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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning and ending

В	Check if applicable	C Name of organization		D Employer identifi	cation number				
Г	Addres	SPCA INTERNATIONAL INC							
F	Name change			87-0	773320				
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe					
	Termin		110011/Julio		690-7722				
	Amend		L	G Gross receipts \$ 13,297,347.					
	Application	NEW YORK, NY 10001		H(a) Is this a group re					
	pendin	F Name and address of principal officer:PIERRE BARNOTI		for subordinates					
		same as C above		H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	27 If "No," attach a list. (see instructions)					
		e: WWW.SPCAI.ORG		H(c) Group exemptio					
		organization: X Corporation Trust Association Other	L Year	of formation: 2006 N	A State of legal domicile: DE				
P		Summary	DOLLITE						
Activities & Governance	1 !	Briefly describe the organization's mission or most significant activities: AN OIMPROVING ANIMAL WELFARE WORLDWIDE							
/ern	2	Check this box F if the organization discontinued its operations or dispo							
go	3 1		3	3					
9	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	3 6				
ties	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			39				
X iv	6	Total number of volunteers (estimate if necessary)		6	0.				
A	h!	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 34	•••••	7a	0.				
		vec amounted business taxable meeting from 1 ont 1 ont 1 990-1, line 54		Prior Year	Current Year				
- 45	8 (	Contributions and grants (Part VIII, line 1h)		14,290,116.	12,897,347.				
nu	9 1	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		300,000.	400,000.				
***********		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,590,116.	13,297,347.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		78,001.	177,551.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Expenses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		435,386.	431,982.				
ens	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	72	0.	0.				
EX	b	Fotal fundraising expenses (Part IX, column (D), line 25) 3,103,4		13 770 150	11 016 005				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,770,159. 14,283,546.					
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		306,570.	12,526,418.				
JC d	3	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year					
Assets or Ralances	20	Fotal assets (Part X, line 16)	DC	340,325.	End of Year 277,034.				
ASS	21	Fotal liabilities (Part X, line 26)		9,336,500.	8,502,280.				
Net A		Net assets or fund balances. Subtract line 21 from line 20		-8,996,175.					
P	art II	Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is				
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.					
		Signature of officer							
Sig				Date					
He	re	HOWARD SHOLZBERG, TREASURER Type or print name and title							
-				Date Check	II DTIN				
Pai		Print/Type preparer's name Preparer's signature  Kevin Sunkel	- 1	Onoun	PTIN				
	+	Firm's name Dowen J Flanagan & Co		0/28/14 if self-employe	P00706145 13-2060851				
	L	Firm's address 60 East 42nd Street	Firm's EIN	T3-700003T					
	Jy	New York, NY 10165		Phone no 21	2-682-2783				
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		T HOUSE HO.Z.I	X Yes No				
بالمنسد					140				

Forn	n 990 (2013) SPCA INTERNATIONAL INC	87-0773320 Page 2
Pa	It III Statement of Program Service Accomplishments	
-	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:  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	[32]
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes X No
Ü	If "Yes," describe these changes on Schedule O.	es:
4	Describe the organization's program service accomplishments for each of its three largest program services	
	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
4a	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,825,898 • including grants of \$ ) (R	Revenue \$
70	THROUGH ITS PRINTED AWARENESS AND EDUCATIONAL MATERIAL	
	OUTREACH AND ITS WEBSITE, SPCA INT'L PROVIDES EDUCATION	
	INCLUDING EXPERT ADVICE ON ANIMAL BEHAVIOR, CARE AND I	
	AWARENESS ABOUT ANIMAL ABUSE AND PROTECTION TO HUNDRED	
	PEOPLE EACH YEAR. THE WEBSITE ALSO PROVIDES INFORMATION	
	WORLDWIDE, OUTREACH PROGRAMS AND WAYS FOR SUPPORTERS !	
	INCLUDING INSPIRATIONAL SUCCESS STORIES. THE ORGANIZATION	
	NETWORKING SITES AND "SPCA ANSWERS" PROGRAM SERVES AS	
	HUB AND A REFERRAL RESOURCE FOR ANIMAL LOVERS THROUGH	OUT THE WORLD.
	THROUGH THESE CHANNELS, PEOPLE CAN GET CONNECTED WITH	LOCAL SHELTERS,
	DISCUSS CURRENT ANIMAL ISSUES, SEEK ADVICE AND ASSIST	ANIMAL ADVOCATES
	IN THE FIGHT AGAINST CRUELTY.	
4b	/ / / / / / / / / / / / / / / / / / / /	
	OPERATION BAGHDAD PUPS - THIS PROGRAM HELPS U.S. TROOM	
	SERVING OVERSEAS TO SAFELY TRANSPORT HOME THE COMPANIO	
	BEFRIEND DURING DEPLOYMENT. OPERATION BAGHDAD PUPS IS	
	CHALLENGING PROGRAM THAT HELPS ANIMALS AND AMERICANS S	
		THEIR SOLDIERS IN
		CK HOME AFTER D OUR TROOPS
	PROVIDE THEIR ANIMALS A SAFE, FOREVER HOME.	J OUR TROOPS
	TROVIDE THEIR ANIMALS A SAFE, FOREVER HOME.	
4c	(Code:) (Expenses \$6,610,048 • including grants of \$ ) (R	
70	THROUGH THE DISTRIBUTION OF VETERINARY MEDICINE AND MI	evenue \$) EDICAL SUPPLIES TO
	ANIMAL ORGANIZATIONS THROUGHOUT THE WORLD SPCA INTERNA	
		SICK AND INJURED
	ANIMALS. WITH THESE SUPPLIES, ANIMAL ORGANIZATIONS IN	DEVELOPING
	COUNTRIES HAVE BEEN ABLE TO HELP END NEEDLESS SUFFERIN	NG OF THOUSANDS OF
	ANIMALS AND COMBAT ANIMAL OVERPOPULATION PROBLEMS. THI	ESE SUPPLIES HELP
	LOCAL ORGANIZATIONS MEET THE NEEDS OF LOCAL ANIMALS, A	AND ADVANCE
	POSITIVE HUMAN/ANIMAL RELATIONSHIPS. THE ORGANIZATION	N ARRANGED FOR THE
	COLLECTION AND SHIPMENT OF \$7,318,917 WORTH OF DONATE	MEDICINE AND
	SUPPLIES TO SHELTERS AROUND THE WORLD IN 2012.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 143,816 • including grants of \$ 66,331 •) (Revenue \$	)
4e	- 0 027 060	
33200	12	Form <b>990</b> (2013)
10-29	I-13	
	2	4055

