efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Form **990**

Return of Organization Exempt From Income Tax

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

DLN: 93493314010466 OMB No 1545-0047

-29	foundations)						
	ment of the	Do not enter social security numbers on this form as it ma				Open to Public	
Treasu	iry al Revenue 9	► Information about Form 990 and its instructions is at <u>www</u>	v IRS gov/to	<u>1 m990</u>		Inspection	
		'					
		5 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016 C Name of organization		D Employ		entification number	
_	eck if applica	ANIMAL WELFARE INSTITUTE		D Employ	er iu	entification number	
	ldress chang ame change	e		13-56	559!	52	
	itial return	Doing business as					
Fi				E Telephor	ne nu	mber	
	terminated/	Number and street (or P O box if mail is not delivered to street address) Room/suite 900 PENNSYLVANIA AVE SE	•	(202)		2222	
<u> </u>	nended retur			(202)	33/-	.2332	
Ap	plication pen	ding City of town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20003		G Gross re	cointe	s \$ 7,173,546	
		- 1				· · · ·	
		F Name and address of principal officer CATHY LISS	H(a) Is th		retur		
		900 PENNSYLVANIA AVE SE	subo No	rdinates?		☐ Yes 🗸	
		WASHINGTON,DC 20003	H(b) Are a	ıll subordır	ates	Yes No	
I la	x-exempt st	atus	inclu			·	
J W	ebsite: 🟲	WWW A WIONLINE ORG	H(c) Grou			(see instructions)	
K Form	n of organiza	ation		rmation 195		M State of legal domicile DC	
Pa		ummary					
		describe the organization's mission or most significant activities LEVIATE THE SUFFERING OF ANIMALS CAUSED BY PEOPLE					
a .	10 AL	LEVIATE THE SUFFERING OF ANIMALS CAUSED BY PEOPLE					
) <u>C</u>							
บล							
ě	2 Chec	k this box $\blacktriangleright \ \ \ \ \ \ \ \ \ \$	more than 2	25% of its	net a	assets	
Ğ				1		I	
× 8		per of voting members of the governing body (Part VI, line 1a)		.	3	7	
<u>te</u>		per of independent voting members of the governing body (Part VI, line 1b)		•	4	6	
Activities & Governance		number of individuals employed in calendar year 2015 (Part V, line 2a) .			5	25	
Ac		number of volunteers (estimate if necessary)			6	11	
		unrelated business revenue from Part VIII, column (C), line 12			7a	0	
	b Netur	nrelated business taxable income from Form 990-T, line 34			7b	0	
			Pric	r Year		Current Year	
ο.	8 Co	ontributions and grants (Part VIII, line 1h)		2,637,7	-	3,278,306	
ej Le	9 Pr	ogram service revenue (Part VIII, line 2g)			0	0	
Raven	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		726,276		466,600	
a		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		62,6	94	93,646	
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	3,426,		45	3,838,552	
	12			247.4	43	1 5 4 3 1 0	
		rants and similar amounts paid (Part IX, column (A), lines 1–3)		247,4		154,219	
	_	enefits paid to or for members (Part IX, column (A), line 4)			0	0	
82		laries, other compensation, employee benefits (Part IX, column (A), lines		1,850,5	63	1,706,114	
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)			0	0	
e do		tal fundraising expenses (Part IX, column (D), line 25) \triangleright 58,631					
Ω		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,629,8	8.1	1,194,535	
		otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,727,8	-	3,054,868	
		evenue less expenses Subtract line 18 from line 12		-301,1	-	783,684	
_ g	19 (0	venue less expenses Subtract fine 10 non fine 12				<u>`</u>	
7C 0			Beginning o	of Current Y	ear	End of Year	
Net Assets or Fund Balances	20 To	otal assets (Part X, line 16)		11,001,7	30	11,433,837	
ξ Z Z	21 To	otal liabilities (Part X, line 26)		41,2	52	16,718	
žŢ	22 N e	et assets or fund balances Subtract line 21 from line 20		10,960,4	78	11,417,119	
Pai	t III S	ignature Block					
	•	of perjury, I declare that I have examined this return,					
•	_	and belief, it is true, correct, and complete Declaration by knowledge					
		, memoage					
		化水黄 长泽 永					
Sign	. 7	Signature of officer					
Here	_ .	CATHY LISS PRESIDENT					
		Type or print name and title					

Print/Type preparer's name RICHARD TERRANO Preparer's signature RICHARD TERRANO **Paid** Firm's name MARKS PANETH LLP Preparer Firm's address ► 685 THIRD AVENUE **Use Only** NEW YORK, NY 10017 May the IRS discuss this return with the preparer shown above? (see $\ensuremath{\text{I}}$

For Paperwork Reduction Act Notice, see the separate instructions.

Νo

Nο

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Form 990 (2015)

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

Yes

Yes

Yes

Yes

Form	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I \supseteq 1$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🙎	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 💆

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV "

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

14a Did the organization maintain an office, employees, or agents outside of the United States?

If "Yes," complete Schedule D, Parts XI and XII 💆

If "Yes," complete Schedule D, Part X 🛸

Page 4

				_
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

29

30

31

37

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pait I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

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)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Νo

Νo

Nο

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2015)

Yes

orm	990 (2015)			Page 5
Pai	rt 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			
	Fatantha sumbanasantal in Ray 2 of Fama 1000 Fatan 0 of nationalizable 1.4-1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 13 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
Ea	(FBAR)	5a		N.o.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
C	The rest, to line 3d of 3D, and the organization line rothin 8886-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
_	during the year?	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
LO LO	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
-	facilities			
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13 a		
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			

 \boldsymbol{c} . Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*.

Νo

14a

14b

ındependent

year by the following a The governing body? .

Section C. Disclosure

1.3

14

(2	2015)
ı	Governance, Management, and Disclosure

Part V For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below.

describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management Vac No 1a Enter the number of voting members of the governing body at the end of the tax

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13

Did the organization have a written document retention and destruction policy?

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

State the name, address, and telephone number of the person who possesses the organization's books and records

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

►CATHY LISS 900 PENNSYLVANIA AVE SE WASHINGTON, DC 20003 (202) 337-2332

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

List the States with which a copy of this Form 990 is required to be filed▶

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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

6

7a

7b

8a

Яh

10b

11a

12a

12h

12c

13

14

15a

15b

16a

16b

 CA , DC , MN , NJ , NY , PA , CT , MI , NC , VA , WV , WI ,

Yes

Nο

Form **990** (2015)

No
No

Nο

Nο

Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets?

