Form	99	0	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e)	Income Tax	OMB No. 1545-0047
			Do not enter Social Security numbers on this form as it may be		Open to Public
Department of the Treasury Internal Revenue Service			Information about Form 990 and its instructions is at www.	-	Inspection
				JUN 30, 2014	
B Ch			organization	D Employer identificati	on number
	Address change	ANIM	AL WELFARE INSTITUTE		
[]	Name change		usiness As	13-565	5952
	Initial	Number	and street (or P.O. box if mail is not delivered to street address) Room/suit	e E Telephone number	
	Termin- ated		PENNSYLVANIA AVE S.E.	202 33	7 2332
	Amended	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	8,509,499.
	Applica- Ition	WASH	INGTON, DC 20003	H(a) Is this a group retur	
	pending	F Name a	nd address of principal officer: CATHY LISS		🛄 Yes 🛣 No
		SAME	AS C ABOVE	H(b) Are all subordinates includ	led? Yes No
I Ta	ax-exem	npt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 52	If "No," attach a list	. (see instructions)
JW	ebsite:	: 🕨 WWW 🔹	AWIONLINE.ORG	H(c) Group exemption n	
K Fo	orm of or	rganization: [X Corporation Trust Association Other L Yes	ar of formation: 1951 M St	tate of legal domicile; DC
Pa		Summary			
e	1 Bi	riefly descrit	be the organization's mission or most significant activities: TO ALLEVI	ATE THE SUFFER	RING OF
Governance			CAUSED BY PEOPLE.	· · · · · · · · · · · · · · · · · · ·	
srn	2 CI	heck this bo	$\mathbf{x} > \mathbf{b}$ if the organization discontinued its operations or disposed of mo	pre than 25% of its net asse	ts.
Ň	3 N	7			
8	4 N	6			
es			of individuals employed in calendar year 2013 (Part V, line 2a)		45
Activities &			of volunteers (estimate if necessary)	1 1	10
Act			d business revenue from Part VIII, column (C), line 12		0.
	b N	let unrelated	business taxable income from Form 990-T, line 34		0.
			-	Prior Year	Current Year
e			and grants (Part VIII, line 1h)	5,456,563.	4,316,547.
Revenue		0	ice revenue (Part VIII, line 2g)	0.	<u> </u>
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)	456,094.	70,232.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>45,763.</u> 5,958,420.	5,327,638.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	249,250.	297,255.
			imilar amounts paid (Part IX, column (A), lines 1-3)	0.	<u> </u>
			to or for members (Part IX, column (A), line 4)	2,013,578.	2,301,573.
Expenses			er compensation, employee benefits (Part IX, column (A), lines 5-10)	2,013,370.	0.
Den			fundraising fees (Part IX, column (A), line 11e) sing expenses (Part IX, column (D), line 25) ▶60,410.		
EX			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,570,080.	6,460,398.
	1	-	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,832,908.	9,059,226.
	1		s expenses. Subtract line 18 from line 12	1,125,512.	-3,731,588.
es		tevenue les		Beginning of Current Year	End of Year
t Assets or l d Balances	20 T	Total assets	(Part X, line 16)	15,186,391.	11,907,191.
Ass Ba	21 1		s (Part X, line 26)	34,620.	62,176.
Net	22		r fund balances. Subtract line 21 from line 20	15,151,771.	11,845,015.
	art II	Signatu			
			, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my l	knowledge and belief, it is
			e. Declaration of preparer (other than officer) is based on all information of which prep		
-	1		CODV		
Sig	in	Signatu	ire of the	Date	
He		► CAT	HY LISS, PRESIDENT		

Here	CATHY LISS, PRESIDENT			
	Type or print name and title	0		
	Print/Type preparer's name	Preparer's signature	Date Check] PTIN
Paid	RICHARD TERRANO	Jack / W	self-employed	P00101716
Preparer	Firm's name MARKS PANETH LLF		Firm's EIN 🕨	11-3518842
Use Only	Firm's address 685 THIRD AVENUE	6		
	NEW YORK, NY 100		Phone no. 212	503-8800
May the I	RS discuss this return with the preparer shown ab			X Yes No
TTTG T				

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form 9	ANIMAL WELFARE INSTITUTE 13-5655952 Page 2
	III Statement of Program Service Accomplishments
-	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO REDUCE THE SUM TOTAL OF PAIN AND FEAR INFLICTED ON ANIMALS BY
	HUMANS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,422,776. including grants of \$ 213,113.) (Revenue \$)
	AWI PROGRAM-PROMOTES THE WELFARE OF ALL ANIMALS AND SEEKS TO REDUCE THE
	SUM TOTAL OF PAIN AND FEAR INFLICTED ON ANIMALS BY HUMANS.
4b	(Code:) (Expenses \$ 2,329,596. including grants of \$ 84,142.) (Revenue \$)
	ANIMAL WELFARE APPROVED-PROGRAM AND FOOD LABEL THAT PROMOTES THE WELL
	BEING OF ANIMALS AND THE SUSTAINABILITY OF HUMANE FAMILY FARMS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$) (Revenue \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 8,752,372.
	Form 990 (2013

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13	-56	5595	2 Page 3	3

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Form	990 (2013)	ANIMAL WELFARE INSTIT	UTE <u>13-5</u>
Par	t IV Checklist	f Required Schedules	
1	Is the organization of	escribed in section 501(c)(3) or 4947(a)(1) (other	r than a private foundation)?
	-	chedule A	
2	Is the organization	equired to complete Schedule B, Schedule of Co	ontributors?
-			at the second

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3

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	public office? If "Yes," complete Schedule C, Part I	ŀ
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	

		í
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	I
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	

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

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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for 9

amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,

Part VI 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 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 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

е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
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
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

Х 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13

14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	Χ	
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		<u> </u>
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			ļ
	complete Schedule G. Part III	19	1	X

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

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

20a

1:

Form	990	(201)	3)

