990 Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2014 Open to Public Inspection

OMB No. 1545-0047

A	For t	he 2014 c	calendar year, or tax year beginning	, and ending	-	_	
В	Check if	applicable:	C Name of organization			D Employe	r identification number
	Address	change	SPCA INTE	RNATIONAL, INC.]	
$\overline{\Box}$	Name ch	hanne	Doing business as			87-0	773320
		•	Number and street (or P.O. box if mail is not deliver	red to street address)	Room/suite	E Telephon	
	Initial ret		P.O. BOX 8682 City or town, state or province, country, and ZIP or town.	foreign pootal code		888-	690-7722
	terminat						
	Amende	d return	NEW YORK	NY 10001		G Gross reco	eipts\$ 14,798,635
			F Name and address of principal officer:		H(a) Is this a gro	oup return for si	ubordinates? Yes X No
	Аррясан	ion pending	HOWARD SHOLZBERG -				
			242 WEST 30TH STREE		H(b) Are all sub		
			NEW YORK	NY 10001	If "No,	" attach a list.	(see instructions)
	Tax-exe	empt status:		(insert no.) 4947(a)(1) or 527	_		
J	Websit	e: • W	WW.SPCAI.ORG		H(c) Group exe		
10000000	000000000000	organization:	X Corporation Trust Association	Other L	Year of formation: 2	006	M State of legal domicile: DE
P	'art I	Su	ımmary				
	1	Briefly de	escribe the organization's mission or most	significant activities:			
. ø		ADVA	NCING THE SAFETY AND WEL	L-BEING OF ANIMALS			
ä							
Governance							
Š	2	Check thi	is box ▶ if the organization discontinu	ed its operations or disposed of more than	25% of its net as:	sets.	
⊗	3	Number o	of voting members of the governing body ((Part VI, line 1a)		3	3
es	4	Number o	of independent voting members of the gov	reming body (Part VI, line 1b)			3
Activities	5	Total nun	nber of individuals employed in calendar y	ear 2014 (Part V, line 2a)		5	9
Ę			mber of volunteers (estimate if necessary)			12	
٠				olumn (C), line 12			0
				990-T, line 34			0
	,				Prior Yea	ar	Current Year
æ	8	Contributi	tions and grants (Part VIII, line 1h)		12,89	7,347	12,798,635
Į.	9	Program	service revenue (Part VIII, line 2g)			•	. 0
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4	1, and 7d)			0
œ	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8d		40	0,000	2,000,000
			enue – add lines 8 through 11 (must equal		13,29	7,347	14,798,635
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)	17	7,551	223,409
	14	Benefits p	paid to or for members (Part IX, column (A	***************************************			. 0
c)			other compensation, employee benefits (F	* *************************************	43:	1,982	460,348
use			onal fundraising fees (Part IX, column (A), I	line 11e)			0
xbeuses	11		draising expenses (Part IX, column (D), lin				
ũ	1		penses (Part IX, column (A), lines 11a-11d	* *************************************	11,91	6,885	11,633,461
			enses. Add lines 13–17 (must equal Part I		12,52	6,418	12,317,218
	19		less expenses. Subtract line 18 from line			0,929	2,481,417
Net Assets or Fund Balances					Beginning of Cur		End of Year
sets	20	Total ass	ets (Part X, line 16)		27	7,034	644,660
t As	21	Total liabi	IIII - (Dest V. Use OC)		8,502	2,280	6,388,489
<u> </u>	22	Net asset	ts or fund balances. Subtract line 21 from I	line 20	-8,22	5,246	-5,743,829
P	art II	Sig	gnature Block				
U	nder pe	enalties of p	perjury, I declare that I have examined this return	rn, including accompanying schedules and stater	nents, and to the be	est of my kno	owledge and belief, it is
trı	ue, com	rect, and co	omplete. Declaration of preparer (other than offi	icer) is based on all information of which prepare	r has any knowledg	e.	
					•		
Sig	ın	Si	ignature of officer			Date	
He	re		HOWARD SHOLZBERG	TREAS	SURER		
		Ty	ype or print name and title	- CONTAIN			
		Print/Type	e preparer's name	Preparer's signature	Date	Check	if PTIN
Paid	d	EDMOND	P. BRADY CPA		09/09	/15 self-emp	ployed P00100199
Pre	parer	Firm's nar	. MOESTEDATET DD2	DY & COMPANY, LLC	<u> </u>	irm's EIN ▶	22-2833962
Use	Only			PARKWAY, SUITE 270			
		Firm's add	T TTTT3TGGMG37 37T		D	hone ло.	973-535-2880
Vlav	the IF	•	s this return with the preparer shown abov		1.		Yes No

Form 990 (2014) SPCA INTERNATIONAL, INC. 87-07/3320	Page A
Part III Statement of Program Service Accomplishments	X
Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1 Briefly describe the organization's mission: ADVANCING THE SAFETY AND WELL-BEING OF ANIMALS	

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
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?	Yes X No
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
the total expenses, and revenue, if any, for each program service reported.	,
4a (Code:)(Expenses \$ 1,832,718 including grants of \$) (Revenue \$ EDUCATION PROGRAMS: THE SPCAI'S EDUCATION OUTREACH REACHES HUN THOUSANDS OF PET PARENTS AND ANIMAL ACTIVISTS EVERY YEAR. BOTH THROUGH OTHER MEDIA RESOURCES, THE SPCAI SERVES AS AN INFORMAT REFERRAL RESOURCE FOR ANIMAL LOVERS THROUGHOUT THE WORLD. SKIL RESEARCH QUESTIONS, FIND ANSWERS, OFFER ADVICE AND CONNECT THO	ONLINE AND ION AND LED STAFF SE REQUESTING
ASSISTANCE. EVERY YEAR, THE SPCAI PROVIDES SUPPORT AND HELP TO INDIVIDUALS IN NEED OF ANIMAL ASSISTANCE. THE SPCAI'S EDUCATIO REDUCE ANIMAL SUFFERING AND ABUSE BY RAISING AWARENESS AND FACACTION AMONG LIKE-?MINDED ADVOCATES.	NAL PROGRAMS
· · · · · · · · · · · · · · · · · · ·	
4b (Code:) (Expenses \$ 6,298,362 including grants of \$ 5,969,576) (Revenue \$	
GLOBAL ANIMAL VETERINARY ASSISTANCE: EACH YEAR, THE SPCAI DIS CRITICAL VETERINARY MEDICAL SUPPLIES TO ANIMAL SHELTERS THROUG	
WORLD. AS A RESULT, ORGANIZATIONS IN DEVELOPING COUNTRIES HAVE	
TREAT MORE SICK AND INJURED	
ANIMALS. THESE DONATIONS, ALONG WITH FINANCIAL GRANTS, HAVE AL	LOWED
ORGANIZATIONS TO PROVIDE SUCCESSFUL SPAY AND NEUTER EVENTS THR	
YEAR. THROUGH THIS PROGRAM, THE SPCAI HAS DISTRIBUTED MILLIONS IN VETERINARY MEDICAL SUPPLIES TO SHELTERS ON ALMOST EVERY CON	
TA VIIIIMI IIID IOIII DOLLULUD IO DIIIIII ON IIIIIO ON IIIII	
4- (Oddy)) /France C 161 974 including greats of C	
4c (Code:) (Expenses \$ 161,974 including grants of \$) (Revenue \$ OPERATION BAGHDAD PUPS: U.S. TROOPS DEPLOYED AROUND THE WORLD	BEFRIEND
LOCAL ANIMALS AS A WAY TO COPE WITH THE EMOTIONAL HARDSHIPS TH	,
EVERY DAY FAR FROM HOME AND LOVED ONES. THESE ANIMALS, OFTEN C	
MILITARY MASCOTS OR PATRIOT PETS, NOT ONLY HELP OUR HEROES WHI	
OVERSEAS, BUT ALSO HELP THEM READJUST TO LIFE WHEN THEY RETURN HIGHLY SUCCESSFUL AND CELEBRATED PROGRAM HAS BEEN REUNITING U.	
MEMBERS WITH THEIR COMPANIONS SINCE 2008. OPERATION BAGHDAD PU	
VETERINARY CARE AND COORDINATES COMPLICATED LOGISTICS AND TRAN	
REQUIREMENTS IN ORDER TO REUNITE THESE BELOVED PETS WITH THEIR	SERVICE MEN
AND WOMEN BACK IN THE U.S.	
•	·····
4d Other program services (Describe in Schedule O.)	
(Expenses \$ 463,455 including grants of \$ 223,409) (Revenue \$)