Form 990 (2013) SPCA INTERNATIONAL INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ť		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		.,	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45	х	
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-22	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		25
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

# Form 990 (2013) SPCA INTERNATIONAL INC Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			i i
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			E.
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A second of the			v
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
•	division to the standard and division to the standard of the s	200		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	- 21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	21	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	0.		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	Carlo Company
		Form	990 (	2013

NAME AND ADDRESS OF	1 990 (2013) SPCA INTERNATIONAL INC 87-0773  rt V   Statements Regarding Other IRS Filings and Tax Compliance	320	Р	age 5
ı a	Check if Schedule O contains a response or note to any line in this Part V			
	Officer in Schedule O Contains a response of note to any line in this Fait V			Ш
4	5 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С				
•	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 6			
		\$1000 ACC	X	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Δ	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0-		Х
-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		-23
b 4c	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:	44		22
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
b			_	-25
220		5c		
6a		60		Х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts	6a		- 25
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
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	A STATE OF THE STA	х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c				
•	to file Form 8282?	7c		Х
d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	RO-THE-PURPORT	67/200/201/67/8
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	DE 1000 DE 1000 DE	are control and a second
	Did the 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2013)

SPCA INTERNATIONAL INC Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

500	Check if Schedule O contains a response or note to any line in this Part VI			X					
<u> </u>	tion A. Governing Body and Management		V	T					
10	Enter the number of voting members of the governing body at the end of the tax year	3	Yes	No					
	If there are material differences in voting rights among members of the governing body, or if the governing	1							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4							
_	officer, director, trustee, or key employee?	2		х					
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?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	54	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-						
		<b></b>	Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
0.20	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1	v						
40	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Δ						
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 ten management official.	45-		х					
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X						
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	25						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
.00	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b		erescentiones.					
Sec	tion C. Disclosure	1							
17	List the states with which a copy of this Form 990 is required to be filed DE, AL, AK, AZ, CA, CO, CT, FL, GA	A,HI	,IL	, KS					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	THE RESERVE OF THE PERSON NAMED IN	THE REPORT OF THE PERSON NAMED IN						
	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)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, at	nd finar	cial	iner L					
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organize EXECUTIVE DIRECTOR $-888-690-7722$	ation:	_						
	242 WEST 30TH STREET, NEW YORK, NY 10001								
332006	See Schedule O for full list of states	Form	990	(2013)					
	6								

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

Charlethia have if naith as the assemination new ance valeted asse

- 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.

(A)	(B)			Pos	C)			(D)	(E)	(F)	
Name and Title	Average hours per week	offi	(do not check box, unless pe officer and a			than is bot	one h an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations	
1) PIERRE BARNOTI	5.00	x		x				0.	0	,	
PRESIDENT (2) HOWARD SHOLZBERG	3.00	<u> </u>	_	A	_			0.	0.	(	
• 00 • 1 500000 000000 00000000000000000	3.00	x		x				0.	0.	,	
TREASURER (3) MICHEL POULOS	1.00	1	-	^	_	-	-	0.	0.	(	
SECRETARY	1.00	x		x				0.	0.	(	
SECRETARY (4) JD WINSTON	40.00	1	-	Δ	$\vdash$	-	-	0.	0.		
EXECUTIVE DIRECTOR	40.00	1		x				99,500.	0.	15,91	
		Г									
¥											