Part VII

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization noi		ganıza	tion	com	pen:	sated	any	current officer, o	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than son is	one bot	not box h ar	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	<u>ş</u>		Highest compensated employee	Former	(W ⁻ 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) CATHY LISS PRESIDENT	40 00	x		х				102,471	0	9,279
(2) CYNTHIA WILSON CHAIR/VICE PRESIDENT	1 00	х		х				0	0	0
(3) CAROLINE GRIFFIN ESQ SECRETARY	1 00	x		x				0	0	0
(4) CHARLES M JABBOUR CPA TREASURER	1 00	×		х				0	0	0
(5) MARY LEE JENSVOLD PHD DIRECTOR	1 00	х						0	0	0
(6) JOHN BOYD JR DIRECTOR	1 00	х						0	0	0
(7) CHRIS MILLER DVM DIRECTOR	1 00	х						0	0	0
(8) SUSAN MILLWARD EXECUTIVE DIRECTOR	40 00			х				83,328	0	8,738

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d on is l	one b both	ox, an d	heck unless officer stee)	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

d Total (add lines 1b and 1c) 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 \triangleright 1

For any individual listed on line 1a, organization and related organization ındıvıdual . . .

Section B. Independent

3

, I	s the	su	m o	frep	oorta	able	con	nper	ısat	ion (and	othe	erco	omp	ensa	atioi	n fro	m t	he
101	ns gr	eat	er tl	nan	\$15	0,0	003	If "	Yes,	," co	mple	ete S	che	dule	J fo	rsu	ch		
	•	•			•	•		•		•	•	•	•					•	•
								_											

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

			18,01
		Yes	No
ſ			
	3		No

\$100,000 of compensation from the organization \triangleright 0

ors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

(A)

Name and business address

		Ī
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	

5

(B)

Description of services

0	

N	c
l N	r

Νo

(C)

Compensation

Form 990 (2015)

Part V		Statement o						Page _
			ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts Es	1a	Federated cam	-					
Grants Amounts	b	Membership du	es 1b					
s. G Am	С	Fundraising eve	ents 1c					
Gift Tar	d	Related organiz	zations 1d					
ns,	e	Government grants	s (contributions) 1e					
ntion er S	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	3,278,306				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribution	ons included in lines	42,532				
nd	h	Total. Add lines	s 1a-1f		3,278,306			
				Business Code				
Program Service Revenue	2a b c							
± ₹	d							
ري د	e							
grai	f	All other progra	am service revenue					
Ĕ	g	Total. Add lines	s 2a-2f	•				
	3		ome (including dividen ar amounts)		153,716			153,71
	4		stment of tax-exempt bond					
	5	Royalties	<u> </u>	•				
		Construction	(I) Real 126,396	(II) Personal				
	6a	Gross rents	·					
	b	Less rental expenses	34,348					
	C	Rental income or (loss)	92,048					
	d	Net rental inco		•	92,048			92,04
	7a	Gross amount from sales of assets other than inventory	(i) Securities 2,733,630	(II) Other 879,900				
	ь	Less cost or other basis and sales expenses	2,703,945	596,701				
	c d	Gain or (loss) Net gain or (los	29,685	283,199	312,884			312,88
venue	8a	Gross income f events (not inc	rom fundraising		,			,
Other Revenue	ь	See Part IV, lin	ne 18 a					
5	c		(loss) from fundraising	events >				
	9a	See Part IV, lin	а					
		Net income or (penses b (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo	owances .					
	Ь		oods sold b	entory				
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code				
	11a	MISCELLANEC		511130	1,598			1,59
	ь							
	С							
	d	All other revenu						
	e	Total. Add lines		•	1,598			
	12	Total revenue.	See Instructions .	•	3,838,552	0	(560,24

Part IX Statement of Functional Expenses

	-			
ection 50	11(c)(3) and $501(c)(4)$ organizations must co	omplete all columns. All oth	her organizations must comp	lete column (A.)

	Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	91,256	91,256						
2	Grants and other assistance to domestic individuals See Part IV, line 22	6,275	6,275						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	56,688	56,688						
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	209,055	194,655	11,512	2,888				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	1,206,665	1,124,611	65,339	16,715				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	28,276	26,267	1,610	399				
9	Other employee benefits	152,752	140,174	10,553	2,025				
10	Payroll taxes	109.366	101,499	6,322	1,545				
11	Fees for services (non-employees)	103,300	101,133	0,322	1,3 13				
a	Management								
ь	Legal	4,844	4,844						
С	Accounting	19,100	9,100	10,000					
d	Lobbying	82,500	82,375	125					
е	Professional fundraising services See Part IV, line 17								
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,261	636		4,625				
12	Advertising and promotion	16,909	14,302	80	2,527				
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy	153,829	93,380	59,993	456				
17	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21 22	Payments to affiliates	E1 E22	42.704	E 152	2.576				
23	Depreciation, depletion, and amortization	51,522	43,794	5,152	2,576				
24	Other expenses Itemize expenses not covered above (List								
	miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
а	CONSULTANTS	180,665	180,665						
b	PRINTING & PUBLICATIONS	159,942	154,363	196	5,383				
c	AWI QUARTERLIES	139,584	138,188		1,396				
d	CONFERENCES & TRAVEL	107,477	106,463	1,002	12				
е	All other expenses	272,902	233,237	21,581	18,084				
25	Total functional expenses. Add lines 1 through 24e	3,054,868	2,802,772	193,465	58,631				
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)								

	,		
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

Form 990 (2015)						
Part X	Balance Sheet						
	Check if Schedule O contains a response or note to any line in this Part X						
		B	eaini	(A)	of ve	ar	

Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Cash-non-interest-bearing

Savings and temporary cash investments .

Notes and loans receivable, net

Prepaid expenses and deferred charges

Investments—publicly traded securities

Investments—program-related See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D . .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties .

Investments—other securities See Part IV, line 11

Land, buildings, and equipment cost or other basis

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Unrestricted net assets

Temporarily restricted net assets .