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C. 5 X 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 X "Yes," complete Schedule D, Part I 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 X 11c 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 X 11d Х 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 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 X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) SPCA INTERNATIONAL, INC. Part IV Checklist of Required Schedules (continue) Checklist of Required Schedules (continued)

0.103	int IV Checklist of Required Schedules (continued)			N
14	Did the experiencian conert more than \$5,000 of grants or other acciptance to any demostic organization or		Yes	No
!1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		21
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
3 ·	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			۳,
	employees? If "Yes," complete Schedule J	23		X
4a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ia				
-		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
,		1.		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256	<u> </u>	х
	If "Yes," complete Schedule L, Part I	25b	<u> </u>	
•	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			-
	current or former officers, directors, trustees, key employees, highest compensated employees, or			~-
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
•	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
•	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	:	X
		29	X	22
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
Ļ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		х
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
,		220		
,	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
•	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> X</u>
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014) SPCA INTERNATIONAL, INC. 87Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part	/	•			
	Silver in College Coll				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		X
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	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fil					
	account)?	*		4a		X
b						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	ts			
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	•		. 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b		ons or				
-	gifts were not tay 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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				
-	required to file Form 8282?			7c		
d	1000 000 000 000 000 000 000 000 000 00	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	- •	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain					
-	the state of the s	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the appropriate annual afficient and a supplied to the state of th			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter.					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
i1 .	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 10411	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
~	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	لتنا		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O				

Form 990 (2014) SPCA INTERNATIONAL, INC. Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 3 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? X 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ALL 50 STATES 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: > EXECUTIVE DIRECTOR 242 W 30TH STREET

NEW YORK

NY 10001

888-690-7722

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(1) PIERRE BARNOTI PRESIDENT (2) HOWARD SHOLZBERG TREASURER (3) MICHEL POULOS SECRETARY (4) JD WINSTON FORMER EXEC DIRECTOR (5) MEREDITH AYAN	hours for related organizations below dotted line) 3.00 0.00	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
PRESIDENT (2) HOWARD SHOLZBERG TREASURER (3) MICHEL POULOS SECRETARY (4) JD WINSTON FORMER EXEC DIRECTOR (5) MEREDITH AYAN		ä	stee		ob	ompen	ĭ ·			organization and related organizations
PRESIDENT (2) HOWARD SHOLZBERG TREASURER (3) MICHEL POULOS SECRETARY (4) JD WINSTON FORMER EXEC DIRECTOR (5) MEREDITH AYAN						sated			-	·
(2) HOWARD SHOLZBERG TREASURER (3) MICHEL POULOS SECRETARY (4) JD WINSTON FORMER EXEC DIRECTOR (5) MEREDITH AYAN										
TREASURER (3) MICHEL POULOS SECRETARY (4) JD WINSTON FORMER EXEC DIRECTOR (5) MEREDITH AYAN		х		x				0	0	
(3) MICHEL POULOS SECRETARY (4) JD WINSTON FORMER EXEC DIRECTOR (5) MEREDITH AYAN	2 00								·	
(3) MICHEL POULOS SECRETARY (4) JD WINSTON FORMER EXEC DIRECTOR (5) MEREDITH AYAN	3.00 0.00	x		х				0	0	
SECRETARY (4) JD WINSTON FORMER EXEC DIRECTOR (5) MEREDITH AYAN	0.00	 ^	 		<u> </u>			V	<u> </u>	
FORMER EXEC DIRECTOR (5) MEREDITH AYAN	1.00	X		х				0	0	
FORMER EXEC DIRECTOR (5) MEREDITH AYAN										
	40.00		,	х				87,744	0	9,28
									•	
EXECUTIVE DIRECTOR	40.00			х				60,812	0	6,09
(6)								-		
(7)										
	T	-								100
(8)										
								·		
(9)										
10)					·					
11)										
		1							l	

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	ınd Highest Compensated	Employees (continued)	
(A) Name and title	(B) (C) Average Position hours per (do not check more than on box, unless person is both a officer and a director/truster						an	(D) Reportable compensation from the compension of the compensation of the compensati	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-271099-MIGC)	organization and related organizations
		, w	štee			sated				
(12)										
(13)		 								
								. `		-
(14)			\vdash	<u> </u>		<u> </u>				Jamus .
								-		
(15)			\vdash					<u> </u>		
(10)										
		<u> </u>	 						±-1/45/1	
(16)										
			<u> </u>			ļ				· ·
(17)										
		1								
(18)	<u> </u>									
. ,										
(19)		<u> </u>								
1b Sub-total		<u></u>	<u> </u>				▶	148,556	A STATE OF THE STA	15,374
c Total from continuation she							•			
d Total (add lines 1b and 1c) 2 Total number of individuals (ir reportable compensation from	cluding but not l	imite	ed to		e lis	ted a	abov	re) who received more than	\$100,000 of	15,374
3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir " complete Sche	ecto dule	r, or J foi	trust	ee, l h ind	key e Iividu	emple ual	loyee, or highest compensa	ited	Yes No
For any individual listed on lin organization and related organ individual	nizations greater	thar	1 \$15	50,00)0? I	f "Ye	s," c	complete Schedule J for su	ch	4 X
5 Did any person listed on line for services rendered to the or Section B. Independent Contractor	la receive or acc rganization? If "\	rue	com	pens	ation	n fror	n an	ny unrelated organization of	' individual	5 X
1 -Complete this table for your fire	ve highest comp	ensa	ated	inde	enc	lent	contr	ractors that received more-	than \$100,000 of	
compensation from the organ		omp	ensa	tion	for t	he ca	alend			ear. (C) Compensation
QUADRIGA ART	(A) I business address				30	F.A.	QTP	33RD ST,	(B) tion of services	Compensation
NEW YORK	NY	. 1	.00					MARKETING		4,694,35
BRICKMILL MARKETING					30	EA		33RD ST, SUITE	#10	
NEW YORK CHARITY SERVICES IN		. 1 .L	.00		948	A '	+	MARKETING RBOROUGH RD.,	- MANAGE - 1	881,009
FORT MILL		: 2	97					MARKETING	- LANAMATAN	310,740
								11 2000	· · · · · · · · · · · · · · · · · · ·	
2 Total number of independent received more than \$100,000								se listed above) who	3	
. 55554 more dian \$ 150,000				9			-			000