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		_	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
2.00	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		x
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ļ	ļ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions):			
-		28a		x
a	and the second	28b		X
b	An entity of which a current of former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		+
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
~~~	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
29	Did the organization receive more than \$25,000 in hon-cash common to the similar assets, or qualified conservation	20		+
30		30		x
	contributions? If "Yes," complete Schedule M	- 50		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
~~	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	-	32		X
~~	Schedule N, Part II	02	+	
33		33		x
	sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I			
34		34		X
	Part V, line 1a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		-	X
35		000		
1	o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	355		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<u>'</u>	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
	If "Yes," complete Schedule R, Part V, line 2	. 36	-	X
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		<u> </u>
38		000	x	
	Note, All Form 990 filers are required to complete Schedule O	. 38		

Form **990** (2013)

Form 9	990 (2013) ANIMAL WELFARE INSTITUTE 13-5655	<u>952</u>	Pa	age <b>5</b>
Parl	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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 2a45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		x
b	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
0	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d		1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
ģ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		1	$\uparrow$
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.		1	
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	]		
11	Section 501(c)(12) organizations. Enter:	]	-	
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	7		
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7	1	_
	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
4	Note. See the instructions for additional information the organization must report on Schedule O.		1	1
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand	-		
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	141		
				-

<u>140  </u>		
Form	990	(2013)

	990 (2013) ANIMAL WELFARE INSTITUTE		<u>13-5655</u>			ge <b>6</b>
Parl				'No" re	espons	е
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See ir	nstructions.			]
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	·····			X
Sect	ion A. Governing Body and Management		·····			
		1	_		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>			ļ	
	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	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi					
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	ļ		
	more members of the governing body?			7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or	ļ		
	persons other than the governing body?			7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenu	e Code.)			
					Yes	+
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bet	ore filing the form?	<u>11a</u>	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					1
12a				12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				1	
	in Schedule O how this was done	• • • • • • • • • • •		120		
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and appro		independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				1 57	
а	The organization's CEO, Executive Director, or top management official			15a		
b	Other officers or key employees of the organization	•••••		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a			
	taxable entity during the year?			<u>16a</u>	-	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					
	exempt status with respect to such arrangements?			16b	)	
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA , DC , MN , NJ ,	NV		C V	A TAT	7 WT
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990					V / 11 1
18	-	100	scion of nonors only	, avenie		
	for public inspection. Indicate how you made these available. Check all that apply.	in in 9	chedule ()			
40	Describe in Schedule O whether (and if so, how), the organization made its governing documents,			and fin	ancial	
19	statements available to the public during the tax year.	Sound				
20	State the name, physical address, and telephone number of the person who possesses the books	and re	ecords of the organi:	zation		
20	CATHY LISS - 202 337 2332	and it				
	900 PENNSYLVANIA AVE SE, WASHINGTON, DC 20003					
3320	06 10-29-13 SEE SCHEDULE O FOR FULL LIST OF STATES	5		Fo	rm <b>99</b>	0 (2013)

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Form 99 <b>0</b> (	2013) ANIMAL WELFARE INSTITUTE	13-5655952	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	ete 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 a	all of the organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess of amount of compension	sation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

	1	orga	mza			nper	1341			(E)
(A) Name and Title	(B) Average		I	(C Posi				(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per	(do	not cl	heck (	more rson i	than d s both	ne nan	compensation	compensation	amount of
	week	offic				r/trus		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or di	8			sated		organization	(W-2/1099-MISC)	from the organization
	related organizations	rustee	Institutional trustee		/ee	mpen		(W-2/1099-MISC)		and related
	below	dual t	Itiona	_	Key employee	st col	55			organizations
	line)	Indivi	Institu	Officer	Keye	Highest compensated emptoyee	Former			_
(1) CATHY LISS	40.00	-							_	
PRESIDENT	ļ	X		X		ļ		99,022.	0.	8,021.
(2) CYNTHIA WILSON	2.00	ļ								
CHAIR/VICE PRESIDENT		X		X		<u> </u>		0.	0.	0.
(3) BARBARA K. BUCHANAN	2.00	-					ļ			_
SECRETARY THRU 6/17/14		X		X	ļ	-	<u> </u>	0.	0.	0.
(4) MARY LEE JENSVOLD, PH. D.	2.00		ļ	l						
DIRECTOR		X			-	-		0.	0.	0.
(5) CHARLES M. JABBOUR CPA	2.00		ļ				1			
TREASURER		X		X		-	<u> </u>	0.	0.	0.
(6) JOHN BOYD, JR.	2.00									0
DIRECTOR	0.00	X					-	0.	0.	0.
(7) MICHELLE WALTER	2.00			ļ				0	0	0
DIRECTOR (THROUGH 2/21/14)	0.00	X	+	-	+			0.	0.	0.
(8) CAROLINE GRIFFIN ESQ.	2.00	x						0.	0.	0.
SECRETRARY 6/17-6/30/14	26.00			X	+	-	-	<u>_</u>	U.	<u> </u>
(9) SUSAN MILLWARD	36.00	-		x				68,950.	0.	6,098.
EXECUTIVE DIRECTOR		+					+	00,950.		0,050.
		-								-
	-	+	<u> </u>		+	+	1			
		-							11	
· · · · · · · · · · · · · · · · · · ·		$\top$		1	1		1			
			1		_					
		4								
		_			-	_	+			<u> </u>
		-								
				_	+	+-				
		+	+	+			+			
		-								
	<u> </u>			1	1					

Form 990 (2013) ANIMAL W	ELFARE I	NS	TI	TU	JTE	2			13-565	<u>5952</u>	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	anc	l Hig	ghes	t Co	ompensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week	verage Position (do not check more than of box, unless person is bot officer and a director/trust			пап	(D) Reportable compensation from	(E) Reportable compensation from related	Est amo	(F) imated ount of other		
	(list any hours for related organizations below line)			Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation om the inization related nizations
		2									
		-									
1b Sub-total c Total from continuation sheets to Part V	/II, Section A							167,972	. (	).	4,119.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but								167,972		).  1	4,119.
2 Total number of individuals (including but compensation from the organization		1056	5 1151		1000	(e) w					0 Yes No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for										3	X
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than \$1</li> </ul>	sum of reportal	ble c	comp	oens	satio	n ar	nd of	ther compensation from	n the organization		X
5 Did any person listed on line 1a receive o rendered to the organization? If "Yes," co	r accrue compe	ensa	tion	fror	n ar	iy ur	rela	ted organization or ind	vidual for services		x
Section B. Independent Contractors											
1 Complete this table for your five highest of the organization. Report compensation for											
(A) Name and busine:								(B) Description o	fservices		C) ensation
DIMURO GINSBERG PC, 1103 SUITE 610, ALEXANDRIA,			EE	ЗТ,				LEGAL		22	26,794.
	<i></i>									-	
										**	
			=								
2 Total number of independent contractor \$100,000 of compensation from the orga		not	limi	ted	to th	10se 1	liste	ed above) who received	more than		