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

.

Capital stock or trust principal, or current funds . .

Total liabilities and net assets/fund balances .

Complete Part X of Schedule D

Grants payable .

Deferred revenue .

Pledges and grants receivable, net .

Accounts receivable, net . . .

II of Schedule L

1

2

3

4

6

7

8

9

10ລ

b

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

Page

11

1 034 395

1.205.206

33.330

17,483

4,976,031

4 167 392

11,433,837

9 220

7.498

16,718

11,149,252

167.867

100,000

11,417,119

11,433,83

Form 990 (2015)

Pag

645 260

430.696

29 412

1

3

4

5

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22

23

25

27

28

30

31

33

16.389

5,549,113

4 330 860

11,001,730

32 252

9 000

41,252

10,690,527

169.951

100,000

10.960,478

11.001.730

5,624,194

648,163

10a

10b

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Reconcilliation of Net Assets

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

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

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 2 from line 1 . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments . Donated services and use of facilities .

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XII Financial Statements and Reporting

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash ✓ Accrual Cother

Both consolidated and separate basis

Both consolidated and separate basis

7

8 9 10

2a

2b

2c

3a

3b

Yes

Yes

1

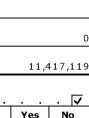
2

3

4

5

6



Page **12**

3,838,552

3,054,868

783,684

10.960.478

-327,043

✓

No

Νo

Νo

Form 990 (2015)

efil	le GF	RAPHIC pr	int - DO I	NOT PROCES	SS As Filed Da	ta -		DLN: 93	3493314010466
990EZ)			•	Complete if the	e organization is a sec 4947(a)(1) nonexe Attach to Form	tion 501(c)(3) empt charitable 1990 or Form 9	organization o e trust. 190-EZ.	Ort r a section	2015 Open to Public Inspection
Treas	JΓY		<u>wı</u>	ww.irs.gov/fo	<u>rm990</u> .				•
		enue Service he organizat	ion					Employer identific	ation number
		FARE INSTITUT							
								13-5655952	
	rt I				<u> </u>			part.) See instruction	ons.
_	organı		•		ause it is (For lines 1	-	•	•	
1				•	r association of churc				
2				=)(1)(A)(ii).(Attach So	•			
3	<u> </u>	· ·	· ·	· ·	service organization				
4	ı		research or name, city,	-	erated in conjunction v	with a nospital	described in se	ection 170(b)(1)(A)(iii	i). Enter the
5	Г	A n organı 170(b)(1)	zatıon opera (A)(iv). (C	ated for the bei omplete Part I	I)			a governmental unit o	described in section
6				-	or governmental unit				
7	✓				es a substantial part ii). (Complete Part II		from a governm	ental unit or from the o	general public
8	_				ion 170(b)(1)(A)(vi)		rt II)		
9	İ-	An organı receipts fi from gross	zation that i om activitie investmer	normally receives related to it income and i	ves (1) more than 33 s exempt functions—s	1/3% of its sup subject to cert xable income (oport from cont ain exceptions, less section 51	ributions, membership and (2) no more than 11 tax) from businesse	331/3% of its support
10		-		•	ted exclusively to tes	•	•	on 509(a)(4).	
11	Ļ	An organiz	ation organ e publicly s	ızed and opera upported orga	ted exclusively for the	e benefit of, to section 509(a	perform the fur a)(1) or section	nctions of, or to carry of 509(a)(2) See sectio 1 complete lines 11e, :	on 509(a)(3). Check
а	Г	Type I. A s supported	upporting o organizatio	organization op n(s) the power	erated, supervised, o to regularly appoint o	r controlled by r elect a major	its supported o	organization(s), typica tors or trustees of the	lly by giving the
b	Г	Type II. A manageme	supporting nt of the su	organization s ipporting orgar	nization vested in the	ed in connectio		orted organization(s), l manage the supported	
c	Г	Type III f	unctionally i					n, and functionally inte), and E.	grated with, its
d	Г	Type III n not functio	on-function nally integr	ally integrated ated The orga	i. A supporting organi	zation operate st satisfy a dis	d in connection stribution requii	with its supported org rement and an attentiv	
e	Γ	Check this	box if the o	organization re	·	mination from	the IRS that it	ıs a Type I, Type II, T	ype III functionally
f	Ente			=	ns			· · · · · · · · <u> </u>	
g		Provide th	e following i	nformation abo	out the supported orga	anization(s)			
		(i)		(ii)EIN	(iii)	/iv		(v)	(vi)
Name of supported organization		ganızatıon	(II)LIN	Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		A mount of monetary support (see instructions)	A mount of other support (see instructions)	
						Yes	No		
Tota	<u> </u>								
. 514	•			l		1		1	<u>l</u>
For F	aperv	work Reduct	on Act Not	ice, see the In	structions for Form 99	90 or 990EZ.	Cat No 112		1 990 or 990-EZ) 2015

check this box and stop here

organization

instructions

supported organization

Section C. Computation of Public Support Percentage

Public support percentage for 2014 Schedule A, Part II, line 14

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

and **stop here.** The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2015

Р	art II Support Schedule for (Complete only if you Part III. If the organiz	checked the box	x on line 5, 7, o	or 8 of Part I or	r if the organiza	ation failed to q	
	Section A. Public Support				, p		
	Calendar year r fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	3,388,256	5,456,563	4,316,547	2,637,775	3,278,306	19,077,44
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,388,256	5,456,563	4,316,547	2,637,775	3,278,306	19,077,44
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,226,53
6	Public support. Subtract line 5						16,850,91
_	from line 4 Section B. Total Support						
_	Calendar year						
(o	r fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
7	Amounts from line 4	3,388,256	5,456,563	4,316,547	2,637,775	3,278,306	19,077,44
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	142,789	205,432	188,630	154,480	153,716	845,04
9	Net income from unrelated business activities, whether or not the business is regularly						

	charge						
4	Total. Add lines 1 through 3	3,388,256	5,456,563	4,316,547	2,637,775	3,278,306	19,077,4
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,226,5
6	Public support. Subtract line 5 from line 4						16,850,9
	ection B. Total Support						
	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
7	Amounts from line 4	3,388,256	5,456,563	4,316,547	2,637,775	3,278,306	19,077,4
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	142,789	205,432	188,630	154,480	153,716	845,0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						19,922,4
12	Gross receipts from related activit	ies, etc (see ins	tructions)	•	•	12	10,97
13	First five years.If the Form 990 is	for the organizati	on's first, second	, thırd, fourth, or f	ifth tax year as a	section 501(c)(3) organization,

