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DLN: 93493316042645

OMB No 1545-0047

Open to Public Inspection

11,845,015

10,960,478

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015 C Name of organization ANIMAL WELFARE INSTITUTE D Employer identification number B Check if applicable Address change 13-5655952 Name change Doing business as Initial return E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Final return/terminated 900 PENNSYLVANIA AVE SE (202) 337-2332 Amended return City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20003 G Gross receipts \$ 6,514,965 Application pending Name and address of principal officer H(a) Is this a group return for CATHY LISS subordinates? Yes 🔽 No 900 PENNSYLVANIA AVE SE WASHINGTON.DC 20003 **H(b)** Are all subordinates included? Tax-exempt status If "No," attach a list (see instructions) Website: ► WWW AWIONLINE ORG H(c) Group exemption number ► K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1951 M State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities TO ALLEVIATE THE SUFFERING OF ANIMALS CAUSED BY PEOPLE Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . 6 4 5 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2014 (Part V, line 2a) . 5 42 Total number of volunteers (estimate if necessary) 6 11 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 2,637,775 Contributions and grants (Part VIII, line 1h) . . 4.316.547 8 Program service revenue (Part VIII, line 2g) . 9 0 940,859 726,276 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 70,232 62,694 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 5,327,638 3,426,745 12) . 13 297,255 247,442 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 2,301,573 1,850,563 Expenses 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 55,214$ b 6,460,398 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,629,881 **17** 9,059,226 3,727,886 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . . -3,731,588 -301,141 Assets or d Balances **Beginning of Current End of Year** Year 20 11,907,191 11,001,730 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 62,176 41,252

Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepai preparer has any knowledge

Net assets or fund balances Subtract line 21 from line 20

Sign Here Signature of officer CATHY LISS PRESIDENT
Type or print name and title ATHY LISS PRESIDENT

Paid Preparer **Use Only**

22

Print/Type preparer's name RICHARD TERRANO Preparer's signature Firm's name 🕨 MARKS PANETH LLP

NEW YORK, NY 10017

Firm's address > 685 THIRD AVENUE

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

Form	990 (2	2014)				Page
Par	t III	Statement of Program Check if Schedule O contains			III	
1	Briefl	ly describe the organization's m	ission			
<u>TO F</u>	REDUCI	E THE SUM TOTAL OF PAIN A	ND FEAR INFLICT	ED ON ANIMALS BY I	HUMANS	
2		ne organization undertake any s nor Form 990 or 990-EZ? .	ıgnıficant program s		r which were not listed on	「Yes ▼ No
	•	es," describe these new service) 165 J* 110
3	Did th	ne organization cease conductir	ng, or make sıgnıfıca	nt changes in how it co	onducts, any program 	┌ Yes ┌ No
4	expen		1(c)(4) organization	s are required to repoi	nree largest program services, as It the amount of grants and allocat	
4a	(Code	, , , ,			247,442) (Revenue \$ OTAL OF PAIN AND FEAR INFLICTED ON A) NIMALS BY HUMANS
4b	(Code	, , , ,		including grants of \$	0) (Revenue \$) HUMANE FAMILY FARMS
4 c	(Code	e) (Expenses	\$	ıncludıng grants of \$) (Revenue \$)
4d		er program services (Describe i	•	5 ±) (D	,
	_ ` .	enses \$	including grants o) (Revenue \$)
4e	Tota	I program service expenses 🕨	3,442,243	3		

	rt IV	Checklist	of Reg	uired	Schedule
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			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^{2}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	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^{\bullet}	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? <i>If "Yes,"</i> 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? <i>If "Yes," complete Schedule D, Part IV</i>	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 $\sqrt[4]{2}$	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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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? <i>If "Yes," complete Schedule J</i>	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?	24c		
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, Part 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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			<u>.</u>
4 ~	Enter the number reported in Boy 2 of Form 1006 Enter 10 stack and leading 1 4- 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 26 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	3		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4		
·	gaming (gambling) winnings to prize winners?	1c		
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	2		
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?	За		Νo
b	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
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u></u>		
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N o
7	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	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 a required?	s 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
a	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)			
12a	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 year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	_ 14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INU