x - 1

## Form 990 (2013) ANIMAL WELFARE INSTITUTE Part VIII Statement of Revenue

		Check if Schedule O contai			(A) Total revenue	Related or	(C) Unrelated business	from tax under
						exempt function revenue	revenue	sections 512 - 514
S	1 a F	Federated campaigns	<u>1a</u>					
	ы	Membership dues	1b					
Ę		Fundraising events				1		
ar		Related organizations						
Ē		Government grants (contributio						
2	f	All other contributions, gifts, grants	s, and					
		similar amounts not included above		4,316,547.				
5		Noncash contributions included in lines 1						
and Other Similar Amounts	-	Total. Add lines 1a-1f			4,316,547.			
				Business Code				
	2 a							
a								
ñ,		······································						
eve		······································						
Revenue	e							
	f	All other program service rever	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, interes	st, and				
		other similar amounts)		►	188,630,			188,630
		Income from investment of tax						
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6 a	Gross rents	100,654.					
		Less: rental expenses	33,758,					
		Rental income or (loss)	66,896.					
		Net rental income or (loss)	······		66,896.			66,896
		Gross amount from sales of	(i) Securities	(ii) Other				
	7 6	assets other than inventory	3,900,332					
	Ь	Less: cost or other basis	5,500,352,	<u></u>				
	0	and sales expenses	3,148,103,		1			
	-	Gain or (loss)		V				
					752,229,			752,22
		Net gain or (loss)	1		152,229,		1	152,52
l	ва	Gross income from fundraising						
Ver		including \$						
2		contributions reported on line	-					
Other Revenue		Part IV, line 18			-			
8		Less: direct expenses			1			
		Net income or (loss) from fund						
	9 a	Gross income from gaming ac						
		Part IV, line 19			_			
- 1		Less: direct expenses		L	4			
		Net income or (loss) from gan		<b>&gt;</b>				
	10 a	Gross sales of inventory, less						
		and allowances			_			
		Less: cost of goods sold			-			
-	Ç	Net income or (loss) from sale						
ļ		Miscellaneous Revenu	le	Business Code	100			
- 1	11 a	MISCELLANEOUS		511130	3,336	•		3,33
Ì	b							
	с							
		All other revenue		1	l l			
	a	Total. Add lines 11a-11d						

÷ · · ·

# Form 990 (2013) ANIMAL WELFARE INSTITUTE Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			general expenses	
	organizations in the United States. See Part IV, line 21	146,908.	146,908.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	7,087.	7,087.		*
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	143,260.	143,260.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				4 0 6 0
	trustees, and key employees	185,438.	175,264.	8,311.	1,863.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		4 4 7 9 9 9 7 7		1 - 1 0 0
7	Other salaries and wages	1,765,334.	1,672,937.	75,209.	17,188.
8	Pension plan accruals and contributions (include		04 565	1 (70)	226
	section 401(k) and 403(b) employer contributions)	33,580.	31,565.	1,679.	336.
9	Other employee benefits	169,323.	155,577.	11,501.	2,245.
10	Payroll taxes	147,898.	138,940.	7,465.	1,493.
11	Fees for services (non-employees):				
а	F	000 610	000 (1)		
b		970,613.	970,613.	0.000	
С	F	9,000.	04.070	9,000.	
d		94,879.	94,879.		
е					
f	Investment management fees				
9		2 015 694	2 012 270	3,305.	
	column (A) amount, list line 11g expenses on Sch 0.)	3,015,684.			7,349.
12	Advertising and promotion	23,631.	10,134.	1.20.	1,545.
13	Office expenses				·
14	Information technology	·			
15	Royalties	124,973.	87,481.	36,242.	1,250.
16			07, 201.	50,414.	1/200
17	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				2
20	Payments to affiliates				
21	Depreciation, depletion, and amortization	66,205.	58,610.	5,063.	2,532
23	Insurance				
24	Other expenses. Itemize expenses not covered				
6-1	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 0.)				
:	CONFERENCES & TRAVEL	694,845.	687,897	6,948.	
	CONSULTANTS	590,909.			
	PRINTING & PUBLICATIONS	278,249.			4,788
	TELEPHONE & OFFICE	159,202.			17,512
	All other expenses	432,208.			3,854
25	Total functional expenses. Add lines 1 through 24e	9,059,226.			60,410
26	Joint costs. Complete this line only if the organization			1 M	25
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Net Assets or Fund Balances

	t X	Balance Sheet	to any	line in this Part Y					
		Check il Schedule O contains a response of not			(A) Beginning of year		Enc		
	1	Cash · non-interest-bearing			322,762.	1			
	2	Savings and temporary cash investments		상태가 잘 하게 하지 않는 것은 것이 같은 것이 같이 많은 것이다.	1,097,631.	2			
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			1,186,963.	4			
	5	Loans and other receivables from current and fo							
		trustees, key employees, and highest compensation							
		Part II of Schedule L				5			
	6	Loans and other receivables from other disqualit							
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing					
		employers and sponsoring organizations of sect	ion 501(	c)(9) voluntary		En • 1 • 2 · 3 • 4 • 5 · 4 • 5 · 6 · 7 · 8 · 9 • 10c 5, • 10c 5, • 11 5, · 12 · 13 · 14 · 15 • 16 11			
ts		employees' beneficiary organizations (see instr).	oyees' beneficiary organizations (see instr). Complete Part II of Sch L						
Assets	7	Notes and loans receivable, net				7	En En En En En En En En En En En En En E		
Ä	8	Inventories for sale or use				(A) jinning of year 322,762.1 ,097,631.2 3 ,186,963.4 5 5 6 7 8 9 5,747,590.10c 5,831,445.11 12 13 14 15 5,186,391.16 23,230.17 18 19 20 21			
	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D							
	b	Less: accumulated depreciation	10b	660,510.	5,747,590.	10c	5,		
	11	Investments - publicly traded securities			6,831,445.	11	5,		
	12	Investments - other securities. See Part IV, line	11			12			
	13	Investments · program-related. See Part IV, line	11			13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11				++			
	16	Total assets. Add lines 1 through 15 (must equ	al line 34	4)	15,186,391.	T	11,		
	17	Accounts payable and accrued expenses			23,230.	17			
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete	of Schedule D		21				
es	22	Loans and other payables to current and forme							
Liabilities		key employees, highest compensated employe							
iab		Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrel	ated thir	d parties	ļ				
	24	Linsecured notes and loans navable to unrelate	d third r	parties		24			

22 23 24 ble 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 11,390. 10,090. 25 Schedule D 62,176. 34,620. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here **X** and complete lines 27 through 29, and lines 33 and 34. 14,691,690. 11,390,260. 27 27 Unrestricted net assets 360,081. 354,755. 28 Temporarily restricted net assets 28 100,000. 100,000. Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 11,845,015. 15,151,771. 33 33 Total net assets or fund balances 11,907,191. 15,186,391. Total liabilities and net assets/fund balances 34 34

Form 990 (2013)

3-5655952 Page 11

**(B)** End of year

242,776.

764,454.

50,243.

14,631.

5,647,627.

5,187,460.

11,907,191.

52,086.

Form	990 (2013) ANIMAL WELFARE INSTITUTE	13-50	<u> 55952</u>	Pag	e <b>12</b>				
Par	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,32						
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>9,05</u> -3,73						
3									
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7			1				
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,		11 0		1 5				
Der	column (B))	10	11,84	10,0	12.				
Par	t XII Financial Statements and Reporting				x				
	Check if Schedule O contains a response or note to any line in this Part XII	·····	<u></u>	Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			103					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			0				
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t				Ì				
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	ļ				
	If the organization changed either its oversight process or selection process during the tax year, explain in Scl		ļ						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S		:						
	Act and OMB Circular A-133?		<u>3</u> a	·	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>							
			For	m <b>990</b>	(2013)				

SCHED								OMB No. 1545-0047
	0 or 990-EZ)		ic Charity Sta					2012
(1 0111 350		Complete	if the organization is a			tion		2013
Department of	the Treasury			nexempt charitable t orm 990 or Form 990				Open to Public
Internal Reven		Information about	Schedule A (Form 990 or			ov/form990		Inspection
Name of t	he organizatio							ntification number
		ANIMAL W	ELFARE INST	LTUTE			13-	5655952
Part I	Reason		y Status (All organiza		this part.) See instru	ctions.		