(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both a officer and a director/trustee					h an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mated ount of ther		
	hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	ensation m the nization related nizations		
	line)	Individ	Institu	Officer	Key em	Highes	Former			4	organ	nzation o		
										_				
										7				
						$\vdash$				$\dashv$				
	B	$\vdash$			-	-				$\dashv$				
		-	-			H				$\dashv$				
		1				_				$\dashv$				
										$\dashv$				
1b Sub-total c Total from continuation sheets to Part								99,500.		0.	15	,912. 0.		
d Total (add lines 1b and 1c)							<u> </u>	99,500.		0.	15	,912.		
2 Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wi	no re	eceived more than \$100	0,000 of reportable	)		(		
3 Did the organization list any former office	er, director, or tr	uste	e. ke	ev er	olan	ovee	orl	highest compensated e	mplovee on	F		Yes No		
line 1a? If "Yes," complete Schedule J fo.	such individual										3	Х		
4 For any individual listed on line 1a, is the and related organizations greater than \$1											4	x		
5 Did any person listed on line 1a receive of	r accrue compe	nsat	tion f	rom	any	y uni	elat	ed organization or indiv	idual for services					
rendered to the organization? If "Yes," co Section B. Independent Contractors	mplete Schedu	le J i	for st	uch	pers	son .					5	X		
Complete this table for your five highest										pensa	ation fr	om		
the organization. Report compensation for (A)	or the calendar y	/ear	endi	ng v	vith	or w	ithir	the organization's tax (B)	year.		(C)			
Name and busine	ss address							Description of s		Co	ompen	sation		
QUADRIGA ART LLC 30 EAST 33RD STREET, NE	W YORK,	NY	10	001	16		- 1	PRINTING/REL SERVICES	ATED	4	.005	,583		
BRICKMILL MARKETING SER	VICES IN	C.						PROCESSING A						
24 MILL BROOK ROAD, WIL' CHARITY SERVICES INTERN.	03	086	5				DATABASE SER GIFT IN KIND			403	,161.			
9481 YARBOROUGH RD, FOR		sc	29	970	07			PROCESSING			367	,300.		
2 Total number of independent contractors		not li	mite	d to		se li	sted	above) who received n	nore than					
\$100,000 of compensation from the orga	nization >		-							1	Form 9	90 (2013)		

		(2013) SPCA		87-0773320 Page				
ar	t VI	Statement of Rever Check if Schedule O cont		or note to any lin	o in this Part VIII			
		Chisak ii Schiedule S Coni	euro a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
and Other Similar Amounts		a Federated campaigns						
١٥		b Membership dues						
A	C	c Fundraising events	1c					
क	C	d Related organizations	1d					
Ē	6	e Government grants (contribut	ions) 1e					
2	f	f All other contributions, gifts, gran	ts, and					
اغ		similar amounts not included abo	ve <b>1f</b>	12,897,347.				
اة	ç	g Noncash contributions included in lines	1a-1f: \$	6,238,338.				
ā	<u> </u>	h Total. Add lines 1a-1f			12,897,347.			
	2 a	a		Business Code				
e	b	b						
en	C	C	Santon and the activities of the					
<b>§</b>	C	d						
Revenue	e	e						
1		f All other program service reve						
+		g Total. Add lines 2a-2f						
	3	other similar amounts)						
	4	Income from investment of ta		TO THE RESERVE THE PROPERTY OF THE PARTY OF				
	5	Royalties						
	•	Tioyanio	(i) Real	(ii) Personal				
	6 8	a Gross rents	ty rious	(ii) i orosiidi				
1		b Less: rental expenses						
		c Rental income or (loss)						
	c	d Net rental income or (loss)						
		a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	b Less: cost or other basis						
1		and sales expenses						
	C	c Gain or (loss)						
	C	d Net gain or (loss)						
	8 a	<ul> <li>Gross income from fundraisin including \$</li> </ul>	• ,					
		contributions reported on line	1c). See					
		Part IV, line 18	а					
	b	b Less: direct expenses	b					
	C	<ul> <li>Net income or (loss) from fund</li> </ul>	draising events	<b>&gt;</b>				
	9 a	a Gross income from gaming ac						
		Part IV, line 19						
		b Less: direct expenses						
1.		Net income or (loss) from gam		········· •				
1	IU a	a Gross sales of inventory, less						
		and allowances						
		b Less: cost of goods sold c Net income or (loss) from sale						
-		Miscellaneous Revenu		Business Code				
-	11 =	a CREDIT FROM QUADRIGA		541800	400,000.			400,000
		b						1
		C						
		d All other revenue						
		e Total. Add lines 11a-11d		<b>&gt;</b>	400,000.			
1.	12	Total revenue. See instructions.		<b>&gt;</b>	13,297,347.	0.	(	400,000