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

3	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,388,256	5,456,563	4,316,547	2,637,775	3,278,306	19,077,447
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,226,532
6	Public support. Subtract line 5 from line 4						16,850,915
_	Coction B. Total Support						

84 580 %

88 740 %

▶▽

▶□

Schedule A (Form 990 or 990-EZ) 2015

14

15

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

ınder Part

(Complet	e only i	t you	checked	the box	on line	9 of Par	t I or if the	e organization	failed to qualify	u

	II. II tile organization	i ialis to qualii	y under the tes	is listed below	, please comple	ete Part II.)	
Se	ction A. Public Support		1	1	1	ı	_
	Calendar year	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in)						
1	Gifts, grants, contributions, and membership fees received (Do						
	not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
_	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
,	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
	and 3 received from disqualified				1		
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
	Public support. (Subtract line 7c						
0	from line 6)						
Se	ection B. Total Support						
	Calendar year			1	I		Ī
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						1
4.4	11, and 12)		l nia firat agand	third fairth ar	fifth townson on o		2\
14	First five years. If the Form 990 is f	or the organization	on s iirst, second	, cilira, lourth, or	ınıcıı tax year as a	section 501(c)(· · · · ·
	check this box and stop here	lie Cunnout D					<u> </u>
	ction C. Computation of Pub						
15	Public support percentage for 2015			13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge		•	
17	Investment income percentage for				nn (f))	17	
18	Investment income percentage from					18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

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

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Se	I, complete Sections A and D, and complete Part V) ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3а	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?			
b	If "Yes," answer (b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3a 3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
b	A family member of a person described in (a) above?	11b		·
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Nο

Yes

Yes

No

No

			·	
Section	B. Type	I Supporting) Organization	s

Section D. All Type III Supporting Organizations

supported organization(s)

1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of		l
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		

3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at		
	all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	з	

Section F. Type III Functionally-Integrated Supporting Organizations

	bection E. Type III I unctionally-integrated Supporting Organizations	_
1	. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	

The organization satisfied the Activities Test Complete line 2 below

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (1) a written notice describing the type and amount of support provided during the prior

If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the

organization(s) or (ii) serving on the governing body of a supported organization?

- The organization is the parent of each of its supported organizations. Complete line 3 below

- ernment entity (see

C		The organization supported a governmental entity. Describe in Part VI how you supported a go	٥v e
	•	instructions)	

Activities lest Answer (a) and (b) below.	Yes
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	
supported erganization(s) to which the erganization was responsive?	

supported organization(s) to which the organization was responsive?	
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	2a

- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of
- the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have
- engaged in these activities but for the organization's involvement 2b 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of
- 3а each of the supported organizations? Provide details in Part VI **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Type III non-functionally integrated supporting organizations must complete Sections A through E

Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other

	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

5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property 6 held for production of income (see instructions) 7 Other expenses (see instructions) **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4) 8

(B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see 1 instructions for short tax year or assets held for part of year)

Average monthly value of securities **1**a 1b Average monthly cash balances **1**c Fair market value of other non-exempt-use assets

1d Total (add lines 1a, 1b, and 1c) **Discount** claimed for blockage or other factors е (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater 4 amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 7 Recoveries of prior-year distributions

8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1

2 2 Enter 85% of line 1

Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3 4

5 Income tax imposed in prior year **Distributable Amount.** Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

instructions) Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
A mounts paid to supported organizations to accom	nlish exempt nurnoses		
Amounts paid to perform activity that directly furth excess of income from activity		ported organizations, in	
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
	aurad)		
5 Qualified set-aside amounts (prior IRS approval rec			
6 Other distributions (describe in Part VI) See instru	ıctions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		I	ı
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to		1	
2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
а			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schedule A	(Form 990 or 990-EZ) (2015

Schedule A	(Form 990 or 990-EZ) 201	5	Page 8
Part VI	Provide the explanation Section A, lines 1, 2, 3 Part IV, Section C, line Part V, line 1; Part V,	mation. ns required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3 Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines chis part for any additional information. (See instructions).	b;
		Facts And Circumstances Test	
R	leturn Reference	Explanation	
		Schedule A (Form 990 or 990-i	EZ) 2015

SCHEDULE C (Form 990 or

line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization

Political expenditures Volunteer hours

Was a correction made?

If "Yes," describe in Part IV

exempt function activities

(a) Name

Did the filing organization fileForm 1120-POL for this year?

ANIMAL WELFARE INSTITUTE

1

2

2

3

1

2

3 4

Part I-B

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0041 Open to Public

DLN: 93493314010466

Department of the Treasury Internal Revenue Service

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Complete if the organization is exempt under section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

(b) Address

Enter the amount of any excise tax incurred by the organization under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Enter the amount of any excise tax incurred by organization managers under section 4955

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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

- 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,

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

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

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

(c) EIN

- Section 527 organizations Complete Part I-A only

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

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

13-5655952

(d) A mount paid from

filing organization's

funds If none, enter -0-

Cat No 50084S

Employer identification number

┌ Yes

Yes

Schedule C (Form 990 or 990-EZ) 2015

(e) A mount of political

contributions received

and promptly and directly delivered to a separate political organization If none, enter -0-

□ No

- **Inspection**

Other exempt purpose expenditures

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

reporting section 4911 tax for this year?

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Calendar year (or fiscal year

beginning in)

1a

lobbvina)

Not over \$500,000

Over \$17,000,000

(b) Affiliated

group totals

(a) Filing

organization's

totals

36,805

173,928

210,733

2,844,135

3,054,868 302.743

Check \blacktriangleright 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) 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.)