The organi	ization is not a	private foundation be	ecause it is: (For lines 1	through 11, check on	ly one box.)			
1			or association of churc					
2			(b)(1)(A)(ii). (Attach Sch					
3	A hospital or	a cooperative hospita	I service organization d	escribed in section 1	70(b)(1)(A)(iii).			
4			perated in conjunction v			)(1)(A)(iii). E	nter the	hospital's name,
	city, and stat							
5	An organizati	on operated for the b	enefit of a college or un	iversity owned or ope	rated by a governme	ental unit de	scribed	in
	section 170	(b)(1)(A)(iv). (Complet	e Part II.)					
6	A federal, sta	te, or local governme	nt or governmental unit	described in section	170(b)(1)(A)(v).			
7 X	An organizati	on that normally rece	ves a substantial part c	of its support from a g	overnmental unit or	from the ger	eral put	olic described in
	section 170(	b)(1)(A)(vi). (Complete	e Part II.)					
8	•		ction 170(b)(1)(A)(vi). (					
9			ives: (1) more than 33 1					
			ctions - subject to certai					
	income and u	inrelated business ta	kable income (less secti	on 511 tax) from busi	nesses acquired by	the organiza	tion afte	er June 30, 1975.
	See section	509(a)(2). (Complete	Part III.)					
10			erated exclusively to tes					
11 📖			erated exclusively for th					
			ions described in section			ion 509(a)(3	). Check	< the box that
			organization and comple			<u> </u>		
	a 🛄 Type			pe III - Functionally in				unctionally integrated
e 🛄			the organization is not					
			an one or more publicly				,1) or se	ction 509(a)(2).
f			en determination from t					
			is box				- 0	L
g			ganization accepted ar					No.
			rectly controls, either al					Yes No
			pported organization?					
			described in (i) above?					1 1 1
			person described in (i) (				•••••	11g(iii)
h	Provide the	ioliowing information	about the supported or	yanization(S).				
		//// 5/44		(iv) Is the organization	(v) Did you notify the	(vi) Is the	3 1.	
.,	e of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) listed in your		organization i (i) organized	n col.   🖤	<li>iii) Amount of monetary support</li>
ບເຊ	ganization		above or IRC section	governing document?		(1) Ul yanizeu 1 U.S.?	11 110	Copport

organization	zation (described on lines above or IRC section				(i) of your support?		(i) organized in the U.S.?		support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
			+							
						ļ	<u> </u>			
								ļ		
Total				1						

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

### Schedule A (Form 990 or 990 EZ) 2013 ANIMAL WELFARE INSTITUTE

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

Sec	tion A. Public Support					<u>-</u>	
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and		1		2		
	membership fees received. (Do not				i		
	include any "unusual grants.")	2774912.	4915780.	3388256.	5456563.	4316547.	20852058.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2774912.	4915780.	3388256.	5456563.	4316547	.20852058.
	The portion of total contributions	27729200	1910.000				
Ŭ	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,				ļ		
	l						1472143.
~	***************************************						19379915.
	Public support. Subtract line 5 from line 4. tion B. Total Support	L)			L	L	19919919.
		(-) 0000	(1-) 0010	(-) 0011	(-1) 2012	(e) 2013	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2009 2774912.	<u>(b)2010</u> 4915780.	(c) 2011 3388256.	(d) 2012 5456563.		.20852058.
	Amounts from line 4	2//4912.	4915/00.	3300230.	5450505.	4210241	.20052050.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	154 070	100 110	140 700	005 400	100 000	042 020
	and income from similar sources	154,073.	152,115.	142,789.	205,432.	188,630	. 843,039.
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 IV.)					1	
11	Total support. Add lines 7 through 10		1	<u> </u>	1		21695097.
12	Gross receipts from related activities					12	8,057.
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
	organization, check this box and sto	p here					
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
14	Public support percentage for 2013	(line 6, column (f) d	livided by line 11,	column (f))		14	89.33 %
15	Public support percentage from 2012						80.76 %
16;	a 33 1/3% support test - 2013. If the	organization did n	ot check the box c	on line 13, and line	14 is 33 1/3% or	more, check this	box and
	stop here. The organization qualifies						
1	33 1/3% support test - 2012. If the	organization did n	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/39	% or more, check	this box
	and stop here. The organization qua						
17	a 10% -facts-and-circumstances tes	st - 2013. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10	% or more,
	and if the organization meets the "fa						
	meets the "facts-and-circumstances						
	o 10% -facts-and-circumstances te	-	•	• • • •	-		
	more, and if the organization meets						
	organization meets the "facts-and-ci						
18	Private foundation. If the organizati		-				r

Schedule A (Form 990 or 990-EZ) 2013

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### Schedule A (Form 990 or 990 EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support			· · · · · · -			
Cale	ndar year (or fiscal year beginning in) 🕨 🗌	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	Ì					
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	,				1	
	are not an unrelated trade or bus- iness under section 513	5					
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
0	furnished by a governmental unit to						
	the organization without charge				10 C		
6	Total. Add lines 1 through 5	_					
	a Amounts included on lines 1, 2, and				-		
	3 received from disgualified persons						
I	O Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		1				
	c Add lines 7a and 7b						
		·					
	Public support (Subtract line 7c from line 6.) ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	b Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	2 Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for						rganization,
	check this box and stop here						
_	ection C. Computation of Pub						
	5 Public support percentage for 2013					15	%
and the second division of the second divisio	6 Public support percentage from 201			-		16	%
	ection D. Computation of Inve						
1	7 Investment income percentage for 2	2013 (line 10c, coli	umn (f) divided by	/ line 13, column (f	))	. 17	%
	B Investment income percentage from						%
1	9a 33 1/3% support tests - 2013. If th						
	more than 33 1/3%, check this box	and stop here. The	ne organization q	ualifies as a public	ly supported organ	ization	
	b 33 1/3% support tests - 2012. If the line 18 is not more than 33 1/3%, cl						
~							
2	0 Private foundation. If the organizat	lion ald not check	a bux on line 14,	isa, or iso, cnec	K THIS DUX AND SEE	manuonona .	

Schedule A	(Form 990 or 990-EZ) 2013 ANIMAL WELFARE INSTITUTE	13-5655952 Page 4
Part IV	(Form 990 or 990-EZ) 2013 ANIMAL WELFARE INSTITUTE Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o	
	Also complete this part for any additional information. (See instructions).	
		and the second se
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a <del>nta an</del> a		

SCHEDULE C	Po	litical Campaign a	nd Lobbvin	a Activities	1	OMB No. 1545-0047
(Form 990 or 990-EZ)		izations Exempt From Income 1	-	-		2013
Department of the Treasury Internal Revenue Service	Complete i	f the organization is described b te instructions. ► Information	elow. 🕨 Attach to	Form 990 or Form 99 Form 990 or 990-EZ) a		Open to Public Inspection
If the organization ansy	wered "Yes." to F	orm 990, Part IV, line 3, or Form			in Activ	vities), then
-		lete Parts I-A and B. Do not comp			,	
<ul> <li>Section 501(c) (other</li> </ul>	r than section 501	(c)(3)) organizations: Complete Pa	rts I-A and C below.	Do not complete Part I-	·B.	
<ul> <li>Section 527 organiz</li> </ul>	ations: Complete I	Part I-A only.				
		orm 990, Part IV, line 4, or Form				
		ave filed Form 5768 (election unde				
		ave NOT filed Form 5768 (election				
		orm 990, Part IV, line 5 (Proxy T	ax) or Form 990-EZ	, Part V, line 35c (Prox	y T <b>ax),</b> '	then
	), or (6) organizatio	ons: Complete Part III.		En	notovo	· identification number
Name of organization					• -	
Part I-A Compl	ANIMAL W	ELFARE INSTITUTE	socian 501(a)	or is a section 527	⊥ Zorga	<u>3-5655952</u>
Part I-A Comp	ete il tile olga	anization is exempt under	Section Sol(c)		orga	
1 Provide a descripti	ion of the organiza	tion's direct and indirect political (	campaion activities ir	n Part IV.		
	0				▶\$	
Part I-B Comp	lete if the orga	anization is exempt under	section 501(c)(	3).		
1 Enter the amount of	of any excise tax i	ncurred by the organization under	section 4955		▶\$	