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				
	not 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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	11,500.	11,500.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	111,220.	111,220.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	54,831.	54,831.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	115,412.	34,624.	51,935.	28,853
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	259,736.	153,361.	37,849.	68,526
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	900.	459.	207.	234
9	Other employee benefits	24,963.	16,073.	2,241.	234 6,649
10	Payroll taxes	30,971.	15,795.	7,123.	8,053
11	Fees for services (non-employees):				
a	Management				
b		5,590.		5,590.	
c		59,497.		59,497.	
d		35,15.0			
e	- ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (				
f	Investment management fees				
g	((() 44 - 1 - 1 - 400/ -() - 05				
9	column (A) amount, list line 11g expenses on Sch 0.)	159,584.		159,584.	
12	Advertising and promotion				
13		80,766.		80,766.	
14	Office expenses Information technology	007.000		- 0077000	
15					
1310	Royalties	30,734.		30,734.	
16	Occupancy	88,716.	61,030.	27,686.	
17	Travel	00,710.	01,030.	21,000	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Programme Application				
21	Payments to affiliates  Depreciation, depletion, and amortization	16,496.	12,372.	2,474.	1,650
22	L	3,907.	12,572.	3,907.	1,000
23	Other expenses, Itemize expenses not covered	3,307.		3,507.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	ANIMAL MEDICAL SUPPLIES	6,239,828.	6,239,828.		
b	MARKETING AND MEDIA	2,978,508.			2,978,508
C	EDUCATION EXPENSES	1,750,918.	1,750,918.		
d	MEDICAL SUPPLY SHIPPING	355,695.	355,695.		
e		146,646.	119,363.	16,283.	11,000
25	Total functional expenses. Add lines 1 through 24e	12,526,418.	8,937,069.	485,876.	3,103,473
26	Joint costs. Complete this line only if the organization	,,	5,25.,003.		-,200,270
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	4,729,426.	1,750,918.	0.	2,978,508
	0 10-29-13	-1.27/1200	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V • 1	Form <b>990</b> (2013

Form 990 (2013)
Part X | Balance Sheet

		Check if Schedule O contains a response or no	te to any lin	e in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			251,439.	1	211,460.
- 1	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			7,177.	3	
- 1	4	Accounts receivable, net				4	
- 1	5	Loans and other receivables from current and fo	ormer office	ers, directors,			
		trustees, key employees, and highest compens	ated emplo	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of sec					
,		employees' beneficiary organizations (see instr)				6	
Hasers	7	Notes and loans receivable, net				7	
E I	8	Inventories for sale or use			8	<del></del>	
	9	Prepaid expenses and deferred charges			12,449.	9	10,375
- 1		Land, buildings, and equipment: cost or other	1 1				,
-	ioa	basis. Complete Part VI of Schedule D	10a	189,008.			
- 1	h	Less: accumulated depreciation	10h	141,059.	62,510.	10c	47,949.
1	11	Investments - publicly traded securities	1001			11	
-1	12	Investments - other securities. See Part IV, line		12			
	13	Investments - other securities. See Part IV, line			13		
					14		
- 1	14	Intangible assets	·····	6,750.	15	7,250	
- 1	15	Other assets. See Part IV, line 11	340,325.	16	277,034		
$\dashv$	16	Total assets. Add lines 1 through 15 (must equ	9,336,500.	17	8,502,280		
1	17	Accounts payable and accrued expenses		2,330,300.	18	0,302,200	
- 1	18	Grants payable		19			
- [	19	Deferred revenue					
	20	Tax-exempt bond liabilities				20	
_	21	Escrow or custodial account liability. Complete				21	
8	22	Loans and other payables to current and forme		No.			
Liabilities		key employees, highest compensated employee				-	
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate		_		24	
-	25	Other liabilities (including federal income tax, pa					
1		parties, and other liabilities not included on lines					
		Schedule D			0 336 500	25	8,502,280.
$\dashv$	26				9,336,500.	26	0,302,200
		Organizations that follow SFAS 117 (ASC 958		ere 🕨 🕰 and			
Se		complete lines 27 through 29, and lines 33 ar			-8,996,175.		-8,225,246
	27	Unrestricted net assets			-0,990,173.	27	-0,223,240
0	28	Temporarily restricted net assets				28	
	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958), C	neck nere			
0		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
E I	31	Paid-in or capital surplus, or land, building, or ed				31	
Wet Assets of Fund balances	32	Retained earnings, endowment, accumulated in			0 006 175	32	0 225 246
-	33	Total net assets or fund balances			-8,996,175. 340,325.	33	$\frac{-8,225,246}{277,034}$
	34	Total liabilities and net assets/fund balances .			340.375	34	4//, 054.