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "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														. ~
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ection A. Governing body and management			
		Yes	No
Enter the number of voting members of the governing body at the end of the tax year			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Enter the number of voting members included in line 1a, above, who are independent			
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
	6		Νο
•			
more members of the governing body?	7a		Νo
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
The governing body?	8a	Yes	
Each committee with authority to act on behalf of the governing body?	8b	Yes	
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
		Yes	No
Did the organization have local chapters, branches, or affiliates?	10a		Νo
If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Describe in Schedule O the process, if any, used by the organization to review this Form 990			
Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	12b	Yes	
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	Yes	
Did the organization have a written whistleblower policy?	13	Yes	
	14	Yes	
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	Vas	
	\vdash		
	TOD	1 65	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
	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 0 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 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 Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? If Yes, if dhe 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? Has the organization have a 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? Did the org	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body or or the governing body of elegated broad suthorty to an executive committee or similar committee, explain in Schedule 0 Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders? End the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Back committee with authority to act on behalf of the governing body? Sab there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations mainly address? If Yes," provide the names and addresses in Schedule O. 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? In the organization have a written do	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent or similar committee, explain in Schedule O But any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Jul dishe organization delagate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Jul the organization have members or stockholders? Light the organization become aware during the year of a significant diversion of the organization's assets? Light the organization have members or stockholders? Light the organization have members or stockholders or persons when than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? By the following Light the organization contemporaneously document the meetings held or written activities of such chapters, the subject of the organization shalling address? If Yes, Provode the names and addresses in Schedule O Light the organiza

- List the States with which a copy of this Form 990 is required to be filed►CA , DC , MN , NJ , NY , PA , CT , MI , NC , VA , WV , WI ,
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records 20 ►CATHY LISS

Part VIII 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n offic ustee	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	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) CATHY LISS	40 00	х		х				100,536	0	8,868
PRESIDENT (2) CYNTHIA WILSON	2 00									
CHAIR/VICE PRESIDENT	2 00	х		х				0	0	0
(3) CAROLINE GRIFFIN ESQ	2 00									
SECRETARY		X		X				0	0	0
(4) CHARLES M JABBOUR CPA TREASURER	2 00	х		х				0	0	0
(5) MARY LEE JENSVOLD PHD DIRECTOR	2 00	х						0	0	0
(6) JOHN BOYD JR DIRECTOR	2 00	х						0	0	0
(7) SUSAN MILLWARD	36 00									
EXECUTIVE DIRECTOR				Х				69,635	0	6,911

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

(A) Name and Tıtle	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(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	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	organizations (W-	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	۰			
d	Total (add lines 1b and 1c)	۰	170,171	0	15,779

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1-1

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

-	-t:	_	Toolor	enden	L C	 -4

\$100,000 of compensation from the organization \blacktriangleright 1

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

, , , , , , , , , , , , , , , , , , , ,	, ,	,
(A) Name and business address	(B) Description of services	(C) Compensation
DIMURO GINSBERG PC 1101 KING STREET SUITE 610 ALEXANDRIA, VA 22314	LEGAL	688,340
2 Total number of independent contractors (including but not limited to tho	se listed above) who received more than	

Part V		Statement o	ule O contains a respo	nse or note to any lu	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
χŞ	1a	Federated cam	paigns 1a					
Grants emounts	ь	Membership du	es 1b	·				
بة الله	С	Fundraising eve	ents 1 0	:				
Giffs, nilar An	d	Related organiz	zations 1d					
9 ±	e	Government grants	s (contributions) 1e					
Si Si	f	All other contribution	ons, gifts, grants, and 1f	2,637,775	i			
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts no	ot included above ons included in lines					
n G Ei	g	1a-1f \$	ons included in lines	73,925				
Cont	h	Total. Add lines	s 1 a - 1 f	· · · ·	2,637,775			
<u> </u>				Business Code				
κeπ	2a							
<u>윤</u>	b							-
ě	c d							
Š	e							
ra E	f	All other progra	am service revenue					
Program Serwoe Revenue								
	g 3		s 2a-2f					+
		and other simil	aramounts)	•	154,480			154,480
	4		stment of tax-exempt bond	· · · · ·				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	93,520	(II) T CISOIIII				
	ь	Less rental expenses	33,758					
	С	Rental income or (loss)	59,762					
	d		me or (loss)		59,762			59,762
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	3,626,258					
		assets other than inventory						
	b	Less cost or other basis and	3,054,462					
	c	sales expenses Gaın or (loss)	571,796					
	d	Net gaın or (los	ss)		571,796			571,796
ψ.	8a	Gross income f events (not inc						
Other Revenue		\$of contributions See Part IV , lin	s reported on line 1c)					
<u>.</u>	١.		a					
₽	b c		penses b (loss) from fundraising					
	9a	Gross income f	rom gaming activities					
	Ь	less directer	penses b					
	_ c		(loss) from gaming acti					
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
			(loss) from sales of inv	entory 🛌				<u> </u>
		Miscellaneous		Business Code				
	11a	MISCELLANEC	ous	511130	2,932	2,932		
	b							1
	C	Λ II -+h - · · · ·						
	d e	Total. Add lines	ue	▶				
	12		See Instructions .		2,932			
			Jee matructions .	· · · · •	3,426,745	2,932		0 786,038

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A	Section	501(c)(3)) and 501(c)(4) organizations must com	plete all columns	All other organizations m	ust complete column (A)
--	---------	-----------	----------------	--------------------------	-------------------	---------------------------	------------------------	---