2 Enter the amount of	of any excise tax i	ncurred by organization managers	under section 4955		▶\$	
3 If the organization	incurred a section	4955 tax, did it file Form 4720 for	this year?			
4a Was a correction r	nade?					Yes No
b If "Yes," describe	in Part IV.			average and the El	01/0//	2)
		anization is exempt under				
		by the filing organization for section			► \$ <u> </u>	
		zation's funds contributed to othe			<b>\$</b>	
		Add lines 1 and 2. Enter here and			• • <u> </u>	·····
		Add lines 1 and 2. Enter here and			▶ \$	
		1120-POL for this year?				Yes No
		ployer identification number (EIN)				
		ion listed, enter the amount paid f				
contributions rece	eived that were pro	mptly and directly delivered to a s	separate political org	anization, such as a se	parate s	segregated fund or a
political action co	mmittee (PAC). If a	additional space is needed, provid	e information in Part	IV.		
(a) Nan	ne	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's co r-0	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0
				8		
						5. 2
<u> </u>						

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 A	NIMAL WELF	ARE INSTITUT	E	13-50	655952 Page 2				
Part II-A Complete if the orga		mpt under section	501(c)(3) and file	d Form 5768					
(election under sect									
A Check 🕨 🛄 if the filing organization	on belongs to an aff	iliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,				
expenses, and share									
B Check 🕨 🔄 if the filing organization	on checked box A a	nd "limited control" prov	visions apply.						
	on Lobbying Expe			(a) Filing organization's	(b) Affiliated group totals				
(The term "expendi	tures" means amo	unts paid or incurred.)		totals					
1a Total lobbying expenditures to influe	ence public opinion	(grass roots lobbying)		9,810.					
b Total lobbying expenditures to influe			RC2000000000000000000000000000000000000	126,454.					
c Total lobbying expenditures (add lin	136,264.								
	e Total exempt purpose expenditures (add lines 1c and 1d)								
f Lobbying nontaxable amount. Enter		602,961.							
If the amount on line 1e, column (a) or	ount is:								
Not over \$500,000									
Over \$500,000 but not over \$1,000									
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exc							
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exce			1				
Over \$17,000,000									
	\$1,000	1							
g Grassroots nontaxable amount (en		150,740.							
h Subtract line 1g from line 1a. If zero		0.							
i Subtract line 1f from line 1c. If zero			5	0.					
j If there is an amount other than zer									
reporting section 4911 tax for this				[	Yes No				
		veraging Period Under							
(Some organiza		section 501(h) election		otete all of the five					
co	lumns below. See t	he instructions for line	s 2a through 2f on pa	age 4.)					
	Lobbying Exp	enditures During 4-Yea	ar Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total				
2a Lobbying nontaxable amount	347,359	. 288,815.	391,645.	602,961.	1,630,780.				
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>	8				2,446,170.				
					455.005				
c Total lobbying expenditures	32,202	. 188,123.	98,616.	136,264	455,205.				
d Grassroots nontaxable amount	86,840	. 72,204.	97,911.	150,740	407,695.				
e Grassroots ceiling amount			ļ						
(150% of line 2d, column (e))					611,543.				
f Grassroots lobbying expenditures	6,427	26,871.	16,811.	9,810	. 59,919.				
r Grassroots lobbying expenditures	<u> </u>	• <u>1</u> <u>20,071</u>		5,010					

Schedule C (Form 990 or 990-EZ) 2013

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#### Schedule C (Form 990 or 990 EZ) 2013 ANIMAL WELFARE INSTITUTE

### 13-5655952 Page 3

### Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
of the lobbying activity.	Yes	No	Amo	unt
<ol> <li>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:</li> <li>a Volunteers?</li> </ol>			<u> </u>	
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> </ul>				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912		l		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)	(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."				ne 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol	itical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		<u>2b</u>		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)				
Part IV Supplemental Information				

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

CCL	IEDULE D	Supplementa	I Financial Statements			OMB No. 1545-0047
(Form			anization answered "Yes," to Form 990,			2013
(i onn	5507	Part IV, line 6, 7, 8, 9, 10,	11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	b.		Open to Public
	ent of the Treasury Revenue Service		Attach to Form 990. m 990) and its instructions is at www.ir.		rm99	
	of the organizati					loyer identification number
		ANIMAL WELFARE INS	TITUTE		•	13-5655952
Par	t I Organiz	ations Maintaining Donor Advise		s or Ac	cou	nts.Complete if the
L		on answered "Yes" to Form 990, Part IV, line	e 6.			· · · · · · · · · · · · · · · · · · ·
			(a) Donor advised funds	(b	) Fund	ds and other accounts
1	Total number at e	nd of year				
		outions to (during year)				
		from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizati	on inform all donors and donor advisors in	writing that the assets held in donor advis	sed fund	ls	
		on's property, subject to the organization's				Yes No
6	Did the organizati	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	nly	
	for charitable purp	poses and not for the benefit of the donor o	or donor advisor, or for any other purpose	conferr	ing	
		vate benefit?				
Par		vation Easements. Complete if the or		Part IV, I	ine 7.	
1	Purpose(s) of con	servation easements held by the organizat				
	Preservatio	n of land for public use (e.g., recreation or e				
		of natural habitat	Preservation of a cer	tified his	storic	structure
		n of open space		_		
2		a through 2d if the organization held a quali	fied conservation contribution in the form	of a co	nserva	ation easement on the last
	day of the tax yea	ar.		ſ		
						Held at the End of the Tax Year
а		conservation easements			2a	
b	-	stricted by conservation easements			<u>2b</u>	
c		ervation easements on a certified historic st			2c	
d		ervation easements included in (c) acquired			0.1	
•		onal Register			2d	during the tax
3		ervation easements modified, transferred, re	eleased, extinguished, or terminated by tr	ie organ	Izatio	n duning the tax
	year	s where property subject to conservation ea	accoment is located			
4 5		ation have a written policy regarding the pe		F		
5		nforcement of the conservation easements				Yes No
6	'	eer hours devoted to monitoring, inspecting	and enforcing conservation easements	durina ti	he ve	
7		nses incurred in monitoring, inspecting, and				
8		ervation easement reported on line 2(d) abo	-			·
0		(h)(4)(B)(ii)?	•			Yes No
9		ribe how the organization reports conserva				
-		able, the text of the footnote to the organiz				
	conservation eas	sements.				
Pa	rt III Organia	zations Maintaining Collections	of Art, Historical Treasures, or (	Other	Simi	lar Assets.
	Complete	if the organization answered "Yes" to Forr	n 990, Part IV, line 8.			
1a	If the organizatio	on elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ement a	nd ba	lance sheet works of art,
	historical treasu	res, or other similar assets held for public e	xhibition, education, or research in furthe	rance of	publi	c service, provide, in Part XIII,
		potnote to its financial statements that desc				
b		on elected, as permitted under SFAS 116 (/				
	treasures, or oth	ner similar assets held for public exhibition,	education, or research in furtherance of p	oublic se	rvice,	provide the following amounts
	relating to these	items:				
	• •	ncluded in Form 990, Part VIII, line 1				
		ided in Form 990, Part X				
2	-	on received or held works of art, historical t		cial gain,	, provi	ide
		nounts required to be reported under SFAS				
a		ded in Form 990, Part VIII, line 1				
k	Assets included	l in Form 990, Part X			🕨	\$

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Schedu		ELFARE INS							55952	
Part	III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	easures, or (	Other :	Similar A	Asset	S(continue)	d)
3 l	Jsing the organization's acquisition, accessio	n, and other records	s, check a	iny of the f	ollowing that ar	e a sign	ificant use	of its c	ollection ite	ems
(	check all that apply):									
а	Public exhibition	d	Lo Lo	an or exch	nange programs	6				
b	Scholarly research	е	C Ot	her						
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	how the	y further th	e organization'	s exemp	t purpose	in Part	XIII.	