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

Form 990 (2013)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

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

Employer identification number

			TERNATIONAL						8	7-0773	320	
Part I	Reason	for Public Char	<b>rity Status</b> (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
The organ  1	A church, con	nvention of churche	because it is: (For lines 1 is, or association of chur 70(b)(1)(A)(ii). (Attach Sc	ches desc		•	,					
3   4		search organization	ital service organization on operated in conjunction					(b)(1)(A)(ii	i). Enter t	the hospital	's nam	ıe,
5	section 170 A federal, sta An organizati section 170( A community An organizati activities rela income and to See section An organizati An organizati	(b)(1)(A)(iv). (Complete, or local governments, on that normally rectib)(1)(A)(vi). (Complete trust described in state to its exempt furnelated business to 509(a)(2). (Complete ion organized and org	nent or governmental unit beives a substantial part bete Part II.) section 170(b)(1)(A)(vi). beives: (1) more than 33 1 notions - subject to certa taxable income (less sect	t described of its supp (Complete 1/3% of its ain exceptition 511 talls st for public benefit of the complete that the c	d in section or from a Part II.) support from a capport from such	n 170(b)(1 governme  rom contril 2) no more sinesses a  See sectio	butions, methan 33 1 acquired b n 509(a)(4)	or from the nembershi 1/3% of its ny the orga 1). or to carr	general p fees, and support unization	public desc nd gross red from gross after June 3	ceipts invest 0, 197	from tment 75.
e f g	describes the a Type I By checking foundation m If the organiz supporting or Since August (i) A persor the gove	e type of supporting  b T  this box, I certify the nanagers and other in ation received a wri rganization, check t  17, 2006, has the n who directly or incerning body of the s	organization and comploype II  at the organization is not than one or more publicly tten determination from the complete or th	ete lines 1 ype III - Fur controlled y supporte the IRS tha ny gift or co	1e through nctionally i I directly o d organize at it is a Ty contribution ether with	n 11h. ntegrated r indirectly itions desc pe I, Type ifrom any persons d	by one of cribed in s II, or Type of the follolescribed	Typ r more disc ection 509 e III owing pers in (ii) and (	e III - Nor qualified (a)(1) or sons? iii) below	persons oth section 509	y integ ner tha	in .
h	(iii) A 35% d	controlled entity of a	a person described in (i) on about the supported organization	or (ii) above	∍?							
		(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization (v) Did you notify the				(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount sup	of mor	netary
			(coo monomony	Yes	No	Yes	No	Yes	No			
Total	an amusala Da		and the Instructions f					Calandul	A //T	000 00	O E31	2012

332021 09-25-13

Form 990 or 990-EZ.

# Schedule A (Form 990 or 990-EZ) 2013 SPCA INTERNATIONAL INC Part II Support Schedule for Organizations Described in Section 1. (Form 990 or 990-EZ) 2013 SPCA INTERNATIONAL INC 87-0773320 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7401032.	14127058.	15048560.	14290116.	12897347.	63764113.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	7404000	4.44.000.00	45040560	4.4000444	100000	
	Total. Add lines 1 through 3	7401032.	14127058.	15048560.	14290116.	12897347.	63764113.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						62764442
Charles of the later of	Public support. Subtract line 5 from line 4.						63764113.
	ction B. Total Support endar year (or fiscal year beginning in)	/ 10000			T		r
		7/01032	(b) 2010 1 / 1 2 7 0 5 8	(c) 2011 15048560.	(d) 2012	(e) 2013 12897347.	(f) Total 63764113.
	Amounts from line 4	7401032.	1412/030.	13040300.	14290110.	1209/34/	03/04113.
8	Gross income from interest,						
	dividends, payments received on			17			
	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						-
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)	-715.	5,629.		300,000.	400 000	704,914.
11	Total support. Add lines 7 through 10	, 10	3,023.		300,000.	Annual Control of the	64469027.
	Gross receipts from related activities,	etc (see instruction	one)			12	044030278
	First five years. If the Form 990 is for		,	od fourth or fifth t			
	organization, check this box and stor						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (I	line 6, column (f) d	ivided by line 11.	column (f))		14	98.91 %
	Public support percentage from 2012					15	99.44 %
	33 1/3% support test - 2013. If the						
	stop here. The organization qualifies	as a publicly supp	orted organization	1			X
b	33 1/3% support test - 2012. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
					Sche	edule A (Form 990	or 990-EZ) 2013

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose				<b></b>		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				1		
	iness under section 513				-		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	"					
_	or expended on its behalf				<del> </del>		
5	The value of services or facilities						
	furnished by a governmental unit to						
100	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L)	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				-		
_	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(u) 2000	(2) 2010	(6) 2011	(4) 2012	(0) 2010	(1) 10.0.1
	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	27					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	tax year as a sect	ion 501(c)(3) organiz	zation,
	check this box and stop here						<b>&gt;</b>
la de la la de la constantina	ction C. Computation of Public						
15	Public support percentage for 2013 (lin	ne 8, column (f) d	ivided by line 13,	column (f))		15	9
STATE OF THE PERSON NAMED IN	Public support percentage from 2012	THE RESIDENCE OF THE PERSON NAMED IN	Name and Address of the Owner, which the			16	9/
-	ction D. Computation of Inves					<del></del>	
	Investment income percentage for 201						9
	Investment income percentage from 2						9
19a	33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box an					***************************************	
b	33 1/3% support tests - 2012. If the	-					
00	line 18 is not more than 33 1/3%, chec						
-	Private foundation. If the organization	aid not check a	box on line 14, 19	a, or 19b, check t			000 571 004
3320	23 09-25-13			4 =	So	hedule A (Form 99	u or 990-EZ) 201

