CT-13  CT-33   
 CT-33-A  CT-33-C  CT-33-M  CT-33-NL  CT-183  CT-183-M  CT-184  CT-184-M   
 CT-186-E  CT-300  CT-400

**Purpose**

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

**General instructions**

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock*; CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings*; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, *Alternative Methods of Signing for Tax Return Preparers*. Go to our website at [www.tax.ny.gov](http://www.tax.ny.gov) to find this document.

**Do not mail this form to the Tax Department.** EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

**Do not** use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*; CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both)*; CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both)*; CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both)*; or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return)*. Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2019 Corporation Tax Extensions*.

**Financial institution information** (required if electronic payment is authorized)

1 Amount of authorized debit ..... 1. \_\_\_\_\_  
 2 Financial institution routing number ..... 2. \_\_\_\_\_  
 3 Financial institution account number ..... 3. \_\_\_\_\_

**Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400**

Under penalty of perjury, I declare that I have examined the information on this 2019 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2019 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2019 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

DocuSigned by:  
 Signature of authorized officer of the corporation: Peter Accinno Print your name and title: PETER ACCINNO, INTERIM CFO Date: 10/9/2020  
 E8BFB1A27849437...

**Part B - Declaration of ERO and paid preparer**

Under penalty of perjury, I declare that the information contained in this 2019 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2019 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2019 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2019 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature <b>PATRICK YU, CPA</b>	Print name <b>PATRICK YU, CPA</b>	Date
Paid preparer's signature	Print name <b>PATRICK YU, CPA</b>	Date



# CT-13

## Department of Taxation and Finance Unrelated Business Income Tax Return

All filers enter tax period:

beginning **01-01-19** ending **12-31-19**

Amended return

Tax Law - Article 13

Employer identification number (EIN) <b>13-1623829</b>		File number <b>MM7</b>	Business telephone number <b>212-876-7700</b>	If you claim an overpayment, mark an X in the box <input checked="" type="checkbox"/>
Legal name of corporation <b>THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS</b>			Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation	Date received (for Tax Department use only)	
Number and street or PO box <b>424 EAST 92ND STREET</b>		Date of incorporation		
City <b>NEW YORK, NY</b>	State <b>NY</b>	ZIP code <b>10128-6804</b>	Foreign corporations: date began business in NYS	
NAICS business code number (from federal return) <b>525990</b>	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		Audit (for Tax Department use only)
Principal unrelated business activity (see instructions) <b>INVESTMENTS</b>				

**Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit**

Organization - Have you filed this New York State application for exemption? (see instructions) ..... Yes  No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) .....

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) .....

<b>A.</b> Pay amount shown on line 22. Make payable to: <i>New York State Corporation Tax</i> Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed <b>A</b>
--	------------------------------

**Computation of income and tax**

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction .....	<b>1</b>	<b>-666,479.</b>
2 New York State Article 13 and Article 23 tax deducted on federal return .....	<b>2</b>	<b>250.</b>
3 Additions required for shareholders of federal S corporations (see instructions) .....	<b>3</b>	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions) .....	<b>4</b>	
5 Other additions (see instructions) .....	<b>5</b>	
6 Add lines 1 through 5 .....	<b>6</b>	<b>-666,229.</b>
7 Other income (see instructions) .....	<b>7</b>	
8 Federal S corporation shareholder subtractions (see instructions) .....	<b>8</b>	
9 Other subtractions (see instructions) .....	<b>9</b>	
10 Total subtractions (add lines 7, 8, and 9) .....	<b>10</b>	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6) .....	<b>11</b>	<b>-666,229.</b>
12 New York net operating loss deduction (attach federal and NYS computations; see instructions) .....	<b>12</b>	
13 Taxable income (subtract line 12 from line 11) .....	<b>13</b>	<b>-666,229.</b>
14 Allocated taxable income (multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed) .....	<b>14</b>	<b>-666,229.</b>
15 Tax based on income (multiply line 14 by 9% (.09)) .....	<b>15</b>	<b>0.</b>
16 Minimum tax .....	<b>16</b>	<b>250.00</b>
17 Tax (line 15 or line 16, whichever is larger) .....	<b>17</b>	<b>250.</b>
18 Total prepayments from line 46 .....	<b>18</b>	<b>250.</b>
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17) .....	<b>19</b>	
20 Interest on late payment (see instructions) .....	<b>20</b>	
21 Late filing and late payment penalties (see instructions) .....	<b>21</b>	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above) .....	<b>22</b>	
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18) .....	<b>23</b>	
24 Amount of overpayment on line 23 to be credited to next year .....	<b>24</b>	
25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23) .....	<b>25</b>	

See page 3 for third-party designee, certification, and signature entry areas.

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes  No  If Yes, list years: \_\_\_\_\_

Federal return was filed on: 990-T  Other:  Attach a complete copy of your federal return.

**Schedule A - Unrelated business allocation**

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:	A New York State	B Everywhere	
26 Real estate owned (see instructions) .....	26		
27 Gross rents (attach list; see instructions) .....	27		
28 Inventories owned .....	28		
29 Other tangible personal property owned (see instructions) .....	29		
30 Total (add lines 26 through 29) .....	30		
31 Percentage in New York State (divide line 30, column A, by line 30, column B) .....	31		%

**Receipts in the regular course of business from:**

32 Sales of tangible personal property shipped to points within New York State .....	32		
33 All sales of tangible personal property .....	33		
34 Services performed .....	34		
35 Rentals of property .....	35		
36 Other business receipts .....	36		
37 Total (add lines 32 through 36) .....	37		
38 Percentage in New York State (divide line 37, column A, by line 37, column B) .....	38		%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions) .....	39		
40 Percentage in New York State (divide line 39, column A, by line 39, column B) .....	40		%
41 Total of New York State percentages (add lines 31, 38, and 40) .....	41		%
42 Business allocation percentage (divide line 41 by three or by the number of percentages) .....	42		%

**Composition of prepayments claimed on line 18\***

	Date paid	Amount
43 Payment with extension request, Form CT-5, line 5 .....	43	250.
44a Second installment from Form CT-400 .....	44a	
44b Third installment from Form CT-400 .....	44b	
44c Fourth installment from Form CT-400 .....	44c	
45 Amount of overpayment credited from prior years .....	45	
46 Total prepayments (add lines 43 through 45; enter here and on line 18) .....	46	250.

\* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

**Amended return information**

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination .....  If marked, enter date of determination: • \_\_\_\_\_

Capital loss carryback .....  Federal return filed ..... Form 1139 •

Amended Form 990-T .....

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<b>Third-party designee</b> (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number
	Designee's email address		PIN

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person <b>PETER ACCINNO</b>	Signature of authorized person <i>Peter Accinno</i>	Official title <b>INTERIM CFO</b>
	Email address of authorized person <b>peter.accinno@cpa.org</b>		Telephone number <b>1079/2020</b>

<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) <b>BAKER TILLY US, LLP</b>		Firm's EIN <b>39-0859910</b>	Preparer's PTIN or SSN <b>P00675982</b>
	Signature of individual preparing this return	Address <b>ONE PENN PLAZA, SUITE 3000</b>		State ZIP code
	Email address of individual preparing this return <b>PATRICK.YU@BAKERTILLY.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date

See instructions for where to file.

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