5 I	During the year, did the organization solicit or	receive donations of	of art, hist	orical treas	sures, or other s	similar as	ssets			
1	to be sold to raise funds rather than to be ma	intained as part of t	he organi:	zation's co	llection?	<u></u>			Yes	<u> </u>
Part			te if the o	organization	n answered "Ye	s" to Fo	rm 990, Pa	art IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	is the organization an agent, trustee, custodia	an or other intermed	liary for co	ontribution	s or other asset	is not in	cluded		- ·	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing tal	ble:			, <u> </u>			
									Amount	
с	Beginning balance						10			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
<b>2</b> a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	No No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided in Pa	rt XIII .		<u>.</u>		
Par	t V Endowment Funds. Complete it	f the organization an	swered "	Yes" to Fo						
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two years b	back (d	) Three year	s back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions							10		
с	Net investment earnings, gains, and losses									
d	Grants or scholarships								<u> </u>	
	Other expenditures for facilities									
	and programs									
	Administrative expenses									
	End of year balance					<u> </u>				
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	, column (a	a)) held as:					
а	Board designated or quasi-endowment 🕨		%							
	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	and administere	d for the	e organizat	ion		
	by:								Y	es No
	(i) unrelated organizations								. 3a(i)	
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organization	s listed as required	on Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of the	e organization's end	owment f	unds.			6			
Pa	t VI Land, Buildings, and Equip	nent.								
	Complete if the organization answere	ed "Yes" to Form 99	0, Part IV,	line 11a. S	See Form 990, F	⊃art X, li	ne 10.			
	Description of property	(a) Cost or	other	(b) Cos	t or other	(c) Ac	cumulated		(d) Book	value
		basis (invest	iment)	basis	(other)	dep	reciation			
1a	Land			2,4	59,021.					,021.
	Buildings			3,84	49,116.	6	60,51	0.	3,188	,606.
	Leasehold improvements			1						
	Equipment									
	Other									
the second se	I. Add lines 1a through 1e. (Column (d) must		rt X. colun	nn (B), line	10(c).)				5,647	,627.

Schedule D (Form 990) 2013

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nedule D (Form 990) 2013 ANIMAL WELF	ARE INSTITUTE		<u>13-5655952 Page</u>
art VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, lin	e 12.
<ul> <li>Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			10
(B)		8	
(C)			
(D)			
(E)			
(F)			
(G)			
			· · · · · · · · · · · · · · · · · · ·
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ art VIII Investments - Program Related.			
·			- 10
Complete if the organization answered "Yes (a) Description of investment	(b) Book value	11c. See Form 990, Part X, III	Cost or end-of-year market value
		(c) Method of Valdation.	Cost of circl of year market value
(1)			
(2)			
(3)			
(4)			11
(5)			
(6)			
(7)			
(8)			· · · · · · · · · · · · · · · · · · ·
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes	" to Form 990, Part IV, line	11d. See Form 990, Part X, I	ine 15.
Complete if the organization answered "Yes	" to Form 990, Part IV, line ) Description	11d. See Form 990, Part X, I	ine 15. (b) Book value
Complete if the organization answered "Yes (a		11d. See Form 990, Part X, I	
Complete if the organization answered "Yes (a		11d. See Form 990, Part X, I	
Complete if the organization answered "Yes (a (1) (2)		11d. See Form 990, Part X, I	
Complete if the organization answered "Yes (a (1) (2) (3)		11d. See Form 990, Part X, I	
Complete if the organization answered "Yes (a (1) (2) (3) (4)		11d. See Form 990, Part X, I	
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5)		11d. See Form 990, Part X, I	
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, I	
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, I	
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, I	
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9)	) Description		
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) I	) Description		
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	) Description		(b) Book value
Complete if the organization answered "Yes           (a)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           otal. (Column (b) must equal Form 990, Part X, col. (B) in the organization answered "Yes           Complete if the organization answered "Yes	) Description	e 11e or 11f. See Form 990, F	(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) i Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	) Description		(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes	) Description	e 11e or 11f. See Form 990, F (b) Book value	(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	) Description	e 11e or 11f. See Form 990, F	(b) Book value
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Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) (4) (5) (6)	) Description	e 11e or 11f. See Form 990, F (b) Book value	(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) (4) (5) (6) (7)	) Description	e 11e or 11f. See Form 990, F (b) Book value	(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) i Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) (4) (5) (6) (7) (8)	) Description	e 11e or 11f. See Form 990, F (b) Book value	(b) Book value
Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) / Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSITS (3) (4) (5) (6) (7)	) Description	e 11e or 11f. See Form 990, F (b) Book value	(b) Book value

Sche	dule D (Form 990) 2013 ANIMAL WELFARE INSTITUTE		13-5	655952 Page 4	
Par		ts With	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,752,470.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	424,832.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d		))	2e	424,832.
3	Subtract line 2e from line 1			3	5,327,638.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u>.</u>	5	5,327,638.	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		•		
1	Total expenses and losses per audited financial statements			1	9,059,226.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	_2c	,		
d	Other (Describe in Part XIII.)	2d		4	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,059,226.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,059,226.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

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EXPLANATION:	AWI	HAS	NO	UNCERTAIN	TAX	POSITIONS	AS	OF	JUNE	30,	2014 1	IN
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ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740

("INCOME TAXES"), WHICH PROVIDES STANDARDS FOR ESTABLISHING AND

CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. AWI IS NO

LONGER	SUBJECT	TO	FEDERAL	OR	STATE	AND	LOCAL	INCOME	TAX	EXAMINATIONS	BY

TAX AUTHORITIES FOR YEARS BEFORE 2011.

	<b>IEDULE F</b> n 990)		he organization	vities Outside the Un answered "Yes" on Form 990, Part	IV, line 14b, 1		OMB No. 1545-0047
	ent of the Treasury Revenue Service	Information abo		rm 990. E See separate instruction Form 990) and its instructions is at t		orm990.	Open to Public Inspection
	of the organization						tification number
ANI	MAL WELFAR	E INSTITUT	E			13-56559	52
Parl				side the United States. Comple	te if the organ		
		art IV, line 14b.		-			
	-	-		s to substantiate the amount of its gra he selection criteria used to award the			Yes X No
	United States.			procedures for monitoring the use of its		ther assistance o	utside the
3				n be duplicated if additional space is r			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describ	ivity listed in (d) ogram service, e specific type ice(s) in region	(f) Total expenditures for and investments in region
				5			
	<u>** · * * - *** - ***</u>						
				9			
					00		
					5		
_							
3 a	Sub-total		0 0				0.
	Total from continu	lation					
	sheets to Part I $_{}$		0 0				0.
С	Totals (add lines : and 3b)		0 0				0.
	anu ouj	·····	<u>vi</u>				

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

Schedule F (Form 990) 2013

Schodula E (Form 990) 2013	3 ANTMAL	L WELFARE IN	INSTITUTE		13-5655952	55952		Page 2
Part II Grants and Oth recipient who re-	er Assistance to Or ceived more than \$5,	ganizations or Entities 000. Part II can be dupli	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	omplete if the or, eded.	ganization answered	"Yes" on Form 9	90, Part IV, line 15, fo	rany