7b, 8b, 1 2 3 4 5	Check if Schedule O contains a response or note to any line in this include amounts reported on lines 6b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	(A) Total expenses 78,955 9,552	(B) Program service expenses 78,955	(C) Management and general expenses	(D) Fundraising expenses
1 2 3 4 5	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	78,955 9,552	expenses 78,955	general expenses	
2 3 4 5	domestic governments See Part IV, line 21	9,552	,		
2 3 4 5	Grants and other assistance to domestic individuals See Part IV, line 22	9,552	,		
3 4 5	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	·	9,552		
3 4 5	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	·	9,552	1	
4 5	governments, and foreign individuals See Part IV, lines 15 and 16	158,935			
4 5	and 16	158,935			
4 5		130,333	158,935		
5	beliefies para to or for members 1 1 1 1		130,333		
	Compensation of current officers, directors, trustees, and				
6	key employees	186,298	177,308	7,171	1,819
	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	1,329,345	1,265,384	50,970	12,991
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,977	28,189	1,499	289
9	Other employee benefits	188,081	178,569	7,703	1,809
10	Payroll taxes	116,862	109,842	5,850	1,170
11	Fees for services (non-employees)				
а	Management				
b	Legal	101,364	101,364		
c .	Accounting	29,200		29,200	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	41,723	40,643	1,080	
12	Advertising and promotion	17,389	9,581	430	7,378
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	185,945	125,152	60,497	296
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	64,755	57,160	5,063	2,532
23	Insurance				
	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)				
	CONSULTANTS	275,369	275,369		
b	CONFERENCES & TRAVEL	266,194	263,481	2,713	
c	PRINTING & PUBLICATIONS	159,256	153,013	2	6,241
d	AWI QUARTERLIES	154,448	152,916		1,532
е.	All other expenses	334,238	256,830	58,251	19,157
25	Total functional expenses. Add lines 1 through 24e	3,727,886	3,442,243	230,429	55,214
	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)				

Form 990 (2014) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 242,776 645,260 1 1 764,454 2 430.696 2 3 3 4 50.243 4 29.412 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 7 8 8 9 14,631 16,389 Land, buildings, and equipment cost or other basis Complete 10a 6,308,137 10a Part VI of Schedule D 759,024 h Less accumulated depreciation 10b 5,647,627 10c 5,549,113 5.187.460 4.330.860 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 11,907,191 16 11,001,730 52,086 17 32,252 **17** 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 10,090 25 9,000 26 **Total liabilities.** Add lines 17 through 25 62,176 26 41,252 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 11,390,260 27 10,690,527 354,755 28 28 169,951 100.000 100,000 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ŏ 30 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds š 11,845,015

Total liabilities and net assets/fund balances

33

10,960,478

11,001,730

33

11,907,191

Pa	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				.୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,4	26,745
2	Total expenses (must equal Part IX, column (A), line 25)	2			 27,886
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		-3	301,141
		4		11,8	345,015
5	Net unrealized gains (losses) on investments	5		- 5	83,396
6	Donated services and use of facilities	6			
7	Investment expenses				
	Dwar named admistrator	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		10.9	60,478
Pa	rt XIII Financial Statements and Reporting				,
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a	li	No
Ь	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		3b		

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As Filed Data -

DLN: 93493316042645

Employer identification number

DLN: 93493

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

ANIMAL	. WELF	ARE INSTITUTE					13-5655952		
Par	tΙ	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this r		ons.	
		zation is not a private fo							
1	$\overline{\Gamma}$	A church, convention		•		•	•		
2	\Box	A school described in				_			
3	\Box	A hospital or a cooper	atıve hospital	service organization o	described in sec	tion 170(b)(1)	(A)(iii).		
4	Γ	A medical research or	ganızatıon ope	rated in conjunction v	vith a hospital d	lescribed in se c	ction 170(b)(1)(A)(iii). Enter the	
	_	hospital's name, city,	and state						
5	Γ	An organization opera	ted for the ber	efit of a college or uni	versity owned o	or operated by	a governmental unit d	escribed in	
		section 170(b)(1)(A)(iv). (Complete Part II)							
6		A federal, state, or loc							
7		An organization that n	•	•	• • •	om a governme	ental unit or from the g	jeneral public	
8	\vdash	described in section 1 A community trust des				+			
9	<u></u>	An organization that n					hutions membershin	fees and aross	
•	'	receipts from activitie							
		its support from gross							
		acquired by the organi							
10	Г	An organization organ		•			•		
11		An organization organ	•	·	•	•		ut the purposes of	
	•	one or more publicly s	upported orga	nızatıons described in	section 509(a)(1) or section	509(a)(2) See sectio	n 509(a)(3). Check	
	_	the box in lines 11a th							
а	J	Type I. A supporting of supported organization	-		•				
		organization You mus				ty of the direct	ors or crustees or the	supporting	
b	\sqcap	Type II. A supporting				with its suppo	rted organization(s), l	y having control or	
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) You	
c	\vdash	must complete Part IN Type III functionally i			n operated in c	onnection with	and functionally inte	arated with its	
	,	supported organization						gracea with, its	
d	Γ	Type III non-function	ally integrated	. A supporting organi	zatıon operated	ın connection	with its supported org		
		not functionally integr					ement and an attentiv	eness requirement	
e	Г	(see instructions) Yo Check this box if the o					saTvnel Tvnell T	vne III functionally	
	'	integrated, or Type III					3 d 1 ypc 1, 1 ypc 11, 1	ype III lanetionally	
f		Enter the number of su							
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)				
					T		T		
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	-	(v) A mount of	(vi) A mount of	
		organization		organization (described on lines	listed in your docume		monetary support (see instructions)	other support (see instructions)	
				1 - 9 above or IRC	aocume		(See mistractions)	mstractions	
				section (see					
				ınstructions))					
					Yes	No			
Total									

Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u></u>	ection A. Public Support	reion rans to que	amy ander the t	ests listed belo	w, piedse comp	nete i ai	<u> </u>	
	endar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	L 4	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,915,780	3,388,256	5,456,563	4,316,547	2,6	37,775	20,714,921
2	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 5	Total. Add lines 1 through 3 The portion of total contributions	4,915,780	3,388,256	5,456,563	4,316,547	2,6	37,775	20,714,921
	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							1,583,083
6	(f) Public support. Subtract line 5 from line 4							19,131,838
S	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
7	beginning in) ► A mounts from line 4	4,915,780	3,388,256	5,456,563	4,316,547		37,775	20,714,921
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	152,115	142,789	205,432	188,630	·	54,480	843,446
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							21,558,367
12	Gross receipts from related activiti	es, etc (see instr	uctions)			12		10,165
13	First five years. If the Form 990 is organization, check this box and st	op here	<u> </u>					
	ection C. Computation of Pub Public support percentage for 2014			1.1 solumn (f))		T T		
14	Public support percentage for 2013			II, Column (1))		14		88 740 %
15				43 41.	1 4 22 4/20/	15	_ - &-	89 330 %
Ь	 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 							
	10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part VI how the organiza	nization meets the	"facts-and-circu	mstances" test, o	check this box an	d stop he	re.	y
18	supported organization Private foundation. If the organizations	cion did not check	a box on line 13,	16a, 16b, 17a, o	r 17b, check this	box and s	ee	►□ ►□

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 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 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

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

17

18

Part IV Supporting Organizations

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

Se	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 $(2)^2$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		
t	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.	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	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 $(2)^7$ 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.	4 c		
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		
Ŀ	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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
t	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 .	9c		
L0a	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		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
	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?	112		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)										
S	ection B. Type I Supporting Organizations										
			Yes	No							
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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	Section C. Type II Supporting Organizations										
			Yes	No							
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in 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									
S	ection D. All Type III Supporting Organizations										
			Yes	No							
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1									
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2									
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3									
5	ection E. Type III Functionally-Integrated Supporting Organizations										
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetri	ıct ions)								
	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government e instructions.)										
2	Activities Test Answer (a) and (b) below.		Yes	No							
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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	•										
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a									
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each		1	l							

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

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

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

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

Section C - Distributable Amount

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

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthe excess of income from activity	orted organizations, in		
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493316042645

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

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

	ne of the organization 1AL WELFARE INSTITUTE			Empio	yer iden	tirication number
					655952	
ar	I-A Complete if the or	ganization is exempt unde	r section 501(c) or is a secti	on 527	organization.
1	Provide a description of the o	ganızatıon's dırect and ındırect polı	tical campaign act	tivities in Part IV		
2	Political expenditures				F	\$
3	V olunteer hours					
	T. D. Commission of the con-			-1/21		
		ganization is exempt unde				
1	•	e tax incurred by the organization u				\$
2		e tax incurred by organization mana		n 4955	•	\$
3	If the organization incurred a	section 4955 tax, did it file Form 47	720 for this year?			☐ Yes ☐ No
4a	Was a correction made?					☐ Yes ☐ No
b	If "Yes," describe in Part IV					
ar		ganization is exempt unde				1(c)(3).
1	Enter the amount directly exp	ended by the filing organization for s	section 527 exem	pt function activitie	s 🕨	\$
2	Enter the amount of the filing exempt function activities	organızatıon's funds contrıbuted to	other organization	s for section 527	-	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b	-	¢
4	Did the filing organization file	Form 1120-POI for this year?				√ Yes
	amount of political contribution	For each organization listed, enter the second that were promptly and political action committee (PAC)	directly delivered	to a separate polit	ıcal orga	inization, such as a tion in Part IV
	(a) Name	(b) Address	(c) EIN	(d) A mount pa filing organiza funds If none, e	tıon's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
or F		ee the instructions for Form 990 or 9	20.57	Cat No 500945 Sch		

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A	Complete if the orga	nization is exempt under	section 501(c)(3) a	and filed Form 5768	(election
	under section 501(h	1)).			