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (A) Unrelated Total revenue exempt function business excluded from tax under sections 512-514 revenue Grants 1a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 12,798,635 \$ 5,969,546 g Noncash contributions included in lines 1a-1f: 12,798,635 h Total. Add lines 1a-1f. Revenue Busn, Code Program Service f All other program service revenue g Total. Add lines 2a-2f..... 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Rovalties (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) Net rental income or (loss) . Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b_ Less: direct expenses ___b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 2,000,000 2,000,000 LOAN FORGIVENESS - QUADRIGA 11a All other revenue 2,000,000 e Total. Add lines 11a-11d 14,798,635 0 2,000,000 Total revenue. See instructions.

Form 990 (2014)

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must c		r organizations must com	plete column (A).	· · · · · · · · · · · · · · · · · · ·
200	Check if Schedule O contains a resp			pioto ocianin (r t):	
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	74,493	74,493		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	111,916	111,916		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	37,000	37,000		·····
4	Benefits paid to or for members		SSS		
5	Compensation of current officers, directors,				
	trustees, and key employees	148,556	75,764	34,168	38,624
6	Compensation not included above, to disqualified		,		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	220 274	101 150	E4 07E	60 147
7	Other salaries and wages	238,274	121,152	54,975	62,147
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	42,240	21,573	9,700	10,967
. 9	Other employee benefits Payroll taxes	31,278	15,917	7,216	8,145
10 11	Fees for services (non-employees):	31,210	13,311	7,210	0,145
ıı a					
b	Management Legal	59,231		59,231	
C	Legal	27,500		27,500	
	Lobbying	21,7555		27,300	
e	Professional fundraising services. See Part IV, line 17				4.8V-1. 4.4L.0.3V-190404-1-144-1-144-1-144-1-144-1-144-1-144-1-144-1-144-1-144-1-144-1-144-1-144-1-144-1-144-1
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				-
13	Office expenses	75,694		75,694	
14	Information technology				
15	Royalties				
16	Occupancy	28,683	11,473	17,210	
17	Travel	96,334	65,923	30,411	
18					
	for any federal, state, or local public officials		•		
19	Conferences, conventions, and meetings				· · · · · · · · · · · · · · · · · · ·
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	16,239	12,179	2,436	1,624
23		2,499	12,119	2,499	1,024
	Insurance _Other expenses. Itemize expenses not covered _	4,100		4,100	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	ANIMAL MEDICAL SUPPLIES	5,969,546	5,969,546		
b	MARKETING & MEDIA	2,942,511			2,942,511
С	EDUCATION PROGRAM EXPENSE	1,786,523	1,786,523		······································
d	SHIPPING & PROCESSING	341,390	341,390		
e	All other expenses	287,311	111,660	155,651	20,000
25	Total functional expenses. Add lines 1 through 24e	12,317,218	8,756,509	476,691	3,084,018
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ 🗓 if				
<u> </u>	following SOP 98-2 (ASC 958-720)	4,665,910	1,723,399		2,942,511
DAA					Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. (B) (A) Beginning of year End of year 211,460 587,960 Cash—non-interest bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8 10,375 17,734 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 189,008 b Less: accumulated depreciation 10b 47,949 31,716 157,292 10c Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 7,250 7,250 Other assets. See Part IV, line 11 15 15 277,034 644,660 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 5,502,280 5,388,489 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 3,000,000 1,000,000 of Schedule D 8,502,280 6,388,489 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. -8,225,246 -5,743,829 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 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 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds -8,225,246 -5,743,829 Total net assets or fund balances 33 277,034 644,660 Total liabilities and net assets/fund balances

Form 990 (2014)

orn	m 990 (2014) SPCA INTERNATIONAL, INC. 87-0773320			Pa	ge 12
Pε	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,7	98,	635
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,3		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,4	81,	417
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-8,2	25,	246
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	-5,7	43,	829
Ρa	art XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	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 the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		-		

Form **990** (2014)

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

D 4 4

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SPCA INTERNATIONAL, INC.