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		∆ P.G.F.NTT N.A	MARINE MAMMAL CONSERVATION.	6,500.		0		
		MULTED KINGDON	MARINE MAMMAL CONSERVATION.	13 000.		0		
		COPENHAGEN, DENMARK	MARINE MAMAL CONSERVATION.	11,527.		0		
		NATRORI KENYA	AVALATION FUEL FOR KENYAN GOVERNMENT PLANES USED IN ANTI-POACHING	70,000.		0.		
			COSTS FOR MARINE MAMMAL SCIENTISTS TO ATTEND MEETINGS HELD IN SLOVANIA DURING	8,500,		.0		
		1 .	CHRISTINE STEVENS AWARD	8 000.		.0	τ.	
		CANADA	CHRISTINE STEVENS AWARD	8,000.		0		
<ol> <li>Enter total number of the IRS, or for which</li> </ol>	f recipient organizatic the grantee or couns	ons listed above that are sel has provided a sectio	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-e	xempt by		
3 Enter total number of	Enter total number of other organizations or entities	or entities					Sched	Schedule F (Form 990) 2013

SEE PART V FOR COLUMN (D) DESCRIPTIONS

332072 10-03-13

Page 3	<ul> <li>(h) Method of valuation (book, FMV, appraisal, other)</li> </ul>					Schedule F (Form 990) 2013
IV, line 16.	(g) Description of non-cash assistance					Schedu
<u>13-5655952</u> s" on Form 990, Part	(f) Amount of non-cash assistance					
F (Form 990) 2013 ANIMAL WELFARE INSTITUTE Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
J丁氏 tes. Complete if t	(d) Amount of cash grant					
E INSTITI	d. (c) Number of recipients					
<u>ANIMAL WELFARE INSTITUTE</u> nce to Individuals Outside the United States. ⁽	ditional space is neede (b) Region					
Schedule F (Form 990) 2013 AD Part III Grants and Other Assistance	Part III can be duplicated if additional space is needed.       (a) Type of grant or assistance     (b) Region					

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# Schedule F (Form 990) 2013 ANIMAL WELFARE INSTITUTE Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X 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)	Yes	X No

Schedule F (Form 990) 2013

Provide the information required by Part, the 2 (monthing of funds): Part 1, the 3 (accounting in the control of the count of the intervences person of Part 1, the 1 (accounting in the count of the co	Chedule F (Form 990) 2013 ANIMAL WELFARE INSTITUTE	13-5655952	Page 5
ivestments vs. sepandhures per region); Part II, ine 1 (accounting method); Part II (accounting); and Part II, column (c) [estimated rumber of recipients), as applicable. Also complete this part to provide any additional information. ART II, COLUMN (D): EGION: NAIROBI, KENYA D) PURPOSE OF GRANT: AVAIATION FUEL FOR KENYAN GOVERNMENT PLANES USED N ANTI-POACHING EPFORTS. EGION: SANTIEGO, CHILE D) PURPOSE OF GRANT: COSTS FOR MARINE MAMMAL SCIENTISTS TO ATTEND EETINGS HELD IN SLOVANIA DURING 2014.			
(estimated rumber of receivents), as applicable. Also complete this part to provide any additional information. ART II, COLUMN (D): EGION: NAIROBI, KENYA D) PURPOSE OF GRANT: AVAIATION FUEL FOR KENYAN GOVERNMENT PLANES USED N ANTI-POACHING EFFORTS. EGION: SANTIEGO, CHILE D) PURPOSE OF GRANT: COSTS FOR MARINE MAMMAL SCIENTISTS TO ATTEND EETINGS HELD IN SLOVANIA DURING 2014. EETINGS HELD IN SLOVANIA DURING 2014.	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (a	ccounting method; amounts of	
ART II, CQLUMEN (D): EGION: NAIROBI, KENYA D) PURPOSE OF GRANT: AVAIATION FUEL FOR KENYAN GOVERNMENT PLANES USED NN ANTI-POACHING EFFORTS. EGION: SANTIEGO, CHILE D) FURPOSE OF GRANT: COSTS FOR MARINE MAMMAL SCIENTISTS TO ATTEND EETINGS HELD IN SLOVANIA DURING 2014.			;)
EGION: NAIROBI, KENYA D) PURPOSE OF GRANT: AVAIATION FUEL FOR KENYAN GOVERNMENT PLANES USED N ANTI-POACHING EFFORTS. EGION: SANTIEGO, CHILE D) PURPOSE OF GRANT: COSTS FOR MARINE MAMMAL SCIENTISTS TO ATTEND EETINGS HELD IN SLOVANIA DURING 2014. EETINGS HELD IN SLOVANIA DURING 2014.	(estimated number of recipients), as applicable. Also complete this part to provide any additiona	l information.	
EGION: NAIROBI, KENYA D) PURPOSE OF GRANT: AVAIATION FUEL FOR KENYAN GOVERNMENT PLANES USED N ANTI-POACHING EFFORTS. EGION: SANTIEGO, CHILE D) PURPOSE OF GRANT: COSTS FOR MARINE MAMMAL SCIENTISTS TO ATTEND EETINGS HELD IN SLOVANIA DURING 2014. EETINGS HELD IN SLOVANIA DURING 2014.			
D) PURPOSE OF GRANT: AVAIATION FUEL FOR KENYAN GOVERNMENT PLANES USED N ANTI-POACHING EFFORTS.  EGION: SANTIEGO, CHILE D) PURPOSE OF GRANT: COSTS FOR MARINE MAMMAL SCIENTISTS TO ATTEND EETINGS HELD IN SLOVANIA DURING 2014.	ART II, COLOMIN (D):		
N ANTI-POACHING EFFORTS.  EGION: SANTIEGO, CHILE D) PURPOSE OF GRANT: COSTS FOR MARINE MAMMAL SCIENTISTS TO ATTEND EETINGS HELD IN SLOVANIA DURING 2014.	EGION: NAIROBI, KENYA		
EGION: SANTIEGO, CHILE D) PURPOSE OF GRANT: COSTS FOR MARINE MAMMAL SCIENTISTS TO ATTEND EETINGS HELD IN SLOVANIA DURING 2014.	D) PURPOSE OF GRANT: AVAIATION FUEL FOR KENYAN GOVERN	MENT PLANES USEI	)
EGION: SANTIEGO, CHILE D) PURPOSE OF GRANT: COSTS FOR MARINE MAMMAL SCIENTISTS TO ATTEND EETINGS HELD IN SLOVANIA DURING 2014.	N ANTT-POACHING EFFORTS.		
D) PURPOSE OF GRANT: COSTS FOR MARINE MAMMAL SCIENTISTS TO ATTEND EETINGS HELD IN SLOVANIA DURING 2014.			
D) PURPOSE OF GRANT: COSTS FOR MARINE MAMMAL SCIENTISTS TO ATTEND EETINGS HELD IN SLOVANIA DURING 2014.			
EETINGS HELD IN SLOVANIA DURING 2014.	REGION: SANTIEGO, CHILE		
	(D) PURPOSE OF GRANT: COSTS FOR MARINE MAMMAL SCIENTIS	TS TO ATTEND	
	TEETINGS HELD IN SLOVANIA DURING 2014.		
		The second se	
332075 10-03-13 Schedule F (Form 990)	332075 10-03-13	Schedule F (For	m 990) 2

SCHEDULE I (Form 990)	O O O Comp	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22	ler Assistand Id Individuals n answered "Yes"	ce to Organ s in the Uni to Form 990, Par	izations, ted States t IV, line 21 or 22.		2013 2013 Open to Public	
Department of the Treasury Internal Revenue Service	Informati	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990	Attach to Form 990. (Form 990) and its instru	n 990. instructions is al	t www.irs.gov/form9	90.		
Name of the organization ANIMAL WELFARE	ELFARE INS	INSTITUTE					Employer identification number $13-5655952$	152
Part I General Information on Grants and Assistance	s and Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	Is to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit)	/ for the grants or ass	sistance, and the selec	tion X Yes	No
criteri	ssistance?	toring the use of grant	funds in the United	l States.				
2 Describe in Part IV the organization is proceeded in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Part II Creates and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	to Governments and	d Organizations in the	e United States. Co	omplete if the orgs	inization answered ")	/es" to Form 990, Part	IV, line 21, for any	
٦	in \$5.000. Part II can	be duplicated if addition	ional space is need	ed.				
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
							RESEARCHING & PROVIDING	ING
MONITOR CONSORTIUM							ENVIRONMENTAL & ANIMAL	٩L
			8 000	0	1		WELFARE NEWS.	
WASHINGTON DC 20036	OCTOBOT-7C						2012 CHRISTINE STEVENS	SN
7 VARIOUS ORGANIZATIONS							AWARDS.	00
C/O 900 PENNSYLVANIA AVE S.E				¢			ZULZ CHKISTINE SIEVE	2
WASHINGTON, DC 20003	APPLIED FOR		38,260,	0			CUNANA	
IONS								
C/O 900 PENNSYLVANIA AVE S.E WASHINGTON DC 20003	APPLIED FOR		90,648.	0			GOOD HUSBANDRY GRANTS	2
ES SURVIV							INTERNATIONAL WILDLIFE	12 L
2100 L STREET NW WASHINGTON, DC 20037	52-2133713		10,000.	.0			TRADE.	
							55	
<ol> <li>Enter total number of section 501(c)(3) and government organizations listed</li> </ol>	<ol> <li>and government or</li> </ol>	rganizations listed in th	in the line 1 table					
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line	1 table					Schedule I (Form 990) (2013)	(2013)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990	ice, see the Instruct	tions for Form 990.						

332101 10-29-13

ANTINAL WRITER	TNCTTTT	[7			13-5655952 Page 2
	ited States. Com	plete if the organiza	tion answered "Yes"	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	<i>ی</i>	6 C	0		
ANIMAL WELFARE APPROVED GOOD HUSBANDRY GRANT	5		c		2
CHRISTINE STEVENS AWARD		2,000	5		
ICELANDIC WHALING		1,583.			
NAVAJO HORSE AWARENESS WORK		550.	0		
Part IV Supplemental Information. Provide the information required in	quired in Part I, lin	e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	ditional information.	
PART I, LINE 2:		l			
EXPLANATION: AWI GRANTS ARE AWARDED	BASED	ON PROPOSALS.	AFTER	AWARD,	
GRANTEES ARE EXPECTED TO PROVIDE A	AWI WITH	A DESCRIPTION	ION OF THE	PROJECT	
OUTCOME AND AIE MAY CHOOSE TO FEATURE	TURE RESULTS	1	OF WORK UNDERTAKEN	EN IN ITS AWI	
QUARTERLY NEWSLETTER. AWI MONITORS	S OVERSEAS	S GRANTEES	BY REQUIRING	ING REPORTS	