Total lobbying expenditures to influence public opinion (grass roots

Total lobbying expenditures to influence a legislative body (direct lobbying)

Total lobbying expenditures (add lines 1a and 1b)

Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:

\$1,000,000

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

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**

391.645

98.616

97,911

16,811

(a)2012

The lobbying nontaxable amount is: 20% of the amount on line 1e

(b)2013

602.961

136.264

150.740

9,810

\$100,000 plus 15% of the excess over \$500,000

☐ No

Yes

(c)2014

336.394

144.980

84,099

21,200

(d)2015

302,743

210.733

75,686

36,805

Schedule C (Form 990 or 990-EZ) 2015

(e) Total

1,633,743

2,450,615

590.593

408,436

612,654

84,626

75.686

Return Reference

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)		(b)	
activi	, , , , , , , , , , , , , , , , , , , ,	Yes	No	An	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	163			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
d					
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5), c		
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5), o	Y	tion es l
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	5 01 (c)(5), d	1	
Par 1 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5 01 (c)(5), d	1 2	
1 2 3	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		E	1 2 3	es l
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TITI-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	5 01 (c)(5), q	1 2 3 or sec	es r
1 2 3	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	5 01 (c)(5), q	1 2 3 or sec	es r
Par 1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TITI-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	501(c No" ()(5), q	1 2 3 or sec	es r
Par 1 2 3 Par	TIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	501(c No" (1 2a)(5), q	1 2 3 or sec	es r
1 2 3 Par 1 2	TIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	501(c No" ()(5), q	1 2 3 or sec	es r
Par 1 2 3 Par 1 2	TIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	501(c No" (1 2a)(5), q	1 2 3 or sec	es r
Par 1 2 3 Par 1 2	TIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	501(c No" (1 2a 2b)(5), q	1 2 3 or sec	es r
1 2 3 Par 1 2 c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TII-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	501(c No" (1 2a 2b 2c)(5), q	1 2 3 or sec	es r
1 2 3 Par 1 2 a b c 3	TIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	501(c No" (1 2a 2b 2c 3)(5), q	1 2 3 or sec	es r

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D**

(Form 990)

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. OMB No 1545-0047 2015

DLN: 93493314010466

eas	•	Open to Public Inspection				
Na	nal Revenue Service me of the organi			Emp	loyer identi	fication number
ANI	MAL WELFARE INSTI	TUTE		13-9	5655952	
Pa	Irt I Organi	izations Maintaining Donor	Advised Funds or Other Similared "Yes" on Form 990, Part IV, line 6	r Funds		nts.
	3311151	ste in the organization another	(a) Donor advised funds		Funds and	other accounts
L	Total numbe	r at end of year		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2	Aggregate v year)	alue of contributions to (during				
3	Aggregate v	alue of grants from (during year)				
1	Aggregate v	alue at end of year				
5	_		ndvisors in writing that the assets held in the organization's exclusive legal control:		sed	□Yes □ No
5	used only for cl conferring impe	haritable purposes and not for the ermissible private benefit?	and donor advisors in writing that grant fu benefit of the donor or donor advisor, or fo	or any othe	r purpose	∵ ∵Yes ∵No
Pa			ete if the organization answered "Yes	s" on Forr	n 990, Pai	rt IV, line 7.
L			e organization (check all that apply)			
	Preservati education)	on of land for public use (e g , recr	_	of an histoi	rically impo	rtant land area
	Protection	of natural habitat	Preservation of	of a certifie	d historic s	tructure
	☐ Preservati	on of open space				
2	•	2a through 2d if the organization ne last day of the tax year	held a qualified conservation contribution	ın the form	1	
	Total number o	f a a no amuntus programments		-	Held at	the End of the Year
а		f conservation easements	nto	2a		
b	_	restricted by conservation easeme		2b		
c		servation easements on a certified	·	2c		
d		ire listed in the National Register	c) acquired after 8/17/06, and not on a	2d		
3	Number of cons	servation easements modified, trai	nsferred, released, extinguished, or termin	nated by th	e organızat	ion during the
	tax year ►					
1	Number of stat	es where property subject to cons	ervation easement is located >			
5	-	ization have a written policy regar enforcement of the conservation e	ding the periodic monitoring, inspection, hasements it holds?	nandling of	_	_ Yes
5	Staff and volun year	teer hours devoted to monitoring,	inspecting, handling of violations, and enf	orcing con	servation e	asements during the
	>					
7	A mount of expe	enses incurred in monitoring, inspe	ecting, handling of violations, and enforcin	ig conserva	ation easem	nents during the year
3	Does each con	servation easement reported on lii on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of	section 17		Yes No
9	balance sheet,	= -	ts conservation easements in its revenue of the footnote to the organization's finan sements	-		
ar	t IIII Organi	izations Maintaining Collec	tions of Art, Historical Treasure ed "Yes" on Form 990, Part IV, line 8		ner Simil	ar Assets.
La	If the organizat works of art, his	tion elected, as permitted under SF storical treasures, or other similar	FAS 116 (ASC 958), not to report in its reasonable assets held for public exhibition, education to its financial statements that described to its financial statements.	evenue sta on, or rese	arch in furtl	

(ii) Assets included in Form 990, Part X **>** \$ __ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