Employer identification number 87-0773320

0004440		(2500):								
	art I	******		Status (All organizations				ns.		
The	orga	nization is not	t a private foundation becaus	se it is; (For lines 1 through 11, o	check onl	y one box	.)			
1		A church, co	nvention of churches, or ass	ociation of churches described	in sectio	n 170(b)(1	i)(A)(i).	•		
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)	•		•			
3		A hospital or	a cooperative hospital servi	ce organization described in sec	ction 170	(b)(1)(A)(iii).			
4	П			d in conjunction with a hospital of				ospital's name.		
		city, and stat	· · · · · · · · · · · · · · · · · · ·					,		
5		•		of a college or university owned	or operat	ed by a d	overnmental unit described in			
•		-	•		or operat	eu by a g	overtimental distribusions			
_	\Box		(b)(1)(A)(iv). (Complete Part		4-					
6	37			overnmental unit described in s						
7	X									
			section 170(b)(1)(A)(vi). (C							
8		A community	y trust described in section 1	170(b)(1)(A)(vi). (Complete Part	: IL)			•		
9	Ш	An organizat	ion that normally receives: (1) more than 33 1/3% of its supp	oort from	contributi	ons, membership fees, and gr	oss		
		receipts from	activities related to its exen	npt functions—subject to certain	exceptio	ns, and (2	2) no more than 33 1/3% of its			
		support from	gross investment income ar	nd unrelated business taxable in	come (le	ss section	511 tax) from businesses			
		acquired by t	the organization after June 3	0, 1975. See section 509(a)(2).	. (Comple	te Part III	.)			
10		An organizat	ion organized and operated	exclusively to test for public safe	ety. See s	section 50	9(a)(4).			
11		An organizat	ion organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, or to carry out the purpo	ses of		
		one or more	publicly supported organizat	ions described in section 509(a	ı)(1) or se	ction 509	(a)(2). See section 509(a)(3)	. Check		
				cribes the type of supporting org						
а	\Box		=	ed, supervised, or controlled by	=		·			
u	LJ			o regularly appoint or elect a ma		-		a		
			You must complete Part I		ajority or i	ine directo	is or trustees of the supportin	9		
h		=	=		ith ito o	امماممممس	araanization(a) by baying			
b				vised or controlled in connection				•		
				organization vested in the same	e persons	that cont	roi or manage the supported			
		=	(s). You must complete Par							
С				orting organization operated in o			• •			
		its supported	l organization(s) (see instruc	tions). You must complete Pa r	t IV, Sec	tions A, [), and E.			
d		Type III non-	-functionally integrated. A	supporting organization operate	d in conn	ection wit	h its supported organization(s)	•		
		that is not fur	nctionally integrated. The org	ganization generally must satisfy	a distrib	ution requ	irement and an attentiveness			
		requirement	(see instructions). You must	t complete Part IV, Sections A	and D, a	ınd Part \	<i>1.</i>			
, е		Check this bo	ox if the organization receive	d a written determination from t	he IRS th	at it is a T	ype I, Type II, Type III			
		functionally in	ntegrated, or Type III non-fur	nctionally integrated supporting	organizat	ion.				
f	Ent	er the numbe	r of supported organizations			•				
g	Pro	vide the follow	wing information about the su	upported organization(s).						
(i) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of		
·		anization		(described on lines 1-9	listed in you	ur governing	support (see	other support (see		
				above or IRC section	docu	ment?	instructions)	instructions)		
				(see instructions))	Yes	No				
— A)					1					
~,				•						
D\		<u> </u>					·			
B)										
C)				24		·				
				· · · · · · · · · · · · · · · · · · ·			TT-NT-WOT - NAME			
D)										
E)										
					<u> </u>					
ota	1	,								

Page 2

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						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,127,058	15,048,560	14,290,116	12,897,347	12,798,635	69,161,716
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	14,127,058	15,048,560	14,290,116	12,897,347	12,798,635	69,161,716
6	Public support. Subtract line 5 from line 4.						69,161,716
	tion B. Total Support	- TOWN COLUMN TO THE COLUMN TO	·				*******
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	14,127,058	15,048,560	14,290,116	12,897,347	12,798,635	69,161,716
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				·		
9	Net income from unrelated business activities, whether or not the business is regularly carried on					1,999,000	1,999,000
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						71,160,716
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	ırth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her	е					.
Sec	tion C. Computation of Public S				J#W	· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2014 (line 6	6, column (f) divided	d by line 11, colum	n (f))			97.19%
15	Public support percentage from 2013 Sch						98.91%
16a	33 1/3% support test—2014. If the organ						⊾ स्कि
	box and stop here. The organization qual						► X
b	33 1/3% support test—2013. If the organ						. —
	check this box and stop here. The organi						🟲 🗀
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization mee						п
	Part VI how the organization meets the "fa						▶ □
L	organization 10%-facts-and-circumstances test—20	12 If the experient	on did not abook a	hov on line 12 16	a 16h or 17a an		········
b	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization may						*
							▶ □
18	supported organization Private foundation. If the organization di	d not check a boy o	on line 13 16a 16l	h 17a or 17b che	eck this box and se	e	
10	instructions						▶ □

p۵.	~	0	-2

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	quality arraor ti	no tosts listou	bolott, ploabo c	ompioto i ait i	1.)	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 20 10	(2) 2311	(0) 2012	(4) 2510	(6) 23	W. Court
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					,	APRIL OF THE
3	Gross receipts from activities that are not an unrelated trade or business under section 513		1				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			·	:		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support		1				· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		-				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						·
С	Add lines 10a and 10b						-
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	First five years. If the Form 990 is for the organization, check this box and stop her	_		•			
Sec	tion C. Computation of Public St				· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2014 (line 8			nn (fl)		15	%
16	Public support percentage from 2013 Sch	edule A. Part III. lir	ne 15	Ç.,,		16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2014 (I			3, column (f))		17	%
18	Investment income percentage from 2013		III 1: 47			40	%
19a	33 1/3% support tests—2014. If the orga						
	17 is not more than 33 1/3%, check this b						> 🗌
b	33 1/3% support tests—2013. If the orga	nization did not ch	eck a box on line	14 or line 19a, and	line 16 is more th	an 33 1/3%, and	_
	line 18 is not more than 33 1/3%, check the	is box and stop h	ere. The organiza	tion qualifies as a p	oublicly supported	organization	▶ 🔲
20	Private foundation. If the organization die	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	tions	▶ ┤

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	•00000000000000	***********
1	35/333500000	
i .	000000000000000000000000000000000000000	000000000000000
2		
3a		
3b		
3c		
4a	VANA (100000000	***************************************
		666666
4b	000000000000000000000000000000000000000	000000000000000000000000000000000000000
40	0.000.000	000000000000000000000000000000000000000
66666666666		000000000000000000000000000000000000000
4c		
46		
5a		
5b		
5c		•
6	rverstvetibbbbb	nounreitte (1664)
		50000000000000
7		
- 1		
8		
		10000000
*****		000000000000000000000000000000000000000
9a		
9a		
9b		
9b		
9b 9c		
9b 9c 10a		
9b 9c 10a		
9b 9c 10a		

Sche	dule A (Form 990 or 990-EZ) 2014 SPCA INTERNATIONAL, INC. 87-0773	320		Page :
Pa	rt IV Supporting Organizations (continued)		1	
		****	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	, ,,,,	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	<u> </u>		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			.,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1	800000000000000000000000000000000000000	
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	\$6000000000000000000000000000000000000	¢00000000000000
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
•	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions).		
		1		
2	Activities Test. Answer (a) and (b) below.	F	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b	0.0000000000000000000000000000000000000	
2	activities but for the organization's involvement.	_ <u>ZD</u>		
3 a	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? Provide details in Part VI.	3a		***************************************
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	*************	

Schedule A (Form 990 or 990-EZ) 2014 SPCA INTERNATIONAL, INC.	·	87-0773	320 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 20, 197	70. See instructions. All	
other Type III non-functionally integrated supporting organizations must complete	Sections A thro	ugh E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	•	
6 Portion of operating expenses paid or incurred for production or	1 1		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	. 7	***************************************	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		,
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			•
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	** ***********************************	
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	,		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	500		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integ	1 100000	pporting organization (se	
instructions).	, , , , , , , , , , , , , , , , , , ,	0 0	

Schedule A (Form 990 or 990-EZ) 2014

Par	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo-			
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			-
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
•	D, line 7: \$			
а	Applied to underdistributions of prior years			
,	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	N.		
5	Remaining underdistributions for years prior to 2014, if			asserta pullanti
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Distriction of the fi			
a_ b	-			
C C				
	Excess from 2013			
	Excess from 2014			
	EAGGGG HOTH ZUTT	B. Carrier and Co. Comput. Sci. Str. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	44-444-469333999999999999999999999999999	p aaraanaattaattaatta arteeen toi (56600000000000000000000000000000000000