EITHER AT THE COMPLETION OF A SPEC	SPECIFIC PRO	PROJECT FOR W	FOR WHICH THE G	GRANT AID WAS	
PROVIDED OR, IN THE CASE OF ONGOING	NG GRANTS	, PROGRESS	REPORTS ON	N A QUARTERLY	
OR OTHER REGULAR BASIS. SUCH REPORTS	ARE	STORED ELEC	ELECTRONICALLY	BY AWI.	

332102 10-29-13

Schedule I (Form 990) (2013)

SCHEDULE	M
(Form 990)	

### **Noncash Contributions**

OMB No. 1545-0047 3 •

Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number 13-5655952

l

## ANIMAL WELFARE INSTITUTE Types of Property

Parl	t I Types of Property							
L		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi			
1	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
	Books and publications		-					
5	Clothing and household goods	X		1,271.	RING SOLD ON	I EB	AY	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X		57,165.	VAR DONATIO	NS W	IRE	D
10	Securities - Closely held stock							94
11	Securities · Partnership, LLC, or							
	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures			2				
14	Qualified conservation contribution - Other						_	
15	Real estate - Residential							
16	Real estate · Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
23 24	Archeological artifacts							
25	Other ► ( )							
26	Other ( )							
20	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organ	nization duri	no the tax year for	contributions				
20	for which the organization completed Form 8							
	for which the organization completed , and a	200, 1 4.1 1	,				Yes	No
30a	During the year, did the organization receive	by contribu	tion any property r	eported in Part I. lines 1 - 28	, that it must hold for			
004	at least three years from the date of the initia							
	the entire holding period?					30a		Х
h	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	e policy that	reauires the revie	w of any non-standard contr	ibutions?	31		Х
	Does the organization hire or use third partie							
020	contributions?					32a		X
٢	o If "Yes," describe in Part II.							
33	If the organization did not report an amount	in column (c	) for a type of prop	perty for which column (a) is	checked,			
00	describe in Part II.		2 · · · · · 212 - · · 121 - ·	-				
LH/		e the Instr	uctions for Form	990.	Schedule M	(Form	990)	(2013)

#### Schedule M (Form 990) (2013) ANIMAL WELFARE INSTITUTE

. . . .

13-5655952 Page 2

Part II	<b>Supplemental Information.</b> 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.
	this part for any additional information.
-	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Department of the Treasury	cific questions on information.	OMB No. 1545-0047 <b>2013</b> Open to Public Inspection
Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instruction Name of the organization ANIMAL WELFARE INSTITUTE	Emplo	yer identification number - 5655952
FORM 990, PART VI, SECTION B, LINE 11:		
EXPLANATION: GOVERNING BODY IS NOT PROVIDED RET	URN. OFFICER	SIGNING THE
RETURN AND EXECUTIVE DIRECTOR REVIEWS FOR COMPL		
FORM 990, PART VI, SECTION B, LINE 12C:		
EXPLANATION: ORGANIZATION ANNUALLY REVIEWS & MO	NITORS CONFLIC	T OF INTEREST
POLICY TO ENSURE COMPLIANCE.		
FORM 990, PART VI, SECTION B, LINE 15:		
EXPLANATION: THE PRESIDENT'S ANNUAL SALARY IS R	EVIEWED AND AP	PROVED BY THE
BOARD OF DIRECTORS.		
FORM 990, PART VI, LINE 17, LIST OF STATES RECE	IVING COPY OF	FORM 990:
CA, DC, MN, NJ, NY, PA, CT, MI, NC, VA, WV, WI, MD		
FORM 990, PART VI, SECTION C, LINE 18:		
EXPLANATION: PROVIDES COPIES UPON REQUEST.	<u> </u>	
FORM 990, PART VI, SECTION C, LINE 19:		
EXPLANATION: PROVIDES COPIES UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CIVIL SETTLEMENT:		
PROGRAM SERVICE EXPENSES		3,000,000
MANAGEMENT AND GENERAL EXPENSES	<u>.                                    </u>	0
FUNDRAISING EXPENSES		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. ³³²²¹¹ ⁰⁹⁻⁰⁴⁻¹³

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Employer identification number 13-5655952
ANIMAL WELFARE INSTITUTE	
TOTAL EXPENSES	3,000,000.
RENTAL COMMISSION:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,305.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,305.
PUBLIC RELATIONS:	,
PROGRAM SERVICE EXPENSES	12,379.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,379.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,015,684.
FORM 990, PART XII, LINE 2C	
EXPLANATION: THE ORGANIZATION HAS NOT CHANGED ITS OVER	SIGHT PROCESS OR
SELECTION PROCESS DURING THE TAX YEAR.	

Description         Tage Acquired and accumulation         Method (accumulation betweention)         Less (accumulation betweention)         Resistion (accumulation betweention)         Description (accumulation)           a suttative association         a suttative (accumulation)         a sutative (accumulation)         a sutative (accum		FORM 990 PAGE 10				F		066									
Intersection         03/30/03         .000         Mark 6         628,067.         03.15,905.         0.         135,905.         0.         135,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         0.         125,905.         125,905.         126,917.         125,905.         0.         126,917.         0.         126,917.         0.         126,917.         0.         126,917.         0.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917.         126,917. <th 1<="" th=""><th>L</th><th></th><th></th><th>Method</th><th>Life</th><th>No</th><th>Unadjusted Cost Or Basis</th><th></th><th>Section 179 Expense</th><th>Reduction In Basis</th><th></th><th>Beginning Accumulated Depreciation</th><th>Current Sec 179 Expense</th><th>Current Year Deduction</th><th>Ending Accumulated Depreciation</th><th></th></th>	<th>L</th> <th></th> <th></th> <th>Method</th> <th>Life</th> <th>No</th> <th>Unadjusted Cost Or Basis</th> <th></th> <th>Section 179 Expense</th> <th>Reduction In Basis</th> <th></th> <th>Beginning Accumulated Depreciation</th> <th>Current Sec 179 Expense</th> <th>Current Year Deduction</th> <th>Ending Accumulated Depreciation</th> <th></th>	L			Method	Life	No	Unadjusted Cost Or Basis		Section 179 Expense	Reduction In Basis		Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
TNG & BULLDING       0.7/0/02       .000       Rule       5.28, 667.       6.29, 667.       135, 905.       00       13         ATG & BULLDING       00/10/08       .000       Nth 6       3, 164, 923.       2.015.       0       22         ATG & BULLDING       00/10/08       .000       Nth 6       1, 630.       .000       Nth 6       0.1, 0/09       20       0       2         ATG & BULLDING       00/10/08       .000       Nth 6       1, 6, 530.       2.04, 182.       0       0       2         ATG & BULLDING       10/11/10       .000       Nth 6       1, 470.       2.046.       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		BUILUSS															
THE & BULLING       00/10/08       .000       Hris       J.64,923       2.164,923       224,162       0       2         WERRENS       09/10/08       0.00       Hris       J.64,933       2,066       0       0       2       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td< td=""><td>~</td><td>BUILDING &amp; BUILDING TMPROVEMENTS</td><td>03/30/03</td><td></td><td>000.</td><td>9 TXH</td><td>628,067.</td><td></td><td></td><td></td><td>628,067.</td><td>135,905.</td><td></td><td>.0</td><td>135,905.</td><td></td></td<>	~	BUILDING & BUILDING TMPROVEMENTS	03/30/03		000.	9 TXH	628,067.				628,067.	135,905.		.0	135,905.		
THE & BUILDING THE & BUILDING VERMENS VERMENS VERMENS VERMENS VERMENS VERMENS ID/11/10 .000 HM16 10/11/10 .000 HM16 10/11/10 .000 HM16 10/11/10 .000 HM16 1,470. 224. 0 224. 0 224. 0 224. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 223. 0 0 223. 0 0 223. 0 0 223. 0 0 223. 0 0 223. 0 0 223. 0 0 223. 0 0 223. 0 0 223. 0 0 223. 0 0 223. 0 0 223. 0 0 223. 0 0 223. 0 0 0 223. 0 0 0 223. 0 0 0 223. 0 0 0 223. 0 0 0 223. 0 0 0 0 0 0 0 0 0 0 0 0 0		BUILDING & BUILDING	08/30/08		.000	16	3,164,923.				3	224,182.		.0	224,182.		
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It Mars 10 TOTAL       3,813,990.       362,377.       0.         THGS       3,813,990.       362,377.       0.         IND TOTAL 990 PAGE 10       3,813,990.       362,377.       0.         IND TOTAL 990 PAGE 10       3,813,990.       362,377.       0.		HAFROVEMENTS BUILDING & BUILDING TVDDOVEMENTS	10/11/10		000.	HY16					4,470.	224.		• 0	224.		
00. 3, 813, 990. PAGE 10 3, 813, 990. 362, 377. 0.		* 990 PAGE 10 TOTAL					3,813,990.				3,813,990.	362,377.		0	362,377.		
		* GRAND TOTAL 990 PAGE 10					3 813 990.				3,813,990.	362,377.		0.	362,377.		
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2013 DEPRECIATION AND AMORTIZATION REPORT

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