Revenue included on Form 990, Part VIII, line 1

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2015

art II	ī	Organizations Maintaining	Collections of A	Art, His	toric	al Tre	asure	es, or (ther Sin	nilar A	ssets	
		(continued)										
		the organization's acquisition, acce tion items (check all that apply)	ssion, and other re	cords, ch	neck an	y of the	follow	ing that	are a sıgnıf	icant us	e of its	
a 🗆	_ P	Public exhibition		d		Loan o	r excha	ange prog	grams			
b [- s	Scholarly research		е		Other						
: [- _P	Preservation for future generations										
	ovid art X	de a description of the organization's (III	collections and ex	plain hov	w they 1	further	the org	anızatıor	n's exempt	purpose	ın	
		g the year, did the organization solic s to be sold to raise funds rather tha								Ye	s ∏N	0
art I	V	Escrow and Custodial Arrai Complete if the organization a Part X, line 21.		n Form	990, P	art IV	, line s	9, or re	ported an	amour	nt on For	m 99
		e organization an agent, trustee, cust led on Form 990 , Part X?	todian or other inte	rmediary	for cor	ntributi	ons or o	other ass	sets not	┌ Ye	s N	o
)	If"	Yes," explain the arrangement in Pa	rt XIII and comple	te the fol	lowing	table				Am	ount	
	Beg	ginning balance						1 c				
i	Add	ditions during the year						1 d				
:	Dist	tributions during the year						1e				
	End	ding balance						1f				
a Di	d th	ne organization include an amount or	Form 990, Part X,	line 21,	for esc	row or	ustodi	ıal accou	nt liability?	'	s N	o
										•	•	•
b _{If}	"Yes	s," explain the arrangement in Part :	XIII Check here ıf	the expla	anation	has be	en pro	vided in	Part XIII	· 	· · · · ·	•
ı _f	"Yes		XIII Check here ıf	the expla	anation	has be	en pro	vided in rm 990	Part XIII	 line 10	· · · · ·	
o _{If}	"Yes	s," explain the arrangement in Part :	XIII Check here if e if the organiza	the expla	anation wered	has be	en pro	vided in rm 990	Part XIII , Part IV ,	 line 10		
o If	"Yes	s," explain the arrangement in Part : Endowment Funds. Complet	XIII Check here if e if the organiza	the expla	anation wered	has be	en pro	vided in rm 990	Part XIII , Part IV ,	 line 10		
P If	"Yes	s," explain the arrangement in Part Endowment Funds. Complete Inning of year balance	XIII Check here if e if the organiza	the expla	anation wered	has be	en pro	vided in rm 990	Part XIII , Part IV ,	 line 10		
If art \ Be C \ C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	"Yes	s," explain the arrangement in Part Endowment Funds. Complet Inning of year balance	XIII Check here if e if the organiza	the expla	anation wered	has be	en pro	vided in rm 990	Part XIII , Part IV ,	 line 10		
P If art Be Co No lo	egin ontr et in	s," explain the arrangement in Part Endowment Funds. Complet Inning of year balance	XIII Check here if e if the organiza	the expla	anation wered	has be	en pro	vided in rm 990	Part XIII , Part IV ,	 line 10		
Be Co	egin ontresses	s," explain the arrangement in Part Endowment Funds. Complete Inning of year balance	XIII Check here if e if the organiza	the expla	anation wered	has be	en pro	vided in rm 990	Part XIII , Part IV ,	 line 10		
Be Co	egin ontr et in ssse: rant ther	s," explain the arrangement in Part : Endowment Funds. Complet Inning of year balance Inbutions Investment earnings, gains, and is its or scholarships	XIII Check here if e if the organiza	the expla	anation wered	has be	en pro	vided in rm 990	Part XIII , Part IV ,	 line 10		
Be Color No.	egin ontr et in esses rant ther nd pi	Endowment Funds. Completed and services of scholarships are expenditures for facilities are grants.	XIII Check here if e if the organiza	the expla	anation wered	has be	en pro	vided in rm 990	Part XIII , Part IV ,	 line 10		
Iff Be Control No. 100 G G G G G G G G G G G G G G G G G G	egin ontr et in esses rant ther nd pi	s," explain the arrangement in Part : Endowment Funds. Complet Inning of year balance Inbutions Investment earnings, gains, and is its or scholarships	XIII Check here if e if the organiza	the expla	anation wered	has be	en pro	vided in rm 990	Part XIII , Part IV ,	 line 10		
Be Con No loo G O arr	egin ontroduced in the rank thermal produced in the rank thermal produced in the rank thermal produced in the rank the r	Endowment Funds. Completed and services of scholarships are expenditures for facilities are grants.	XIII Check here if te if the organiza (a)Current year	the explainment of the thick the thi	anation werec	has be	to Fo	vided in rm 990 ears back	Part XIII , Part IV ,	 line 10		
Bee Con No loo G O arr	"Yes V egin ontr et in sses rant ther dmir nd or	Endowment Funds. Completed and services of year balance	XIII Check here if te if the organiza (a)Current year	the explainment of the thick the thi	anation werec	has be	to Fo	vided in rm 990 ears back	Part XIII , Part IV ,	 line 10		
Be O arr	egin ontresses in the rant thermal of the rand of the	Endowment Funds. Completed and the arrangement in Part of Endowment Funds. Completed and the second and the sec	XIII Check here if te if the organiza (a)Current year	the explainment of the thick the thi	anation werec	has be	to Fo	vided in rm 990 ears back	Part XIII , Part IV ,	 line 10		
Be Company of the Com	egin ontrovid on or ovid on or ov	Endowment Funds. Complete aning of year balance	XIII Check here if the organiza (a)Current year	the explation ans	anation werec	has be	to Fo	vided in rm 990 ears back	Part XIII , Part IV ,	 line 10		
b If a Be b Co c No loo d G e O ar f Ar pr a Bo b Pe c Te Th	egin ontriversity of the control of	Endowment Funds. Complet Ining of year balance Investment earnings, gains, and is its or scholarships In expenditures for facilities irrograms Investment expenses In expenditure expenses In expension expenses In expension expenses In expension	will Check here if the organiza (a)Current year urrent year end bal	the explain ans (b)Pn	e 1g, c	has be	to Fo	vided in rm 990 ears back	Part XIII , Part IV, (d)Three ye	 line 10		
b If a Be b Co c No lo d G e O ar f Ac pr a Bc b Pe c Te Th	egin ontrivet in the retired part of the returned p	Endowment Funds. Completed and set of the comp	with the organiza (a)Current year (a)Current year urrent year end balashould equal 100% session of the organization (a)Current year end balashould equal 100%	the explain ans (b)Pn	e 1g, c	has be	to Fo	vided in rm 990 ears back	Part XIII , Part IV, (d)Three ye	line 10 ars back	(e)Four y	ears b

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Forn	n 990. Part IV. l	ine 11a.See For	rm 990. Part X.	line 10.
Description of property	(a)	(b) Cost or other basis (other)	Accumulated	(d)Book value
1a Land		2,350,000		2,350,000
b Buildings		3,274,194	648,163	2,626,031
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, c	column (B), line 10(c))	>	4,976,031

	(Form 990) 2015		I I IX	Page
Part VII	Investments—Other Securities. Conservation See Form 990, Part X, line 12.	omplete if the orga	inization answered '\	res' on Form 990, Part IV, line 11t
	(a) Description of security or category	y	(b)Book value	(c)Method of valuation
(1)Emancia	(including name of security) al derivatives			Cost or end-of-year market value
	-held equity interests			
(3)O ther				
				+
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related.			
	Complete if the organization answere	ed 'Yes' on Form 99		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
				·
				+
				+
	onn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organizat	Lan anawarad (Vas) ar	Form COO Bort IV In	. 11d Con Forms 000 Dark V June 15
Pailix	(a) Des		i Form 990, Part IV, IIII	(b) Book value
		•		
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) line	215)		
	Other Liabilities. Complete if the order		ed '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	e	
Federal inc	ome taxes			
T Cacrar Inic	ome taxes			
SECURITY	DEPOSITS	7 ,	498	

7,498

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

1

2

h

c

d

3

b

1

2

b

d

b

c

Part XIII

information

PART X, LINE 2

Part XII

Schedule D (Form 990) 2015

Page 4

3.511.509

-327,043

3,838,552

3,838,552

3,054,868

3,054,868

3,054,868

Schedule D (Form 990) 2015

Donated services and use of facilities .