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (F	orm 990 or 990-EZ) 20	14 SPCA IN	TERNATIONAL	, INC.	87-0773320 Page 8
Part VI	Supplemental In	nformation. Pro	vide the explanatio	ns required by F	Part II, line 10; Part II, line 17a or 17b; and n. (See instructions.)
			•		
		,	,		<u></u>
·				· · · · · · · · · · · · · · · · · · ·	

					•
• • • • • • • • • • • • • • • • • • • •					
				,	
•					
	.,				
Z	T/Y/Y/Y/				
	•				
			• • • • • • • • • • • • • • • • • • • •		······································
			,		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

ÓMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name	of the organ	ization		Employer identification number
SI	א ד ביס	NTERNATIONAL, INC.		87-0773320
Section 200	rtl	Organizations Maintaining Donor Advised Full Complete if the organization answered "Yes" to F	nds or Other Similar Funds or A orm 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total nu	mber at end of year		
2		te value of contributions to (during year)	·	
3		te value of grants from (during year)		
4		te value at end of year		
5	Did the o	organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	
		e the organization's property, subject to the organization's excl		Yes No
6		organization inform all grantees, donors, and donor advisors in		
		charitable purposes and not for the benefit of the donor or done		
		g impermissible private benefit?		Yes No
Pa	rt II	Conservation Easements.		
		Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7.	
1	Purpose	(s) of conservation easements held by the organization (check	all that apply).	
	Pres	ervation of land for public use (e.g., recreation or education)	Preservation of a historically imp	portant land area
	Prot	ection of natural habitat	Preservation of a certified histori	ic structure
	Pres	ervation of open space		
2		e lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a cons	ervation
	easeme	nt on the last day of the tax year.		Held at the End of the Tax Year
a	Total nui	mber of conservation easements		
b		reage restricted by conservation easements		
C	Number	of conservation easements on a certified historic structure inc	luded in (a)	2c
d	Number	of conservation easements included in (c) acquired after 8/17/	06, and not on a	
				2d
3	Number	of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ation during the
	tax year	*****************		•
4		of states where property subject to conservation easement is		
5		e organization have a written policy regarding the periodic mon		
		s, and enforcement of the conservation easements it holds?		
6	Staff and	d volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the	year
-		·······		
7	Amount	of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year	
	▶\$			
8	Does ea	ch conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(
	and sect	tion 170(h)(4)(B)(ii)?		Yes No
9		(III, describe how the organization reports conservation easem		
		sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that	describes the
500022000		ation's accounting for conservation easements.	111 / 1 7	O::l
Pa	irt III	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F	Form 990, Part IV, line 8.	Similar Assets.
1a		ganization elected, as permitted under SFAS 116 (ASC 958), r		
		fart, historical treasures, or other similar assets held for public		
	public se	ervice, provide, in Part XIII, the text of the footnote to its financ	ial statements that describes these items	S.
b		ganization elected, as permitted under SFAS 116 (ASC 958), t		
		fart, historical treasures, or other similar assets held for public		
		ervice, provide the following amounts relating to these items:		
	(i) Rev	enues included in Form 990, Part VIII, line 1		> \$
	(ii) Ass	ets included in Form 990, Part X		> \$
2	If the org	ganization received or held works of art, historical treasures, or	r other similar assets for financial gain, p	rovide the
		g amounts required to be reported under SFAS 116 (ASC 958)		
а		e included in Form 990, Part VIII, line 1		> \$
<u>b</u>		ncluded in Form 990, Part X		

Sche	edule D (Form 990) 2014 BPCA INI	EKNAL TONAL,	, T14(- •		0/-0	1133	4 U			Ρ:	age 🗸
Ρź	ert III Organizations Maintaini	ng Collections of	Art, H	istorical T	reasures,	or Othe	r Simi	lar As	sets	(contin	ued)	
3												
а	Public exhibition	d 🗌	Loan or	exchange pro	ograms							
b	Scholarly research			=								
	Preservation for future generations	С <u> </u>	01101			• • • • • • • • • • • • • • • • • • • •						
C								in Davi				
4	Provide a description of the organization's	collections and explair	now the	ey further the	organization	s exempt p	ourpose	in Pan	ι			
	XIII.	·			5							
5	During the year, did the organization solicit											1
1000000000	assets to be sold to raise funds rather than		art of th	e organizatio	n's collection	?	.	<u> </u>		Ye	\$	No
Pa	irt IV Escrow and Custodial A											
	Complete if the organization	on answered "Yes'	' to Fo	rm 990, Pa	ırt IV, line 9	, or repo	rted a	n amo	ount o	n Form		
	990, Part X, line 21.	t										
1a	Is the organization an agent, trustee, custo	dian or other intermed	iary for o	contributions	or other asse	ts not						_
	included on Form 990, Part X?									Ye	s	No
b	If "Yes," explain the arrangement in Part X											
-		-	_							Amoun	t	
C	Beginning balance				-			1c		*		
٩	Additions during the year							1d				
								1e				
	Distributions during the year							1f				
۱ -	Ending balance		04 f	· · · · · · · · · · · · · · · · · · ·			1					N.
	Did the organization include an amount on										_	No
	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	cplanatio	on has been p	provided in Pa	irt XIII						
	rt V Endowment Funds.		! 4 - -	000 D-	-4 D / 15 4	^						
	Complete if the organization				T	···		~~~~		1		
	•	(a) Current year	(b)	Prior year	(c) Two yea	ars back	(d) Thi	ree years	back	(e) Four	years t	ack
	Beginning of year balance											
b	Contributions											
	Net investment earnings, gains, and					ŀ						
	losses											
d	Grants or scholarships											
	Other expenditures for facilities and	·										
•	programs					.				ļ		
£	Administrative expenses											
						.			*****			
g	End of year balance		. // 4		\					!		
2	Provide the estimated percentage of the cu	•	e (ime iç	y, column (a)) neiū as:							
		%										
	Permanent endowment ▶ %								,			
C	Temporarily restricted endowment	%										
	The percentages in lines 2a, 2b, and 2c sh			-								
3a	Are there endowment funds not in the poss	ession of the organiza	ition that	are held and	f administered	d for the				Г	1	
	organization by:		A*								Yes	No
	(i) unrelated organizations						<i>.</i>			3a(i)		
	(ii) related organizations	·		,		,				3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	ns listed as required o	n Sched	lule R?						3b	[•
4	Describe in Part XIII the intended uses of t											
Pa	rt VI Land, Buildings, and Equ									•		
	Complete if the organization	n answered "Yes"	to For	m 990, Pa	rt IV, line 1	1a. See	Form 5	990, F	Part X	, line 10)	
	Description of property	(a) Cost or other b		(b) Cost or	- 1		cumulate			(d) Book		
		(investment)		(oth	ner)	dep	reciation					
1a	Land								8			
h.	Buildings								1			
	Leasehold improvements	.							+			
		i i							+			
	Equipment	i		-1	00 000		157	200	5	_	31,7	716
	Other Add lines 1a through 1e (Column (d) mus		V sale		.89,008		157	, 474	-		1 7	, <u>10</u>
				THE RESERVE TO A SECOND	1 F1 . 1					_		