## **SCHEDULE D**

(Form 990)

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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

Inspection

-	SPCA INTERNATIONAL INC	87-0773320
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf	parameter parame
	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	cally important land area
	Protection of natural habitat Preservation of a certified	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
_		
b		
C	Number of conservation easements on a certified historic structure included in (a)	2c
d		
•	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the tax
4	year ►	
4		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
6	violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
6 7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4'	
·	and section 170(h)(4)(B)(ii)?	,,,,,
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	
	conservation easements.	organization o documents
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	service, provide the following amounts
	relating to these items:	Ď.
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> \$

332051 09-25-13

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

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 SPCA IN	TERNATIONA	L IN	C			87-07	73320	Page 2
Par	t III   Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, or C	ther Sin	nilar Asse	ts(contin	ued)
3	Using the organization's acquisition, access	on, and other record	ds, check	k any of the	following that are	a significa	nt use of its	collection	items
	(check all that apply):								
а	Public exhibition	c			hange programs				
b	Scholarly research	e	• 🔲	Other					
C	Preservation for future generations								
4	Provide a description of the organization's control of the organization of the organiz						1,5	t XIII.	
5	During the year, did the organization solicit of							7	
	to be sold to raise funds rather than to be m							Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Yes	" to Form 9	90, Part IV, I	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod							7	
	on Form 990, Part X?							Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing t	table:					
								Amount	
	Beginning balance								
d	Additions during the year								
е	Distributions during the year							******************	
f	Ending balance							Tv	TIAL
	Did the organization include an amount on F							<b>∠</b> Yes	No
-	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete								
Par	Elidowillent Fullus. Complete				(c) Two years bar		no voore book	(=) Four	voore back
4-	Designing of combalance	(a) Current year	(B) P	rior year	(C) TWO years Dai	JK ((a) 11118	ee years back	(e) roui	years back
	Beginning of year balance								
b	Contributions								William Willia
	Net investment earnings, gains, and losses				<b></b>				
d	Grants or scholarships		-						
е	Other expenditures for facilities								
	and programs		<b></b>						
f	Administrative expenses								
g	End of year balance		- /lin - d	/-	\\				
2	Provide the estimated percentage of the cur			g, column (a	a)) neid as:				
	Board designated or quasi-endowment	%	_%						
	Permanent endowment								
C	The percentages in lines 2a, 2b, and 2c shows the percentages in lines 2b, and 2c shows the percentages are percentages and 2b, and								
20	Are there endowment funds not in the posse		ation the	at are hold a	and administered	for the ora	nization		
Ja	The second secon	ession of the organiz	auon un	at are rielu a	ina administered	ioi tile orga	anization	Г	Yes No
	by:								165 140
								3a(i) 3a(ii)	
h	(ii) related organizations	a listed as required	on Schoo	dulo D2				3b	
4	Describe in Part XIII the intended uses of the							. 30	
	t VI Land, Buildings, and Equipn		SWITIGHT	iuiius.					
	Complete if the organization answere		) Part IV	line 11a S	ee Form 990 Par	t X line 10			
	Description of property	(a) Cost or o				c) Accumu		(d) Book	value
	Becomption of property	basis (investi			(other)	depreciat		(4) 200.	
1a	Land								
	Buildings								
c	Leasehold improvements								
	Equipment								
	Other			18	9,008.	141,	059.	4	7,949.
	. Add lines 1a through 1e. (Column (d) must e		X. colun	the state of the s	_	<u> </u>			7,949.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 SPCA INTERN	ATIONAL INC		87	7-0773320 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	valuation: Cost or en	d-of-year market value
(1)	A			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		e 11d. See Form 990,	Part X, line 15.	
	Description	THE STREET, SAN		(b) Book value
(1)				A STATE OF THE STA
(2)				
(3)	·			
(4)				
(5)			·	
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X   Other Liabilities.	9 15.)		<u> </u>	
		=		
Complete if the organization answered "Yes" to a Description of liability	to Form 990, Part IV, line	11e or 11f. See Form	n 990, Part X, line 25.	
		(b) Book value		
(1) Federal income taxes				
(2)		***		
(3)				
<u>(4)</u>				
(5)				
(6)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

332053 09-25-13

(8)

							The second secon
Part XI	Reconciliation	of Revenue pe	r Audited F	Financial	Statements	With Revenu	e per Return.