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

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	21,200		
b	Total lobbying expenditures to influence a legisla	otal lobbying expenditures to influence a legislative body (direct lobbying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)	144,980		
d	Other exempt purpose expenditures		3,582,906		
e	Total exempt purpose expenditures (add lines 1	c and 1d)	3,727,886		
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	336,394		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	84,099		
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0		
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -	0		
j	If there is an amount other than zero on either lin	ne 1h or line 1ı, did the organization file Form 472	0 reporting		

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 Expendi	tures During 4	l-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount	288,815	391,645	602,961	336,394	1,619,815
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,429,723
c	Total lobbying expenditures	188,123	98,616	136,264	144,980	567,983
d	Grassroots nontaxable amount	72,204	97,911	150,740	84,099	404,954
e 	Grassroots ceiling amount (150% of line 2d, column (e))					607,431
f	Grassroots lobbying expenditures	26,871	16,811	9,810	21,200	74,692

Pa		ТОИ			
For e		(a	1)	(b)
		Yes	No	Amo	unt
1 a	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 Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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 i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total Add lines 1c through 1i				
2a					
Ь					
С					
				<u> </u>	
Pa		501(c)(5), c	or secti	on
	501(0)(0).			Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	1
			F	2	
3				3	
Par	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				
1		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b		2b			
С		2c			
		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? 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 1: 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 under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	5				
P	art IV Supplemental Information				
		ıp lıst),	Part II	-A, lines	1 and
	Return Reference Explanation				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

DLN: 93493316042645

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number

NIMA	IL WELFARE INSTITUTE			13-5	5655952			
art	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		Similar Fu			nts. Co	omplet	e if th
		(a) Donor advised	l funds		(b) Funds a	nd othe	raccou	nts
Т	otal number at end of year							
Α	ggregate value of contributions to (during year)							
Α	ggregate value of grants from (during year)							
Α	ggregate value at end of year							
	Old the organization inform all donors and donor adviso unds are the organization's property, subject to the or			r advı	sed	Γ	Yes	┌ No
ι	Old the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?	_	-			Г	Yes	┌ No
	II Conservation Easements. Complete if	the organization answe	ered "Yes" to	Forn	າ 990, Par	t IV, lır	ne 7.	
Γ Γ	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Prese	ervation of an lervation of a co	ertified	d historic st	tructure		
e	easement on the last day of the tax year		Γ		Held at	the End	of the	Year
Т	otal number of conservation easements			2a				
Т	otal acreage restricted by conservation easements			2b				
N	Number of conservation easements on a certified histo	rıc structure ıncluded ın (a	a)	2c				
	Number of conservation easements included in (c) acq nistoric structure listed in the National Register	uired after 8/17/06, and n	ot on a	2d				
N	· Number of conservation easements modified, transferr	ed, released, extinguished	, or terminated	by th	e organizat	ion duri	ng	
	he tax year 🛌							
	dumber of states, where property subject to sons great	on accoment is located by						
	Number of states where property subject to conservati Does the organization have a written policy regarding t enforcement of the conservation easements it holds?				violations,		Yes	⊏ No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conse	rvation easem	ents d	uring the ye	ear		,
	 Amount of expenses incurred in monitoring, inspecting	, and enforcing conservati	on easements	durıng	the year			
	►\$ Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)?	d) above satisfy the require	ements of sect	ion 17	'0(h)(4)(B)		Yes	┌ No
I b	n Part XIII, describe how the organization reports corpalance sheet, and include, if applicable, the text of the he organization's accounting for conservation easeme	e footnote to the organizati					s	
	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical T		r Otl	ner Simil	ar Ass	ets.	
٧	f the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to repo ts held for public exhibition	ort in its reveni n, education, o	r rese	arch in furtl			
٧	f the organization elected, as permitted under SFAS 1 vorks of art, historical treasures, or other similar asse service, provide the following amounts relating to these	ts held for public exhibition						ıc
(i) Revenue included in Form 990, Part VIII, line 1				► \$			
	ii) Assets included in Form 990, Part X							
Ι	f the organization received or held works of art, historically of the organization received or held works of art, historically of the organization			finan				
	Revenue included in Form 990, Part VIII, line 1		2		► \$			
r	Nevenue included in Form 550, Part VIII, Illie I				- →			