Prior year adjustments

Subtract line 2e from line 1 . . .

Other losses . .

Add lines 2a through 2d .

Add lines 4a and 4b . .

Return Reference

Add lines 4a and 4b . . .

Donated services and use of facilities Recoveries of prior year grants Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

PROVISIONS FOR UNCERTAIN TAX POSITIONS

Explanation

Other (Describe in Part XIII)

Other (Describe in Part XIII)

Supplemental Information

2d 4b

2a

2b 2c

AWI HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2016 IN ACCORDANCE WITH FINANCE ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740 ("INCOME TAXES"),

WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX

2a

2h

2c

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

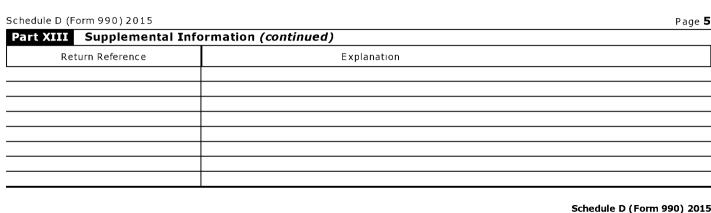
4c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

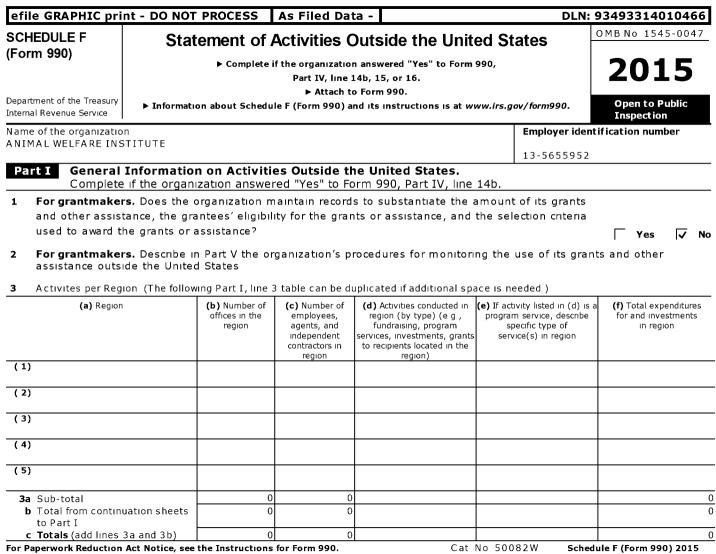
-327.043

2e 3 4c

1

2e





Complet		zation answered "Ye	nizations or Entities es" to Form 990, Part I			eived more than \$5	,000. Part II can be	: duplicated if
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) negion	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		NAIROBI, KENYA	ANTI-POACHING PROJECT	21,200	WIRE TRANSFER			
(2)		UNITED KINGDOM	MARINE MAMMAL CONSERVATION	5,000	WIRE TRANSFER			
(3)		ASIA	PROMOTING KIND TREATMENT OF ANIMALS IN ASIA	5,000	WIRE TRANSFER			
(4)		ARGENTINA	CONSERVATION OF DOLPHINS AND WHALES IN ARGENTINE SEA	8,000	WIRE TRANSFER			
			sted above that are red e or counsel has provi					
3 Enter total nu	imher of other	organizations or en	itities				•	

Schedule F (Form 990) 2015

Part III can be	<u>duplicated if additio</u>	nal space is n	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part III can be
(a) Type of grant or
assistance

(1)

(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Sch	edule F (Form 990) 2015			Рa	ge 4
Pa	rt 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)	Г	Yes	√	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Г	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)	Γ	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)	Г	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)	Г	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If				

5713, do not file with Form 990)

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

Yes

Schedule F (Form 990) 2015

✓ No

Additional Data

Software ID:

Software Version:

EIN: 13-5655952

Name: ANIMAL WELFARE INSTITUTE

Page 5

Schedule F (Form 990) 2015 Supplemental Information Part V

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

efile GRAPHIC print -	DO NOT PROCESS A	s Filed Data -				DLN: 9	93493314010466
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Gov Comple	vernments and the organization	Individuals in answered "Yes," on Fo Attach to Form 990.	O Organizations the United Stat rm 990, Part IV, line 21 o	es or 22.	2	No 1545-0047 O 15 pen to Public Inspection
Name of the organization ANIMAL WELFARE INSTITU	ITE					Employer identificati	on number
	rmation on Grants an					13-5655952	
 Does the organization the selection criteria u Describe in Part IV the Part II Grants and Other 	maintain records to substant sed to award the grants or as organization's procedures f	tiate the amount of the ssistance? for monitoring the use rganizations and Dome	of grant funds in the Unestic Governments. Com	ited States			√ Yes N 1, for any recipient
(a) Name and address of organization or government		(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Tabl	е						
	ection 501(c)(3) and goverr ther organizations listed in t	-				_	
For Paperwork Reduction Act N				Cat No 50055P	<u> </u>		ıle I (Form 990) 2015

(a)Type of grant or assistance

(f)Description of non-cash assistance

Part III can be	duplicated if addi	itional space is nee	eded		

(c)A mount of

(b) Number of

	recipients	cash grant	non-cash assistance	FMV , appraisal, other)	
"A VOICE FOR ANIMALS" ESSAY (1) CONTEST	33	6,275			

(d)A mount of

(e)Method of valuation (book,

REPORTS ARE STORED ELECTRONICALLY BY AWI

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

Explanation

Return Reference AWI GRANTS ARE AWARDED BASED ON PROPOSALS AFTER AWARD, GRANTEES ARE EXPECTED TO PROVIDE AWI WITH A DESCRIPTION OF PART I, LINE 2 THE PROJECT OUTCOME AND AWI MAY CHOOSE TO FEATURE RESULTS OF WORK UNDERTAKEN IN ITS AWI QUARTERLY MAGAZINE AWI MONITORS OVERSEAS GRANTEES BY REQUIRING REPORTS EITHER AT THE COMPLETION OF A SPECIFIC PROJECT FOR WHICH THE GRANT AID WAS PROVIDED OR, IN THE CASE OF ONGOING GRANTS, PROGRESS REPORTS ON A QUARTERLY OR OTHER REGULAR BASIS SUCH

Additional Data

(a) Name and address of

THE AMERICAN BIRD

4249 LOUDOUN AVENUE THE PLAINS, VA 20198 WILDLIFE CONSERVATION

2300 SOUTHERN BLVD BRONX,NY 10460 ALASKA WHALE

PETERSBURG, AK 99833

CONSERVANCY

SOCIETY

FOUNDATION

PO BOX 1927

Software ID:
Software Version:
EIN: 13-5655952

/h) ETN

52-1501259

13-1740011

91-1712495

ne: ANIMAL WE

Name: ANIMAL WELFARE INSTITUTE

(c) IDC section (d) A mount of each (e) A mount of non (f) Mothed of valuation

10,000

10,000

9,975

(a) Description of

non-cash assistance

(h) Purpose of grant

CHRISTINE STEVENS

CHRISTINE STEVENS

CHRISTINE STEVENS

or assistance

AWARDS

AWARDS

AWARDS

ıf applıcable	grant	cash	(book, FMV, appraisal,	
		assistance	other)	
	ıf applıcable	ıf applicable grant		

501(C)(3)

501(C)(3)

501(C)(3)

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

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance LINCOLN PARK ZOO 36-2512404 501(C)(3) 9,268 CHRISTINE STEVENS 2001 N CLARK STREET AWARDS

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

501(C)(3)

_CHICAGO,IL 60614					
UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DRIVE STOP 7144 GRAND FORKS.ND 58202	45-6002491	501(C)(3)	10,000		CHRISTINE STEVENS AWARDS

6.000

ANTI-LEGHOLD TRAP

LITIGATION

ANIMAL PROTECTION LEAGUE OF NJ

ENGLISHTOWN, NJ 07726

PO BOX 174

22-2849700

(a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

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

501(C)(3)

501(C)(3)

WHALE AND DOLPHIN

7 NELSON STREET
PLYMOUTH, MA 02360
UNIVERSITY OF MONTANA

32 CAMPUS DRIVE MISSOULA, MT 59812

CONSERVATION SOCIETY

02-0749188

81-6001713

32 10 10130	301(0)(3)	0,000				PROVIDING ENVIRONMENTAL & ANIMAL WELFARE NEWS
52-1040138	501(C)(3)	8,000				RESEARCHING &
	52-1040138	52-1040138 501(C)(3)	52-1040138 501(C)(3) 8,000	52-1040138 501(C)(3) 8,000	52-1040138 501(C)(3) 8,000	

5,000

7,500

FAR EAST RUSSIA

REFINEMENT AWARD

ORCA PROJECT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) THE REGENTS OF THE 95-6006143 501(C)(3) 7,500 REFINEMENT AWARD

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

UNIVERSITY OF CALIFORNIA

FLOOR

1111 FRANKLIN ST12TH

OAKLAND.CA 94607

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE M Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Department of the

2015 Open to Public

OMB No 1545-0047

Inspection

Treasury Internal Revenue Service Name of the organization **Employer identification number** ANIMAL WELFARE INSTITUTE 13-5655952 **Types of Property** (b) (d) (a) (c) Check Number of contributions Noncash contribution Method of determining or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 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				42,532	QUO	TED PUB TRA	DED		
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—O ther										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies .										
21	Taxıdermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other ▶ ()										
26	Other ▶ ()										
27	O ther ▶ ()										
	O ther ▶ ()										
29	Number of Forms 8283 received for which the organization comple						29				
30-	During the year, did the organiza	tion receive	e by contrib	oution any pr	onerty report	ad in Dart I lines	1 thr	ough 28 that		Yes	No
304	, ,		•			·					
	it must hold for at least three yea				•						l
	for exempt purposes for the entir	e holding p	eriod? .						30a		No

b If "Yes," describe the arrangement in Part II

contributions?

b If "Yes," describe in Part II

DLN: 93493314010466

Νo

Νo

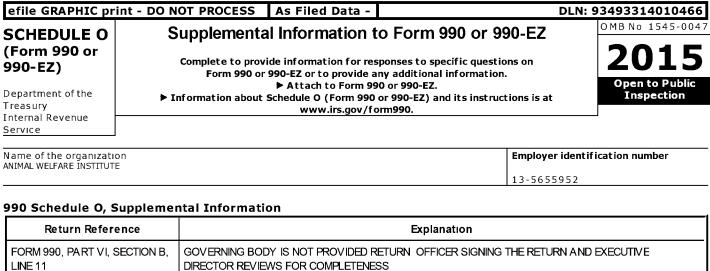
31

32a

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J Schedule M (Form 990) (2015)

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash



FORM 990, PART VI, SECTION B. ORGANIZATION ANNUALLY REVIEWS & MONITORS CONFLICT OF INTEREST POLICY TO ENSURE

COMPLIANCE

LINE 12C

 990 Schedule O, Supplemental Information

 Return Reference
 Explanation

 FORM 990, PART VI, SECTION B,
 THE PRESIDENT'S ANNUAL SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS

LINE 15 (INDEPENDENT OF PRESIDENT)

FORM 990, PART VI, SECTION C, PROVIDES COPIES UPON REQUEST

 990 Schedule O, Supplemental Information

 Return Reference
 Explanation

 FORM 990, PART VI, SECTION C,
 PROVIDES COPIES UPON REQUEST

LINE 19	THOUBLE COLLEGES OF CHARLEGEST
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING

THE TAX YEAR