1	Complete if the organization answered "Yes" to Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements			1	13,775,283.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•••••••••		
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities		477,936.		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	477,936.
3	Subtract line 2e from line 1			3	13,297,347.
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.)				
		·····		APERE DATE OF THE PERSON	0.
C	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	13,297,347.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII Reconciliation of Expenses per Audited Financial Sta	atements Wit		5	13,297,347.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" to Form 990, Part IV, line	atements Wit	h Expenses per	5 Retu	13,297,347. ırn.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" to Form 990, Part IV, line  Total expenses and losses per audited financial statements	atements Wit	h Expenses per	5	13,297,347.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" to Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements Wit	h Expenses per	5 Retu	13,297,347. ırn.
5 Pai 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" to Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	atements Wit	h Expenses per	5 Retu	13,297,347. ırn.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial Statements  Complete if the organization answered "Yes" to Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments	2a 2b	h Expenses per	5 Retu	13,297,347. ırn.
Pai 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	h Expenses per	5 Retu	13,297,347. ırn.
Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" to Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per	5 Retu	13,297,347. urn. 13,004,354.
Pail  1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  TXII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" to Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	2a 2b 2c 2d	477,936.	5 Retu	13,297,347.  Irn.  13,004,354.  477,936.
Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" to Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1	2a 2b 2c 2d	477,936.	5 Retu	13,297,347. urn. 13,004,354.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" to Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	477,936.	5 Retu	13,297,347.  Irn.  13,004,354.  477,936.
5 Par 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" to Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	2a   2b   2c   2d	477,936.	5 Retu	13,297,347.  Irn.  13,004,354.  477,936.
5 Pai 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII   Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" to Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d	h Expenses per	5 Retu	13,297,347.  Irn.  13,004,354.  477,936.

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

#### Part X, Line 2:

Explanation: THE SPCAI FOLLOWS THE RECOGNITION AND DISCLOSURE PROVISIONS OF THE ACCOUNTING STANDARD RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. UNDER THIS STANDARD, TAX PROVISIONS ARE EVALUATED FOR RECOGNITION USING A MORE-LIKELY-THAN-NOT THRESHOLD, AND THOSE TAX POSITIONS REQUIRING RECOGNITION ARE MEASURED AT THE LARGEST AMOUNT OF THE 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. THE SPCAI HAS EVLAUTED THE LIKELIHOOD 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 POTENTIAL VIOLATIONS.

332054 09-25-13

Schedule D (Form 990) 2013

### 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. ➤ See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer ident	ification number
SPCA INTERNATION	ONAL INC				87-07733	20
		Activities Ou	tside the United States. Comple	ete if the organ	ization answered	"Yes" on
Form 990, Part I						
1 For grantmakers. Doe	s the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,	
the grantees' eligibility	for the grants or	assistance, and	the selection criteria used to award the	grants or ass	stance? X	Yes No
			0			
	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance ou	tside the
United States.  3 Activities per Region. (1)	The following Dod	t L lina 2 table o				
(a) Region	(b) Number of		an be duplicated if additional space is r (d) Activities conducted in region		.i	1 (0 T-1-1
(a) negion	offices in the region	employees, agents, and independent contractors	(by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments
ACCURATION OF THE PARTY OF THE		in region			(-,9	in region
Central America and						
the Caribbean -	0	0	GRANTS			25,000.
						25,000.
East Asia and the						-
Pacific -	0	0	GRANTS			18,155.
						1
Europe (Including						
Iceland & Greenland)						
	0	0	GRANTS			11,502.
South America -						
Argentina, Bolivia,		×				
Brazil, Chile,						
Columbia, Ecuador,	0	0	GRANTS			175.
			p ^			
						<del> </del>
			~			
0 0 1 1 1 1						
3 a Sub-total	0	0				54,832.
b Total from continuation		0				_
sheets to Part I	0	U				0.
c Totals (add lines 3a		0				

332071 10-03-13

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

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean - Antigua & Barbuda, Aruba,	SUPPORT SPAY AND NEUTER CLINIC,	22,000.	22,000.WIRE TRANSFER	0		
					l.			
		ā				-		
								7
	recipient organizatio the grantee or couns	ns listed above that are r el has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	empt by		
3 Enter total number of other organizations or entities	other organizations	or entities				<b>A</b>		

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Schedule F (Form 990) 2013

87-0773320

Page 3

SPCA INTERNATIONAL INC

Schedule F (Form 990) 2013 SPCA INTERNATIONAL INC 87-0773320

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

Part III can be duplicated if additional space is needed.