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art, I	<u> Histor</u>	·ic	<u>al Treasu</u>	res, or Otl	1er	<u>Similar Ass</u>	ets (co	ontinued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other records	, check	car	ny of the foll	owing that ar	eas	ignificant use o	fits	
а	Public exhibition		d 🗆	•	Loan or exc	hange progra	ms			
b	Scholarly research		е Г	-	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how th	eу	further the o	organization's	exe	mpt purpose ın		
5	During the year, did the organization solicit o						sımıl		_	_
	assets to be sold to raise funds rather than t	•					115.7	<u> </u>	Yes	No
Par	Part IV, line 9, or reported an an					n answered	"Ye	s" to Form 99	, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedı	ary for	со	ntributions (or other asse	ts no		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing	ta	ble					
								Amo	unt	
C	Beginning balance					1	c			
d	Additions during the year					1	d			
e	Distributions during the year					1	e			
f	Ending balance					_1	f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	21, for	esc	row or custo	odial account	lıab	ılıty?	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the e	xplana	tıor	n has been p	rovided in Pa	rt X	III		Г
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b) Prio	r ye	ar b (c) T	wo years back	(d) T⊦	ree years back (e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	(lıne 1	g, c	column (a)) l	held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ►									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organizati	on that	ar	e held and a	dministered	for tl	ne		
	organization by								Yes	No
	(i) unrelated organizations			1			•	3a(i)		
ь	(ii) related organizations						•	3a(ii 3b	<u>' </u>	<u> </u>
4	Describe in Part XIII the intended uses of th						•	<u> </u>		<u> </u>
_	t VI Land, Buildings, and Equipme					vered 'Yes'	to F	orm 990, Par	t IV, lı	ne
	11a. See Form 990, Part X, line 1	.0.							,	
	Description of property				Cost or other (investment)	(b) Cost or oth basis (other)		(c) Accumulated depreciation	(d) Bo	ook value
1a	Land					2,459,0	21			2,459,021
b	Buildings					3,849,1	16	759,024		3,090,092
c	Leasehold improvements		. [
d	Equipment		. [
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, o	column	(B)	, line 10(c).)					5,549,113
							_	Schedule D	Form 9	90) 2014

Part VII Investments—Other Securities. Co	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete if the organization	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.	(h) Daak walus	(a) Mathed of valuation
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
	on answered 'Yes' to Form 99	0, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Federal income taxes	(-,	
SECURITY DEPOSITS	9,000	
SECONITY DETOSITS	3,000	
		1
		1
		1
Total (Column (L) must a surface of the column (Column (L) must be surface of the column (L) must be surface		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	9,000	the organization's financial statements that reports the

Part	ΧI		evenue per Audited Financi ered 'Yes' to Form 990, Part IV			ts Wit	h Revenue	per F	leturn Complete If
1	Tota		r support per audited financial state					1	2,843,349
2	A mo	unts included on line 1 but	t not on Form 990, Part VIII, line 1	. 2					
а	Net	unrealized gains (losses) o	on investments		2a		-583,396	,	
b	Dona	ated services and use of fa	icilities	[2b			1	
C	Reco	veries of prior year grants		[2c				
d	Othe	er (Describe in Part XIII)		[2d				
e	Add	lines 2a through 2d .						2e	-583,396
3	Subt	ract line 2e from line 1 .						3	3,426,745
4	A mo	unts included on Form 990	D, Part VIII, line 12, but not on line	e 1					
а	Inve	stment expenses not inclu	ıded on Form 990, Part VIII, line 7	'b . [4a				
b	Othe	er (Describe in Part XIII)			4b				
С	Add	lines 4a and 4b						4c	0
5	Tota	l revenue Add lines 3 and	4c. (This must equal Form 990, Pa	rt I, line 1	12).			5	3,426,745
Part	XII		openses per Audited Financ Swered 'Yes' to Form 990, Part			nts Wi	th Expense	s pei	Return. Complete
1	Tota		audited financial statements .					1	3,727,886
2	A mo	unts included on line 1 but	not on Form 990, Part IX, line 25						
а	Dona	ited services and use of fa	cilities		2a				
b	Prior	year adjustments			2b				
C	Othe	rlosses			2c				
d	Othe	r (Describe in Part XIII)			2d				
e	Add	lines 2a through 2d						2e	0
3	Subt	ract line 2e from line 1 .						3	3,727,886
4	A mo	unts included on Form 990), Part IX, line 25, but not on line $oldsymbol{1}$:					
а	Inve	stment expenses not inclu	ided on Form 990, Part VIII, line 7	b	4a				
b	Othe	r (Describe in Part XIII)			4b				
C	A dd	lines 4a and 4b						4c	0
5	Tota	l expenses Add lines 3 an	d 4c. (This must equal Form 990, F	art I, line	18)			5	3,727,886
Part	XIII	Supplemental Info	ormation						
Part '		4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 2d and 4b, and Part XII, line						ide any additional
	R	eturn Reference	Explai	nation					
PART	X, LIN	E 2	AWI HAS NO UNCERTAIN TAX F ACCOUNTING STANDARDS CO PROVIDES STANDARDS FOR ES UNCERTAIN TAX POSITIONS A LOCAL INCOME TAX EXAMINAT	DIFICATI STABLISH WI IS NO	ON ("/ ING A LONG	ASC") 1 ND CLA GER SU	OPIC 740 ("I ASSIFYING AI BJECT TO FEI	INCON NY TA DERAL	ME TAXES"), WHICH X PROVISIONS FOR _ OR STATE AND