Schedule D (F	om 990) 2014 SPCA INTERNATIONAL, I	NC.	87-0773320	Page 3
Part VII	Investments—Other Securities.		o = 000 D ()	6 E 40
	Complete if the organization answered "Yes" to		e 11b. See Form 990, Part 2	(, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valua	
	(including name of security)		Cost or end-of-year man	ket value
(1) Financial of		1		
	ld equity interests		<u> </u>	
(3) Other				·
(A)				
(B)	***************************************		<u> </u>	
(C)				
(E)				
(G)				
*********	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.	Form 000 Bort IV lin	a 11c See Form 990 Part	Cline 13
	Complete if the organization answered "Yes" to	(b) Book value	(c) Method of valua	officer
	(a) Description of investment	(b) book value	Cost or end-of-year mar	
(1)			· -	
(2)				<u> </u>
(3)				
(4)				
(5)				
(6)				
_(7)	the state of the s			
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	Cam 000 Bort IV lin	o 11d Soo Form 000 Part	Y line 15
	Complete if the organization answered "Yes" to	Form 990, Part IV, III	le Tru. See Form 990, Fart	(b) Book value
	. (a) Description	·		(0)
(1)				
(2)		· · · · · · · · · · · · · · · · · · ·		1. 30.4°° T
(3)				
(4)	A STATE OF THE STA			
(5)	The state of the s	1.000		A district
(6)	, and a sum of the sum		***	
(7)	A CONTRACT OF THE CONTRACT OF	//80		
(8)	· · · · · · · · · · · · · · · · · · ·	210 ·		
(9)	n (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilities.			
- July	Complete if the organization answered "Yes" to	Form 990, Part IV, lir	ne 11e or 11f. See Form 990), Part X,
	line 25.	•		
1.	(a) Description of liability	(b) Book value		
	income taxes			
	CURRENT	1,000,00	0	
(3)	· · · · · · · · · · · · · · · · · · ·			
(4).				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,000,00	0	_

Pa	Reconciliation of Revenue per Audited Financial Sta			ırn.	-
	Complete if the organization answered "Yes" to Form 99 Total revenue, gains, and other support per audited financial statements			1	15,415,961
	· · · · · · · · · · · · · · · · · · ·				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	617,326		
	Recoveries of prior year grants	1 - 1			
d	Other (Describe in Part XIII.)	2d			617 206
е	Add lines 2a through 2d			2e	617,326
3	Subtract line 2e from line 1			3	14,798,635
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		.,.,	5	14,798,635
diam'r.	December of Every part Audited Einspeigl S	tatamante With	Evnences ner Re	furn	

Reconciliation of Expenses per Audited Financial Statemer

	Complete if the organization answered "Yes" to Form 9	990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1	12,934,544
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	, ,		
а	Donated services and use of facilities	2a	617,326	
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			617,326
3	Subtract line 2e from line 1			12,317,218
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	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			10 015 010
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.) . <u> </u>	5	12,317,218

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE SPCAI HAS ADOPTED THE RECOGNITION AND DISCLOSURE PROVISIONS OF THE ACCOUNTING STANDARD RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. UNDER THE STANDARD, TAX POSITIONS ARE EVALUTAED FOR RECOGNITION USING A MORE-LIKELY-THAN NOT THRESHOLD, AND THOSE TAX POSITIONS REQUIRING RECOGNITION ARE MEASURED AT THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. SPACI HAS EVALUATED THE LIKEHOOD OF ITS TAX POSITIONS BEING CHALLENGED AS REMOTE AND, ACCORDINGLY HAS NOT INCLUDED ANY INCOME TAX PROVISIONS, INCLUDING INTEREST AND PENALTIES, IN THE FINANCIAL STATEMENTS RELATED TO UPON ADOPTION OF THIS ACCOUNTING PRONOUNCEMENT, THE POTENTIAL VIOLATIONS. ORGANIZATION HAD NO UNRECOGNIZED TAX BENEFITS.

Schedule D (Fo	orm 990) 2014	SPCA	INTERNATIONAL,	INC.	87-0773320 P	age 5
Part XIII	Supplemen	ntal Infor	mation (continued)			
			(301111,1201)			
			•			
				.,,		
		• • • • • • • • • • • • • • • • • • • •				
				. <i>.</i>		
·				<i>.</i>		
						,
						,
						_
					•	
·						
				•		
		. ,			· ·	
	,,,					
					·	
				·		
		• • • • • • • • • • • • • • • • • • • •				
				,		
•	- · · · · · · · · · · · · · · · · · ·					
			***		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
•						

SCHEDULE F (Form 990)

| •

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SPCA INTERNATIONAL, INC.

Employer identification number 87 - 0773320

	m 990, Part IV, line		to substantiate the amount of its gra	ante and other	
			s to substantiate the amount of its grance, and the selection criteria used		
grants or assis		_	ince, and the selection official used		Yes X No
	ters. Describe in Part vitside the United States		rocedures for monitoring the use of it	ts grants and other	
3 Activities per F	Region. (The following	Part I, line 3 table car	be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SPAIN					5 000
(1)	·		GRANT		5,000
PANAMA (2)			GRANTS		32,000
. _/					- · · · · · · · · · · · · · · · · · · ·
(3)			· · ·		
(4)	,				
(4)					
(5)					_ nea
(e)					
(6)			A-real horse		
(7)		·			<u></u>
(0)					
(8)					
(9)	,				
(10)	•				
(11)					
(12)					
(12)			- was	ADJIN C.	
(13)			-		
(14)			11 21 8 8001 14 11481	188 881 81 1136	
(17)					-
(15)			*		
(16)					
(10)					
(17)	•				25 000
3a Sub-total	A A A A A A A A A A A A A A A A A A A				37,000
b Total from continuation sheets to Part I					0
c Totals (add					
P 0 101)	1	İ		p.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	37 000

Part

Page 2

INC. SPCA INTERNATIONAL, Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, 87-0773320

(i) Method of valuation (book, FMV, appraisal, 5 돈 삵 **₽** EST. FV 2 EST FV EST. EST. EST EST. EST. EST. SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY SUPPLY V/MED SUPPLY (h) Description of non-cash assistance V/MED.V/MED. V/MED. V/MED. V/MED. V/MED. V/MED. 654,065 597,000 623,631 16,900 499,378 2,376,657 462,462 739,483 (g) Amount of Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed non-cash assistance (f) Manner of disbursement (e) Amount of cash grant SPLY VETERINARY MED. SPLY SPLY VETERINARY MED. VETERINARY MED. (d) Purpose of (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Ξ (16) (4) 9 (12)(13) (12) Ξ (2) ල (5)9 3 (8) (9) (4)