Fart III can be duplicated if additional space is needed.	additional space is neede						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							,
	5.		2				
	d						
	*				ď		
							v
1							- ,
							1.
			P				
							. ,
						Schedul	Schedule F (Form 990) 2013

332073 10-03-13

Schedule F (Form 990) 2013

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		X No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	X No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No	

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

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

**Open To Public** Inspection

OMB No. 1545-0047

Name of the organization

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

SPCA IN	TERNATIONAL INC				87-0773	320
Part I Fundraising Activities required to complete this part	3. Complete if the organization answert.	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rai</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicita  s f Solicita g Special  or oral agreement with any individual  Part VII) or entity in connection with publicular solicitations.	tion of tion of fundra I (includer profess	non-g gover aising ding o ional t	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
QUADRIGA - 30 E 33RD STREET,	PRINTING/RELATED SERVICES	Yes	No			
NEW YORK, NY 10016	FOR AWARENESS &	Х		5,855,563.	4,408,744.	1,446,819.
						17
			***********			
				8		
Total			<b>&gt;</b>	5,855,563.	4,408,744.	1,446,819.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	d it is exempt from re	egistration
AL, AK, AZ, AR, CA, CO, CT,	DE, FL, GA, HI, ID, IL,	IN,	ΙΑ,	KS,KY,LA,M	E,MD,MA,MI	,MN,MS,MO
T, NE, NV, NH, NJ, NM, NY,	NC, ND, OH, OK, OR, PA,	RI,	SC,	SD,TN,TX,U	T,VT,VA,WA	,WV,WI,WY
				-		
			M			
HA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-E	Z. S	chedule G (Form 99	90 or 990-EZ) 2013
See Part IV	for continuations					

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		-0//3320	
	Does the organization operate gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
	Indicate the percentage of gaming activity operated in:		
	The organization's facility	-	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \(\bigs\) \(\bigs\).		
C	If "Yes," enter name and address of the third party:		
	,		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of convices provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	<u> </u>	
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III	, lines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		
Ca.	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraise		
SC.	nedule G, Part I, bine 2D, bist of fen Highest Pard Fundraise	ils:	
			3.7
<u>(i</u>	) Name of Fundraiser: QUADRIGA		
<u>(i</u>	) Address of Fundraiser: 30 E 33RD STREET, NEW YORK, NY 1001	.6	A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
, ,	1) and in the December (DELAMED GERMANNE DOD AWARENDES & DRUGAR		
(1	i) Activity: PRINTING/RELATED SERVICES FOR AWARENESS & EDUCAT	'IONAL C	OUTREA
33208	3 09-12-13 Schedule G (Fo	rm 990 or 990	)-EZ) 2013

SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public OMB No. 1545-0047

2

Employer identification number 87-0773320 Inspection X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Information about Schedule I (Form 990) and its instructions is at www irs gov/form990. SPCA INTERNATIONAL INC General Information on Grants and Assistance Name of the organization Part

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

criteria used to award the grants or assistance?

	recipient that received more than \$5,000. Part II can be	55,000. Part II can	be duplicated if additional space is needed	ional space is need	Jed.			
1 (a)	1(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				A				
		20				5.		
		,						y
						,		
2 En	Enter total number of section 501(c)(3) and government organ	nd government or	ganizations listed in the line 1 table	e line 1 table				<b>A</b>
	Enter total number of other organizations listed in the line 1 table	listed in the line	1 table					•
LHA FG	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the instruct	ions for Form 990.					Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) (2013) SPCA INTERNATIONAL INC

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance 0 111,220. (c) Amount of cash grant 123 (b) Number of recipients (a) Type of grant or assistance OPERATION MILITARY PETS GRANTS 332102 10-29-13

Page 2

87-0773320

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

SPCA INTERNATIONAL INC

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

**Employer identification number** 87-0773320

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	Method of o noncash contril	determinir		}
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock					W. Carles de Maria		
11	Securities - Partnership, LLC, or							-
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential				<b>-</b>			
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19								
20	Food inventory  Drugs and medical supplies	X	2	6,238,338.	ESTIMATED	FAIR	VA	LUE
21	A A CONTRACTOR OF THE CONTRACT							
22	Taxidermy Historical artifacts					<del></del>		
23	Scientific specimens		<b> </b>		<del>                                     </del>			
24	Archeological artifacts	<b> </b>						
25	Other (				<del> </del>			
26	Other ()		<del> </del>		<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·		
27	Other ()		<del>                                     </del>					
28	Other (	in all on all origin	a the toy year for	antributions I		·	***************************************	
29	Number of Forms 8283 received by the organ for which the organization completed Form 82							
	for which the organization completed Form 62	203, Part IV,	Donee Acknowled	gernerit 29 ]			Yes	No
	D. J. J. Brather and J. Brather and J. Brather			named in David Lines 1 00	that it must hald for	AND DESCRIPTION OF THE PERSON	163	140
30a	During the year, did the organization receive to at least three years from the date of the initial							
						30a		Х
	the entire holding period?				***************************************	. Jua		
	If "Yes," describe the arrangement in Part II.	nalia, that	ramuluas tha vaviau	of any man atom days control	ih. stiene?	31		X
31							-	- 22
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							X
	contributions?					32a		Λ
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	n column (c)	tor a type of prope	erty for which column (a) is	cnecked,			
	describe in Part II.				21.11		0001	0040
LHA	For Paperwork Reduction Act Notice, see	e tne instru	ctions for Form 99	5U.	Schedule	INI (LOLW)	უ <b>უ</b> ∪) (	ZU 13)

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