Jenedale 2 (1 31111 33 3) 23 13		i age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493316042645

Employer identification number

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria	AΝΙ	MAL WELFARE INSTITUTE					
"Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?						13-5655952	
and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Pa				ie United States. Co	omplete if the organiza	ation answered
used to award the grants or assistance?	1	For grantmakers. Does the o	rganization m	aıntaın records	s to substantiate the a	amount of its grants	
For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in region (by type) (e.g., fundraising, program service, describe specific type of service(s) in region (1) (2) (3) (4) (5) 3a Sub-total D Total from continuation sheets to Part I		and other assistance, the gra	ıntees' eligibili	ty for the gran	ts or assistance, and	the selection criteria	
assistance outside the United States. 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (b) Number of offices in the region (b) type) (e.g., agents, and independent contractors in region (b) type) (e.g., for and investments specific type of service(s) in region (f) Total expenditures for and investments to recipients located in the region (g) Part I (d) Activities conducted in region (b) type) (e.g., for and investments specific type of service(s) in region (g) Part I (d) Activities conducted in region (g) If activity listed in (d) is a program service, describe specific type of service(s) in region (g) Part I (d) Activities conducted in region (g) Part I (d) Activities conducted in region (g) If activity listed in (d) is a program service, describe service(s) in region (g) Part I (d) Activities conducted in region (g) If activity listed in (d) is a program service, describe service(s) in region (g) Part I (d) Activities conducted in region (b) Part I (d) Activities conducted in region (b) If activity listed in (d) is a program service, describe service(s) in region (g) Part I (d) Activities conducted in region (b) If activity listed in (d) is a program service, describe service(s) in region (g) If activity listed in (d) is a program service, describe service(s) in region (g) Part I (d) Activities conducted in region (g) If activity listed in (d) is a program service, describe service(s) in region (g) If activity listed in (d) is a program service, describe service(s) in region (g) If activity listed in (d) is a program service, describe service(s) in region (g) If activity listed in (d) is a program service, describe service(s) in region (g) If activity listed in (d) is a program service, describe service(s) in region (g) If activity listed in (d) If activities (g) If activity listed in (d) If activities (g) If acti		used to award the grants or a	issistance?				┌ Yes ┌ No
(a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors in region (c) region (d) Activities conducted in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (fundraising) and independent to recipients located in the region (fundraising) and independent to recipients located in the region (fundraising) and independent to recipients located in the region (fundraising) and independent to recipients located in the region (fundraising) and independent to recipients located in the region (fundraising) and fundraising) and independent to recipients located in the region (fundraising) and fundraising program service, describe specific type of service(s) in region (fundraising) and independent to recipients located in the region (fundraising) and fundraising) and fundraising program service, describe pro	2			ganızatıon's pr	rocedures for monitorii	ng the use of its grant	s and other
offices in the region sample of service in the region sample of service in the region sample of service in region sample of service in region sample of service in region service, describe specific type of service(s) in region service describes specific type of service(s) in region service, describes specific type of service(s) in region servic	3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ice is needed)	
(1) (2) (3) (4) (5) 3a Sub-total b Total from continuation sheets to Part I		(a) Region	offices in the	employees, agents, and independent contractors in	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	program service, describe specific type of	for and investments
(3) (4) (5) 3a Sub-total b Total from continuation sheets to Part I	(1)					
(4) (5) 3a Sub-total b Total from continuation sheets to Part I	(2)					
(5) 3a Sub-total b Total from continuation sheets to Part I	(3)					
3a Sub-total 0 0 0 b Total from continuation sheets to Part I	(4)					
b Total from continuation sheets 0 0 to Part I	(5)					
to Part I	3	s Sub-total	0	0			
c Totals (add lines 3a and 3b) 0 0	1		0	0			
	(c Totals (add lines 3a and 3b)	0	0			