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 N

Enter total number of other organizations or entities



Schedule F (Form 990) 2014

2S320 09/09/2015 1:00 PM Pg 36

Part III

SPCA INTERNATIONAL, INC. Schedule F (Form 990) 2014

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

87-0773320

Page 3

Schedule F (Form 990) 2014 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant Part III can be duplicated if additional space is needed. (c) Number of recipients (b) Region (a) Type of grant or assistance ල 9 (9) 8 8 9 (11) (12) 133 (14) (15) (16) (17) (18) Ξ 2 6 4

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

for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2014

Schedule Fi	(Form	990)	2014
00/2000/00/00/00/00/00/00/00/00/00/00/00			

Supplemental Information

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

PART I, LINE 3 - ACTIVITIES PER REG	ION		
REGION	EXP	ENDITURES INVE	STMENTS
SPAIN	\$	5,000 \$	0
PANAMA			0
PART V - ADDITIONAL INFORMATION			
GRANTS ARE ONLY MADE TO NOT-FOR-PRO	FIT ORGANI	ZATIONS FOR USE	FOR PROGRAMS
ONLY GRANTEES MUST REPORT HOW GRANT	'S WILL BE	USED	
· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·			
,	, 		
		,	
-			
		-	
······································			

6
8
Pg
₹
8
_
10
23
60/
60
320
SS

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No. 1545-0047

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ► Attach to Form 990.

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

Name of the organization SPCA TNTFRNATIONAL .	HNC					87	-0773320
	Assistance						
es the c	he amount of the gr noe?	ants or assi	istance, the grantees'	eligibility for the grant	s or assistance, an	D.	oN Ses X
100	mestic Organi received more t	zations a	ind Domestic Go	vernments. Com duplicated if additi	iplete if the orga ional space is n	anization answe leeded.	red "Yes" to Form 990,
(a) Name and address of organization or government	(a)	(c) IRC. section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)		-				-	
(9)							
(1)			ŕ				
(8)							
(6)			·			-	
 2 Enter total number of section 501(c)(3) and government organizations listed 3 Enter total number of other organizations listed in the line 1 table 	organizations listed	in the line 1 table	1 table				A A

Schedule I (Form 990) (2014)

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

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.

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

SPCA INTERNATIONAL, INC

Employer identification number 87 - 0773320

		SKINAL	LUNALI, INC.		87-07733	<u>, 2. U</u>		<u> </u>
	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution are	-	•	
1	Art — Works of art	·						
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
6	goods Cars and other vehicles				L. Marie Control of the Control of t			
7	Boats and planes						***	
8	Intellectual property							
9	Securities — Publicly traded				· · · · · · · · · · · · · · · · · · ·			
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,				-			
	or trust interests			,				
12	Securities — Miscellaneous							
13	Qualified conservation			···				
	contribution — Historic	,						
	structures			•				
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate Other							
18	Collectibles		,					
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidemmy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts						·	
25	Other ▶(VETERINARY MED)		7	5,969,546	ESTIMATED FAIR	VALUE	3	
26	Other ▶()							
27	Other ▶()				-10-71			
28	Other ▶(
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for				
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowle	edgement	29			
							Yes	No
30a	During the year, did the organization	receive b	y contribution any proper	ty reported in Part I, lines 1	I through			
	28, that it must hold for at least three	e years fro	m the date of the initial of	ontribution, and which is no	ot required			
	to be used for exempt purposes for t	the entire l	holding period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift ac	ceptance	policy that requires the re	eview of any non-standard				
						31		X
32a	Does the organization hire or use thi							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an	amount in	column (c) for a type of p	property for which column (a) is checked,			
	describe in Part II.							

Schedule M (Form:	990) (2014)	SPCA	INTERN	ATIONAL	INC.		87-07733	2.0	Page 2
Part II	Suppler	nentál In	formation.	. Provide the	informatio	n required by Par e number of cont	t I, lines 30b, 3	2b, and 33, and who	ether
						any additional in			
					•••••				
					•••••		······		
							•	.,,	• • • • • • • • • • • • • • • • • • • •
			• • • • • • • • • • • • • • • • • • • •			•••••••••••••••••••••••••••••••••••••••			
								,	
		.,	• • • • • • • • • • • • • • • • • • • •						
· · · · · · · · · · · · · · · · · · · ·									
	, , , , , , , , , , , , , , , , , , , ,								
									··········
							<i>-</i>		
				,.,					

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

SPCA INTERNATIONAL, INC.

Employer identification number 87-0773320

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT OPERATION MILITARY PETS: (\$180,148 INCLUDING GRANTS OF \$111,916) THE SPCAI HAS HELPED MILITARY FAMILIES' PETS THROUGH THE OPERATION MILITARY PETS PROGRAM SINCE 2013. WHEN MILITARY FAMILIES ARE ORDERED TO A NEW BASE IN THE U.S. OR AROUND THE WORLD, MOVING BILLS CAN BE SUBSTANTIAL. THE MILITARY PAYS FOR MANY MOVING COSTS, BUT THEY DO NOT HELP RELOCATE THEIR BELOVED PETS. THE COST FOR PET TRANSPORTATION CAN BE SIGNIFICANT. MILITARY FAMILIES ARE BEING TORN APART DUE TO FINANCIAL CONSTRAINTS. ALL OVER THE U.S., ANIMAL SHELTERS NEAR MILITARY BASES REPORT HIGH SURRENDER RATES WHEN MILITARY FAMILIES CANNOT AFFORD TO RELOCATE THEIR DOGS OR CATS. TO HELP KEEP MILITARY FAMILIES TOGETHER AND ANIMALS OUT OF SHELTERS, OPERATION MILITARY PETS PROVIDES FINANCIAL ASSISTANCE TO MILITARY FAMILIES FOR PET RELOCATION COSTS.

INCLUDING GRANTS OF \$111,493) THE SHELTER AND EMERGENCY GRANTS: (\$171,391 SPCAI GIVES DIRECT SUPPORT BY AWARDING SHELTER GRANTS TO MANY ANIMAL ORGANIZATIONS IN NEED OF ASSISTANCE THROUGHOUT THE U.S. AND ALL OVER THE WORLD. THESE MUCH NEEDED FUNDS GO TOWARD HELPING MANY SHELTERS IMPROVE THEIR FACILITY, FUND BASIC NEEDS, SUPPORT SPAY AND NEUTER INITIATIVES ULTIMATELY REDUCING EUTHANASIA RATES. ANIMAL SHELTERS ALWAYS TRY TO PLAN FOR AN INFLUX OF ANIMALS, AN EMERGENCY SITUATION OR AN UNFORESEEN EXPENSE, BUT MANY TIMES ORGANIZATIONS BECOME OVERWHELMED. IN LIGHT OF THIS, THE SPCAI ALSO DISTRIBUTES EMERGENCY GRANTS TO SHELTERS WHEN THEY NEED IT THE MOST, IN URGENT CRISIS SITUATIONS.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization SPCA INTERNATIONAL, INC.	87 - 0773320
FORM 990, PART VI, LINE 5 - MATERIAL DIVERSION (OF ASSETS
IN MAY 2014, IT WAS DISCOVERED THAT AN EMPLOYEE	
CHARGING FEES FOR PROGRAMS SERVICES THAT THE SPO	,
THE AMOUNT DIVERTED WAS APPROXIMATELY \$55,000 A	ND WAS REFERRED TO THE
APPROPRIATE AUTHORITIES. A RESTITUTION AGREEMEN	NT WAS REACHED AND \$20,000
WAS RECOVERED	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PRO	
FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR R	EVIEW BEFORE FILING.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CO	NFLICTS POLICY
DIRECTORS AND EMPLOYEES PROVIDE DISCLOSURE OF A	NY RELATED PARTIES AND ARE
REMINDED OF THE POLICY ON A REGULAR BASIS	
FORM 990, PART VI, LINE 15B - COMPENSATION PROC	ESS FOR OFFICERS
THE BOARD REVIEWS AND APPROVES ALL COMPENSATION	
FORM 990, PART VI, LINE 17 - OTHER STATES WHERE	COPY OF RETURN IS FILED
FORM 990, PART VI, LINE 19-GOVERNING DOCUMENTS	ARE AVAILABLE TO THE PUBLIC
ON THE ORGANIZATION'S WEBSITE. OTHER DOCUMENTS	ARE AVAILABLE UPON REQUEST.
•	
·	
<u> </u>	
•	PAGE 1 OF 1

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

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

(99)

SPCA INTERNATIONAL, INC.

Identifying number 87-0773320

	ss or activity to which this form relates	TON					
	rt I Election To Expe		erty Under Sec	tion 179			
	Note: If you have a	anv listed property	. complete Part	V before you co	omplete Part	1.	
1	Maximum amount (see instruction					1 4	500,000
2	Total cost of section 179 property						
3	Threshold cost of section 179 pro						2,000,000
4	Reduction in limitation. Subtract I						· Entitle
5	Dollar limitation for tax year. Subtract li	ine 4 from line 1. If zero or	less, enter -0 If marr	ied filing separately, s	ee instructions	<u> </u>	
6	(a) Description			(b) Cost (business use		Elected cost	
							4
		- Auto-					
7	Listed property. Enter the amoun				7		
8	Total elected cost of section 179			s 6 and 7			
9	Tentative deduction. Enter the sn						
10	Carryover of disallowed deduction						
11	Business income limitation. Enter						
12	Section 179 expense deduction.					12	
13	Carryover of disallowed deduction	n to 2015. Add lines 9	and 10, less line 12	·	13		
************	: Do not use Part II or Part III belo	w for listed property. If	nstead, use Fait v.	solution (Do no	at include list	ed property)	(See instructions.)
	rt II Special Depreciat Special depreciation allowance for					ad property.	(OCC MISH GOROMOTICS)
14						14	,
45	during the tax year (see instruction Property subject to section 168(f)		,,.,				
15 46	Other depreciation (including ACI		16,238				
16 Da	rt III MACRS Deprecia						
	MACKO Depicola	tion (Bo Hot mole	Section			1 20.0	
17	MACRS deductions for assets pla	aced in service in tax v	ears beginning bef	ore 2014		17	0
18	If you are electing to group any assets place	ed in service during the tax ye	ar into one or more gener	al asset accounts, check	here	 	
	Section B—	Assets Placed in Ser	vice During 2014	Fax Year Using th	e General Depr	eciation Syster	<u>n</u>
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecial (business/investment only-see instruction	use	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					<u> </u>	
b	5-year property						
С	7-year property						
d	10-year property						
e	15-year property						
f	20-year property		-			ļ	
g_	25-year property			25 yrs.		S/L	
h	Residential rental			27.5 yrs.	MM	S/L	
-	property -			27:5 yrs.	MM	S/L S/L	
i	Nonresidential real		***	39 yrs.	MM	S/L	
-	property Section C - A	ssets Placed in Serv	ice During 2014 Ts	y Year Using the			 em
20-		SSELS I IACEU III CELV	lee Builing 2014 10			S/L	
	Class life			12 yrs.	<u> </u>	S/L	
	12-year 40-year			40 yrs.	ММ	S/L	
	urt IV Summary (See in	structions)		1 10 9101			
21	Listed property. Enter amount fro					21	
22	Total. Add amounts from line 12				21. Enter		
	here and on the appropriate lines					22	16,238
23	For assets shown above and pla						
	portion of the basis attributable to	· ·			23		
Eas	Panaguark Reduction Act Natice						Form 4562 (2014)

2S320 SPCA INTERNATIONAL, INC.

87-0773320

FYE: 12/31/2014

Federal Asset Report Form 990, Page 1 09/09/2015 1:00 PM Page 1

Bus Sec Date **Basis** %_ 179Bonus for Depr PerConv Meth Current Cost Description In Service Asset Other Depreciation:

1 WEBSITE
2 OFFICE EQUIPMENT 96,750 96,750 5 MO S/L 7/01/07 96,750 9,781 0 9,781 2,569 5 MO S/L 9,781 5/01/08 257 5 MO S/L 2,312 2,569 OFFICE EQUIPMENT 7/01/09 311 5 1,087 1.553 1,553 MO S/L 7/01/10 OFFICE EQUIPMENT 5 MO S/L 1.143 326 1,632 OFFICE EQUIPMENT 7/01/10 1,632 1,383 395 5 MO S/L OFFICE EQUIPMENT 7/01/10 1,976 1,976 370 1,295 1,850 5 MO S/L 7/01/10 1,850 OFFICE EQUIPMENT MO S/L 2,148 859 7/01/10 4,296 4,296 OFFICE EQUIPMEMT 31,819 31,819 MO S/L 14,319 6,363 7/01/11 WEBSITE 6,970 387 10,455 34,849 MO S/L 5 **AUTOMOBILE** -7/01/11 34,849 10 1,933 5 MO S/L 357 1,933 OFFICE EQUIPMENT 12/31/13 141,030 16,238 189,008 189,008 **Total Other Depreciation** 16,238 189,008 141,030 189,008 Total ACRS and Other Depreciation-16,238 141,030 189,008 189,008 **Grand Totals** Less: Dispositions and Transfers 0 0 0 0 Less: Start-up/Org Expense 141,030 16,238 189,008 189,008 **Net Grand Totals**