Part	: IV, line 15, for any	y recipient who rece		es Outside the Uni 000. Part II can be d		nal space is needed	d. T	(i) Method of
1 (a) Name of organization	1 ` '	(C) Region	grant	(e) A mount of cash grant	cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)		NAIROBI, KENYA	ANTI-POACHING PROJECT	138,935				
(2)		UNITED KINGDOM	MARINE MAMMAL CONSERVATION	20,000				
(3)								
(4)								
				ecognized as charition wided a section 501(

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) 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)		
(1)							, , ,		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
(18)									
	•			•	•				

Part IV Foreign Forms

1	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)	Γ	Yes	[~	Νo
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)	Г	Yes	্	Νo
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)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 13-5655952

Name: ANIMAL WELFARE INSTITUTE

Schedule F (Form 990) 2014

Page **5**

Part V Supplemental Information

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

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

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

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

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

OMB No 1545-0047

DLN: 93493316042645

Open to Public **Inspection**

Name of the organization						Employer identi	fication number
ANIMAL WELFARE INSTITUTE						13-5655952	
Part I General Inforn	nation on Grants	and Assistance				•	
 Does the organization main the selection criteria used Describe in Part IV the organization 	I to award the grants o ganızatıon's procedure	rassistance? es for monitoring the u	se of grant funds in the	United States			
			zations and Domes ed more than \$5,000			rganization answered I space is needed.	l "Yes" to
(a) Name and address of organization or government	(b) EIN	(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 grant or assistance
(1) MONITOR CONSORTIUM 1506 19TH ST NW WASHINGTON,DC 20036	52-1040138		8,000				RESEARCHING & PROVIDING ENVIRONMENTAL & ANIMAL WELFARE NEWS
(2) 8 VARIOUS ORGANIZATIONS C/O 900 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	99-9999999		46,000				2014 CHRISTINE STEVENS AWARDS
(3) 2 ORGANIZATIONS C/O 900 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	99-9999999		14,955				A WI ENRICHMENT GRANTS
(4) PROJECT COYOTE PO BOX 5007 LARKSPUR,CA 94077	94-2889684		10,000				HUMANE WILDLIFE MANAGEMENT
(5)							KWS NIGHT VISION EQUIPMENT
			•			•	•

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

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

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ATTENDANCE AT IWC SC MEETING	4	6,549			

Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					
Return Reference	Explanation					
	AWI GRANTS ARE AWARDED BASED ON PROPOSALS AFTER AWARD, GRANTEES ARE EXPECTED TO PROVIDE AWI WITH A DESCRIPTION OF THE PROJECT OUTCOME AND AWI MAY CHOOSE TO FEATURE RESULTS OF WORK UNDERTAKEN IN ITS AWI QUARTERLY NEWSLETTER 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 REPORTS ARE STORED ELECTRONICALLY BY AWI					

Schedule I (Form 990) 2014

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DLN: 93493316042645

OMB No 1545-0047

Inspection

Open to Public

Employer identification number

SCHEDULE M (Form 990)

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Noncash Contributions

Department of the Treasury Internal Revenue Service Name of the organization

ANIMAL WELFARE INSTITUTE

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

					13-5655952			
a	Types of Property							
	Ash Washa a Saut	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	letermi	_	ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Χ		73,925	QUOTED PUBLICL	Y TRA	DED	
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
	Qualified conservation contribution—Historic							
	structures							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	-			+				
	O ther ► ()							
	O ther ►()			+				
	O ther ►()							
	O ther ► ()			<u> </u>				
	Number of Forms 8283 received for which the organization comple				29			
a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that		Yes	N
	ıt must hold for at least three ye	ars from th	e date of the initial contribu	ution, and which is not requi	red to be used			
	for exempt purposes for the enti	re holding p	period?			30a		N
b	If "Yes," describe the arrangement	ent in Part 1	II					
	Does the organization have a gif	t acceptan	ce policy that requires the	review of any non-standard	contributions?	31		N
!a	Does the organization hire or us contributions?	e third part	ies or related organizations	s to solicit, process, or sell i	noncash • • •	32a		No
b	If "Yes," describe in Part II							
ţ	If the organization did not report describe in Part II	an amount	: in column (c) for a type of	property for which column (a) is checked,			

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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DLN: 93493316042645

OMB No 1545-0047

2014

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization ANIMAL WELFARE INSTITUTE

Employer identification number

13-5655952

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	GOVERNING BODY IS NOT PROVIDED RETURN OFFICER SIGNING THE RETURN AND EXECUTIVE DIRECTOR REVIEW FOR COMPLETENESS
FORM 990, PART VI, SECTION B, LINE 12C	ORGANIZATION ANNUALLY REVIEWS & MONITORS CONFLICT OF INTEREST POLICY TO ENSURE COMPLIANCE
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT'S ANNUAL SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS (INDEPENDENT OF PRESIDENT)
FORM 990, PART VI, SECTION C, LINE 18	PROVIDES COPIES UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19	PROVIDES COPIES UPON REQUEST
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR