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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year begin	nning a	nd ending		
A For the 2021 calendar year, or tax year begin	9		D Employer identifie	cation number
B Check if applicable: C Name of organization				
202				
change SPCA INTERNATIONA	H, IRC.		87-07733	20
change Doing business as	sail is not delivered to street address?	Room/suite	E Telephone number	
return Number and Street (of P.O. Dox if it		1503	(212) 24	4-7722
Final 242 WEST 30TH STR		д303	G Gross receipts \$	29,289,831.
	untry, and ZIP or foreign postal code			
Armended NEW YORK, NY 100	01		H(a) Is this a group re	? Yes X No
Application F Name and address of principal off	icer: HOWARD SHOLZBERG		for subordinates	cluded? Yes No
pending SAME AS C ABOVE			H(b) Are all subordinates in	Consider to the constant
I Tax-exempt status: X 501(c)(3) 501(c)) () ◀ (insert no.) 4947(a)(1) or 527		list. See instructions
J Website: ► WWW.SPCAI.ORG			H(c) Group exemption	number number Naminilar DR
K Form of organization: X Corporation Trus	st Association Other	L Year	of formation: 2006 M	State of legal domicile: DE
Part I Summary				17D
Briefly describe the organization's mission	on or most significant activities: ADV	ANCING	THE SAFETY A	עאַ
WELL-BEING OF ANIMAL	S			
2 Check this box if the organiza	ation discontinued its operations or disp	osed of more	than 25% of its net asse	ets.
WELL-BEING OF ANIMAL Check this box if the organization in the property of the gover Number of voting members of the gover Number of independent voting members	ning body (Part VI, line 1a)			
4 Number of independent voting members	s of the governing body (Part VI, line 1b)		4	3
Total number of individuals employed in	calendar year 2021 (Part V. line 2a)		5	9
Total number of individuals employed in Total number of volunteers (estimate if n	necessary)		6	1
5 Total number of individuals employed in 6 Total number of volunteers (estimate if n 7 a Total unrelated business revenue from F	Part VIII column (C) line 12		7a	0.
b Net unrelated business taxable income f	from Form 000.T Port I line 11		7b	0.
b Net unrelated business taxable income i	IOIII FOIIII 990-1, Faitt, iiie 11		Prior Year	Current Year
			25,916,721.	29,287,467.
8 Contributions and grants (Part VIII, line 1	in)		0.	0.
9 Program service revenue (Part VIII, line 2	29)		0.	0.
9 Program service revenue (Part VIII, line 2 10 Investment income (Part VIII, column (A)	, lines 3, 4, and /d)		2,182.	2,364.
11 Other revenue (Part VIII, Column (A), inc.	s 5, 6d, 8c, 9c, 10c, and 11e)		25,918,903.	29,289,831.
12 Total revenue - add lines 8 through 11 (n	nust equal Part VIII, column (A), line 12)			10,058,420.
13 Grants and similar amounts paid (Part IX	(, column (A), lines 1-3)		9,773,845.	0.
14 Benefits paid to or for members (Part IX,	column (A), line 4)			
o 15 Salaries, other compensation, employee	benefits (Part IX, column (A), lines 5-10)		690,260.	754,985.
16a Professional fundraising fees (Part IX, column (A), lines	lumn (A), line 11e)		7,135,928.	7,466,739.
b Total fundraising expenses (Part IX, colu	mn (D), line 25) 7,729,6			T 000 000
17 Other expenses (Part IX, column (A), lines	s 11a-11d, 11f-24e)		6,554,978.	7,080,822.
18 Total expenses. Add lines 13-17 (must ed	qual Part IX, column (A), line 25)		24,155,011.	25,360,966.
19 Revenue less expenses. Subtract line 18	from line 12		1,763,892.	3,928,865.
		Beg	ginning of Current Year	End of Year
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)			2,717,507.	6,219,349.
21 Total liabilities (Part X, line 26)		- 1	1,622,531.	1,195,509.
22 Net assets or fund balances. Subtract lin			1,094,976.	5,023,840.
Part II Signature Block	V = 1 VIII III. V = 1			
nder penalties of perjury, I declare that I have examined	this return, including accompanying schedul	es and stateme	nts, and to the best of my l	knowledge and belief, it is
der penalties of perjury, I declare that I have examined the, correct, and complete. Declaration of preparer (other	than officer) is based on all information of a	which preparer I	has any knowledge	
e, correct, and complete, bectaration of preparer (other	man officer) is based on an information of t	,	- Inchine ger	2000
Signature of officer	1///	11	Date	
gii	MDEXCITORD St. 1/01	hlow		17,2022
HOWARD SHOLZBERG,	TREASURER N NUMBER	pru	y JUNE	1/2022
Type or print name and title	1	/ 10	Tate Check	7 PTIN
Print/Type preparer's name	Preparer's signature	٩	if	
aid DAVID ROTTKAMP	DAVID ROTTKAMP		self-employed	
eparer Firm's name GRASSI & CO.			Firm's EIN ▶ 1	1-3266576
se Only Firm's address ▶ 50 JERICHO Q	QUADRANGLE		THE SHEET	
JERICHO, NY	11753		Phone no. (51	6) 256-3500
ay the IRS discuss this return with the preparer sh				X Yes No
	Act Notice, see the separate instructi	ons.		Form 990 (2021)

Form 990 (2021)

Form 990 (2021) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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	X	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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 Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

00849401

Form	1 990 (2021) SPCA INTERNATIONAL, INC. 87-077	3320	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	Х	<u> </u>
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	Х	
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		
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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	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			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M			<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	Schedule N, Part II	32		<u> </u>
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
35 a	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 on Schedule O for Part VI, lines 11b and 19?		_	1
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			口
			Yes	No
		0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<u>0</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

132004 12-09-21

Form **990** (2021)

(gambling) winnings to prize winners?

Form 990 (2021) SPCA INTERNATIONAL, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	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		Х			
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 required						
	to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	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		Х			
g	${f g}$ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?						
9	9 Sponsoring organizations maintaining donor advised funds.						
а							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?						
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						
40	amounts due or received from them.)	40					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120					
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a					
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
D	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand 13c						
	Did the consoliration was been assured to be described as the day of the day	14a		х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ייי					
	excess parachute payment(s) during the year?	15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х			
. •	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.	-					

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		1	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4		
2	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, trustees, or key employees to a management company or other person?	3		X
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			٠,,
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			٠,,
	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:		7.7	
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			٦,
800	organization's mailing address? f "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T.,	٠
40-	Did the consequentiant is a based of content to the content of the	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	106		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha	25	
		12a	Х	
12a b	and the second of the second o	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	21	
·	,	12c	Х	
13	on Schedule O how this was done	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CARMEN CALOIAN - (212) 244-7722			
	242 W 30TH STREET RM 1503 NEW YORK NY 10001			

132006 12-09-21 Form **990** (2021)

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week (list any				10010	174140		from the	from related	other
	hours for	Individual trustee or director				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e 0r	stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	Institutional trustee		oyee	om pe		1099-NEC)	,	and related
	below	/idual	tution	Ja Ja	Key employee	est co	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) MEREDITH AYAN	40.00									
EXECUTIVE DIRECTOR (ENDED 06/21)				Х				196,536.	0.	15,208.
(2) ANNE ABBOT	40.00									
DIRECTOR OF DEVELOPMENT						X		112,000.	0.	14,071.
(3) PIERRE BARNOTI	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) HOWARD SHOLZBERG	3.00									
TREASURER		Х		Х				0.	0.	0.
(5) JEAN-PIERRE ROBILLARD	3.00									
SECRETARY (ENDED 08/21)		Х		Х				0.	0.	0.
(6) MICHEL POULOS	1.00									
MEMBER		X						0.	0.	0.
(7) MAUDE PELLERIN	1.00									
MEMBER		Х						0.	0.	0.
			_		_					
		l								
		-	_		-					

Form **990** (2021)

87-0773320

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (D) (E) (F) Position Average Name and title Reportable Estimated Reportable (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) 308,536. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 308,536. 0. 29.279. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 Х line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
INNOVAIRRE GLOBAL, LLC, 2 EXECUTIVE CAMPUS	DIRECT MAIL	· ·
# 200, CHERRY HILL, NJ 08002	MARKETING STRATEGY	10,521,891.
PEP RESPONSE		
528 ROUTE 13 SOUTH, MILFORD, NH 03005	MARKETING	1,327,318.
RESTORE GLOBAL	VETERINARY SUPPLY	
PO BOX 77293, CHARLOTTE, NC 28271	AID	541,107.
CARE2.COM, 3141 STEVENS CREEK BLVD #40394,		
SAN JOSE, CA 95117	MARKETING	240,000.
INNOVAIRRE STUDIOS, INC- BRICKMILL, 2	PRINTED MARKETING &	
EXECUTIVE CAMPUS # 200, CHERRY HILL, NJ	EDUCATION MATERIALS	133,683.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 5		
		000

Form **990** (2021)

			Check if Schedule O contains	a response o	or note to anv lin	e in this Part VIII			
					, ,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues						
S S			Fundraising events						
fts,			Related organizations						
ij gi					112,500.				
ons,			Government grants (contributions)		112,500.				
utic		T	All other contributions, gifts, grants, an		29,174,967.				
ĕ			similar amounts not included above						
ont		_	Noncash contributions included in lines 1a-1f	1g \$	8,565,733.	20 207 467			
O g		n	Total. Add lines 1a-1f			29,287,467.			
					Business Code				
ce	2	а							
Program Service Revenue		b							
ı S.		С							
ran 3ev		d							
.0g		е							
<u>a</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divid	ends, intere	st, and				
			other similar amounts)						
	4		Income from investment of tax-exe						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Not rental income or (less)						
			` ' 	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>o</u>		-	and sales expenses						
her Revenue		c	Gain or (loss) 7c						
ě			Net gain or (loss)						
푸			Gross income from fundraising events	I .					
	0	а	including \$	·					
Ò			contributions reported on line 1c).	_					
			•	I					
		L	Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising Gross income from gaming activities						
	9	а		I .					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming a		······				
	10	а	Gross sales of inventory, less return						
			and allowances						
			Less: cost of goods sold						
-		С	Net income or (loss) from sales of i	nventory					
က္					Business Code				
e e	11	а	MISCELLANEOUS INCOME		900099	2,364.			2,364.
Miscellaneous Revenue		b							
cel.		С							
Mis		d	All other revenue						
		е	Total. Add lines 11a-11d		<u></u>	2,364.			
	12		Total revenue. See instructions		>	29,289,831.	0.	0.	2,364.

Form 990 (2021) SPCA INTERNATIONAL, INC. Part IX Statement of Functional Expenses

0 4	501(1/0) 1501(1/1) 1111				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	X
	Check if Schedule O contains a respor	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	211,785.	211,785.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	283,750.	283,750.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	9,562,885.	9,562,885.		
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,				
	trustees, and key employees	207,344.	24,881.	170,022.	12,441.
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	450,603.	194,504.	48,170.	207,929.
8	Pension plan accruals and contributions (include	,	,	==,=:	,
3	section 401(k) and 403(b) employer contributions)	8,837.	4,065.	324.	4.448.
9	Other employee benefits	39,996.	15,787.	7,704.	4,448. 16,505.
10	Payroll taxes	48,205.	16,317.	15,429.	16,459.
11	Fees for services (nonemployees):	10/2031	10/31/1	13/1231	10/1331
	Management	46,334.		46,334.	-
	Legal	60,926.		60,926.	-
	Accounting	00,520.		00,520.	
	Lobbying Professional fundraising services. See Part IV, line 17	7,466,739.			7,466,739.
	- · · · · · · · · · · · · · · · · · · ·	1,400,133.			1,400,133.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	5,432,067.	5,272,692.	155,602.	3,773.
40	column (A), amount, list line 11g expenses on Sch O.)	3,432,007.	3,212,032.	133,002.	3,773.
12	Advertising and promotion	624,450.	505,982.	118,468.	
13	Office expenses	024,430.	303,902.	110,400.	
14	Information technology				
15	Royalties	68,958.	27,583.	41,375.	
16	Occupancy	29,391.	24,987.	4,404.	
17	Travel	49,391.	24,507.	4,404.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	12 112	0 057	1,972.	1,314.
22	Depreciation, depletion, and amortization	13,143. 12,233.	9,857. 12,233.	1,9/4.	1,314.
23	Insurance	14,433.	14,433.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	E10 0EE	E10 0EE		
a	SHIPPING & PROCESSING	510,055.	510,055.	100 051	
b	BANK FEES	283,265.	84,414.	198,851.	
c					-
d					
	All other expenses	25 260 066	16 761 777	060 501	7 700 600
25	Total functional expenses. Add lines 1 through 24e	25,360,966.	16,761,777.	869,581.	7,729,608.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	10 444 540	4 070 000	_	7 466 730
	Check here X if following SOP 98-2 (ASC 958-720)	12,444,748.	4,978,009.	0.	7,466,739.

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,218,438.	1	5,499,296.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			296,777.	4	549,465.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ons		5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			120,319.	9	70,917.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	228,518. 217,076.			11 11
	b	Less: accumulated depreciation			22,204.	10c	11,442.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			E0 E60	14	00 000
	15	Other assets. See Part IV, line 11			59,769.		88,229.
	16	Total assets. Add lines 1 through 15 (must e		1	2,717,507.	16	6,219,349.
	17	Accounts payable and accrued expenses		ı	1,510,031.	17	1,195,509.
	18	Grants payable			112,500.	18	
	19	Deferred revenue			112,500.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
E.	00	controlled entity or family member of any of t				22	
	23 24	Secured mortgages and notes payable to unit Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on li					
		of O do a dod o D	,	·		25	
	26	Total liabilities. Add lines 17 through 25			1,622,531.	26	1,195,509.
		Organizations that follow FASB ASC 958, or	heck here	X			
es		and complete lines 27, 28, 32, and 33.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SE.	27				421,747.	27	4,475,357.
3ak	28	***************************************			673,229.	28	548,483.
둳		Organizations that do not follow FASB ASG			•		•
Ξ		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current fun	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				1,094,976.	32	5,023,840.
~	33	Total liabilities and net assets/fund balances			2,717,507.	33	6,219,349.
					•		Form 990 (2021)

Form **990** (2021)

Pa	T 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)		29,28		
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,36		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,92	8,8	<u>65.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,09	4,9	<u>76.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,02	3,8	<u>41.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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	<u> </u>
	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	$oxed{oxed}$
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit			
	Act and OMB Circular A-133?		3a		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization SPCA INTERNATIONAL, 87-0773320 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		·	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	,	, ,			, ,	,,
·	membership fees received. (Do not						
		15645592.	17554120.	21252642.	25916721.	29287467.	109656542
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	15645592.	17554120.	21252642.	25916721.	29287467.	109656542
	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)						
6	Public support. Subtract line 5 from line 4.						109656542
	etion B. Total Support						103030312
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		15645592.	17554120.	21252642	25916721	29287467	
	Gross income from interest,	130433321	173341200	21232012.	233107211	23207407	103030342
0	•						
	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						
10	Other income. Do not include gain						
	or loss from the sale of capital	1 011	7 004	E 002	2,182.	2 264	10 477
	assets (Explain in Part VI.)	1,844.	7,994.	5,093.	2,102.	2,364.	19,477. 109676019
	Total support. Add lines 7 through 10		,				<u>дияблюцтя</u>
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	-			•		
804	organization, check this box and stor						P
	ction C. Computation of Publi			. (6)		I I	99.98 %
	Public support percentage for 2021 (I					14	0.0.0.1
	Public support percentage from 2020					15	
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the d	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Т..

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% 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 on 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 on line 9a) 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 on line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	NO
1		
•		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
FI.		
5b 5c		
3C		
6		
_		
7		
8		
3		
9a		
9b		
9c		
10a		
104		
10b		
 	- 000	2004

Schedule A (Form 990) 2021

	duct A (A constant C	. ,	• 10	age o
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
Sec	tion 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		
Sec	tion 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		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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			
Sac	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
a	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 governmental entity (see in Antivities Test Angus Vince On and Objective	nstruction		NIa
2	Activities Test. Answer lines 2a and 2b below.		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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," describe in **Part VI** the role played by the organization in this regard.

3b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

instructions).

Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2021			
<u>a</u>	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f_	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
d	Excess from 2020			
<u>e</u>	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

SPCA INTERNATIONAL, INC.

Employer identification number 87-0773320

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a historically 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 qualifie	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff	•	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h		
6	Starr and volunteer flours devoted to monitoring, inspecting, in	andling of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion essements during the year
•	S	ing of violations, and emoroning conservat	non casements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	ÿ	
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2021

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

Caba	dula D./Farm 000\ 2021 SDCA TNT	ERNATIONAL, I	NC			87-	0773	320	Do	ge 2
	dule D (Form 990) 2021 SPCA INT TILL Organizations Maintaining Co			asures, oi	Other S				rai	ge -
3	Using the organization's acquisition, accession							commuc	<i>,</i>	
	collection items (check all that apply):	.,,,,								
а	Public exhibition	d 🔲	Loan or exch	nange progra	am					
b	Scholarly research	е 🔲	Other							
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain how th	ney further the	e organizatio	n's exemp	t purpose in F	art XIII			
5	During the year, did the organization solicit or	receive donations of art, hi	storical treas	ures, or othe	er similar as	sets				
	to be sold to raise funds rather than to be main	ntained as part of the orga	nization's coll	lection?			Y	es es		No
Pai	t IV Escrow and Custodial Arrang	ements. Complete if the	e organizatior	n answered "	'Yes" on Fo	orm 990, Part	IV, line	9, or		
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodian	n or other intermediary for	contributions	or other ass	ets not inc	luded				
	on Form 990, Part X?						Y	es es		No
b	If "Yes," explain the arrangement in Part XIII are	nd complete the following	table:							
							Ar	mount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f	_			
	Did the organization include an amount on For				-	?	Y	'es	Щ	No
Pa	If "Yes," explain the arrangement in Part XIII. C									
ı uı	Endownient Funds: Complete II		Prior year	(c) Two year) Three years ba	ack (e	e) Four ye	ars h	ack
10	Paginning of year balance	(b) T	nor year	(C) TWO your	3 back (a	j Tilloo yours bi	uon (c	, rour ye	Jui 5 D	uon
	Beginning of year balance									
C	Contributions Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt vear end balance (line 1	a. column (a))	held as:						
а	Board designated or quasi-endowment	•	J, (),	,						
b	Permanent endowment	%								
С	Term endowment ▶	 1								
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.								
За	Are there endowment funds not in the possess	sion of the organization tha	at are held an	d administer	ed for the o	organization				
	by:						_	Y	es	No
	(i) Unrelated organizations						[3a(i)		
	(ii) Related organizations						3	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati							3b		
4	Describe in Part XIII the intended uses of the c		funds.							
Pai	t VI Land, Buildings, and Equipme			_	_					
	Complete if the organization answered	"Yes" on Form 990, Part I	/, line 11a. Se	ee Form 990						
	Description of property	(a) Cost or other	(b) Cost			umulated	(d)) Book v	alue	
		basis (investment)	basis (otner)	depre	eciation				
1a	Land									

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		41,142.	41,142.	0.
d Equipment		155,557.	144,115.	11,442.
e Other		31,819.	31,819.	0.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990 Part X colun	nn (R) line 10c)	•	11.442.

Schedule D (Form 990) 2021

	IATIONAL, INC.	87	7-0773320 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	1		
(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"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(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"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

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

Schedule D (Form 990) 2021

(6) (7) (8)

Par	τ ΧΙ	Reconciliation of Revenue per Audited Financial Statemen	ts with Revenue per R	eturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1				1	29,767,466.
2		ints included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а		nrealized gains (losses) on investments	2a 455 635	_	
b		ted services and use of facilities	2b 477,635	-	
С		veries of prior year grants	2c	_	
d		(Describe in Part XIII.)	2d		455 625
		nes 2a through 2d		2e	477,635.
3		act line 2e from line 1		3	29,289,831.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b		_	
b		(Describe in Part XIII.)	4b		
С		nes 4a and 4b		4c	0.
5 Do:	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Stateme	nto With Evnonce nov	5 Dot::::	29,289,831.
Pai	τ λιι		nts with Expenses per	Retur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			25 020 600
1		expenses and losses per audited financial statements		1	25,838,602.
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1 455 625		
а		ted services and use of facilities	2a 477,635	-	
b		year adjustments	2b	_	
С	Other	losses	2c	_	
d		(Describe in Part XIII.)			455 635
е		nes 2a through 2d		2e	477,635.
3		act line 2e from line 1		3	25,360,967.
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b			
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b		4c	0.
5 Do:	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	25,360,967.
		Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		4; Part	X, line 2; Part XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal information.		
D 7 E	лт 3 <i>7</i>	TIME O			
PAF	(T. X	, LINE 2:			
		CAT HAG DEMEDIATIND MHAM MHEDE ADE NO MA		AT (T) A	37
LHE	SP	CAI HAS DETERMINED THAT THERE ARE NO MAY	PERIAL UNCERTAL	N TA	<u>X</u>
-		ONG THE PROBLET PROGRETARY OF PROGRESS			-
201	2 T.T.T	ONS THAT REQUIRE RECOGNITION OR DISCLOS	JRE IN THE FINA	NCIA	<u>L</u>
am 2		TANDO DIL ODONE EG GUDEDOM MO DOUMEND N	TDTMC DV MAVING		
STF	7.T.F.W	ENTS. THE SPCAI IS SUBJECT TO ROUTINE A	JDITS BY TAXING		
TTT	T 0 D	TOWNONG HOWEVED WHEDE ARE CHIRESTON N	ATIDIMO HOD AN	. m.a.	y DEDIODA
JUF	KISD	ICTIONS; HOWEVER, THERE ARE CURRENTLY NO	J AUDITS FOR AN	Y TA.	X PERIODS
	DD 0				T
TN	PRO	GRESS. THE SPCAI BELIEVES IT IS NO LONG	ER SUBJECT TO I	NCOM.	E TAX
EX <i>F</i>	MTN	ATIONS PRIOR TO 2018.			

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

Name of the organization

Employer identification number

SPCA INTERNATIONAL, INC. 87-0773320

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ______X Yes _____No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

(a) Region	(b) Number of	(c) Number of	an be duplicated if additional space is ranged (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	independent	gram services, investments, grants to		for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES			GENERAL SUPPPORT	VETERINARY AID	33,087.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES			EMERGENCY SUPPORT	VETERINARY AID	72,144.
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS			GENERAL SUPPORT	VETERINARY AID	114,500.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM			GENERAL SUPPORT	VETERINARY AID	153,500.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM			EMERGENCY SUPPORT	VETERINARY AID	9,500.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,			VETERINARY SUPPLY AID	VETERINARY AID	32,275.
RUSSIA AND					
NEIGHBORING STATES -					
ARMENIA, AZERBIJAN,					
BELARUS,			GENERAL SUPPORT	VETERINARY AID	26,500.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,			GENERAL SUPPORT	VETERINARY AID	148,500.
3 a Subtotal	0	0			590,006.
b Total from continuation					
sheets to Part I	0	0			407,145.
c Totals (add lines 3a					
and 3b)	0	0			997,151.

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

Schedule F (Form 990) 2021

Totals

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,					VETERINARY SUPPLY	
		· ·	VETERINARY SUPPLY AID	319,145.	WIRE	947,686.	AID	FMV
		EUROPE (INCLUDING		,		,		
		ICELAND &						
		GREENLAND) -					VETERINARY SUPPLY	
			VETERINARY SUPPLY AID	163,000.	WIRE	1077963.		FMV
		NORTH AMERICA -		,				
		CANADA AND						
		MEXICO, BUT NOT					VETERINARY SUPPLY	
		· '	VETERINARY SUPPLY AID	105,231.	WIRE	39,035.		FMV
		RUSSIA AND		,		,		
		NEIGHBORING						
		STATES - ARMENIA,					VETERINARY SUPPLY	
		AZERBIJAN,	VETERINARY SUPPLY AID	26,500.	WIRE	50,695.	AID	FMV
		SOUTH AMERICA -		,		,		
		ARGENTINA,						
		BOLIVIA, BRAZIL,					VETERINARY SUPPLY	
		l ' '	VETERINARY SUPPLY AID	32,275.	WIRE	1026161.	AID	FMV
		SUB-SAHARAN		,				
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,					VETERINARY SUPPLY	
		BURKINA FASO,	VETERINARY SUPPLY AID	236,500.	WIRE	2721167.		FMV
		,		,				
		CENTRAL AMERICA					VETERINARY SUPPLY	
		AND THE CARIBBEAN	VET	114,500.	WIRE	2583010.	AID	FMV
				,				

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a t	tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

_____1

3 Enter total number of other organizations or entities

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 ac	dditional space is needed	1.					
(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: FOR GRANTS TO OTHER ORGANIZATIONS, SPCAI IMPLEMENTS STRICT MONITORING GRANTS TO OTHER ORGANIZATIONS ARE GENERALLY RESTRICTED TO A SPECIFIC PURPOSE IN SUPPORT OF THE SPCAI PROGRAMS. PRIOR TO RECEIVING GRANTS, GRANTEES MUST SUBMIT A FORMAL PROPOSAL THAT CONTAINS MEASURABLE IMPACT GOALS, BUDGET, AND SIGNED COMPLIANCE. THROUGHOUT THE TENURE OF THE GRANT, SPCAI WORKS CLOSELY WITH GRANTEES TO ENSURE THAT GOALS WILL BE MET THROUGH REGULAR COMMUNICATION AND EVALUATION.

10260531 792240 008494000

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization							ntification number
	TERNATIONAL, INC.					87-0773	
Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e X Solicita f Solicita g Special or oral agreement with any individual rart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover hising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con contribu	ustody itrol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
INNOVAIRRE GLOBAL, LLC - 2	CONSULTS ON DIRECT MAIL	Yes	No				
EXECUTIVE CAMPUS #200, CHERRY	PROGRAM		Х	14,316,463.		10,521,891.	3,794,572.
			•	14,316,463.		10,521,891.	3,794,572.
3 List all states in which the organization or licensing.							
AK, AL, AR, CA, CO, CT, DE, NC, ND, OH, OK, OR, PA, RI,							
NC, ND, OH, OK, H, KI,	BC, BD, IN, IN, OI, VI,	V Z	121, 1	·	, 111	, ma, mi,	m, no

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

87-0773320 Page 2 SPCA INTERNATIONAL, INC. Schedule G (Form 990) 2021 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990) 2021

Sch	ledule G (Form 990) 2021 SPCA INTERNATIONAL, INC. 87-0	1//3340	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	O No
12	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
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	,,,
17	Effici the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
-	, 1 , 100, 100, 100, 100 and address of the time party.		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	,		
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ Na
	retain the state gaming license?	Yes	∟ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Б.	organization's own exempt activities during the tax year > \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		_	
<u>SC</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
(I) NAME OF FUNDRAISER: INNOVAIRRE GLOBAL, LLC		
<u>/ </u>) NAME OF FUNDATIONAL INNOVALABLE GLOBAL, LLC		
(I) ADDRESS OF FUNDRAISER: 2 EXECUTIVE CAMPUS #200, CHERRY HILL,	N.T 12	603
<u>, </u>	, indicate of longitudent. 2 mandelly chaired #200, chemic little,		555

Schedule G (Form 990) 2021

Schedule G	i (Form 990)	SPCA INTERNATIONAL,	INC.	87-0773320 Page 4
Part IV	(Form 990) Supplemental Infor r	nation _(continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

SPCA INTERNATIONAL, INC.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

No. | No.

criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) ANIMAL WELLNESS ACTION 611 PENNSYLVANIA AVENUE SE #136 82-5477192 501(C)(3) WASHINGTON, DC 20003 0 GENERAL SUPPORT 24,000. BRANDYWINE VALLEY SPCA 1212 PHOENTXVILLE PIKE WESTCHESTER - PENNSYLVANIA NY 23-1381030 501(C)(3) 19720 8,000 0. DISASTER RELIEF HELPING PAWS ACROSS BORDERS 16 CHAMISA ROAD PLACITAS 46-4129178 501(C)(3) NEW MEXICO, NM 87043 6,000 0 VETERINARY CARE LUVABLE DOG RESCUE 30415 LE BLEU ROAD 81-0607118 501(C)(3) VETERINARY CARE EUGENE OR 97405 11 500 0. MARLEY'S MUTTS 1121 WEST VALLEY BLVD STE I #140 30-0636031 501(C)(3) GENERAL SUPPORT TEHACHAPI, CA 93561 14 285 0. NO DOGS LEFT BEHIND 244 5TH AVE. SUITE 200 GENERAL SUPPORT AND NEW YORK , NY 11545 46-5555377 501(C)(3) 20 000 0. EDUCATION

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

Schedule I (Form 990) 2021

20.

Part II Continuation of Grants and Other	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUTNAM COUNTY SPCA 47 GLENEIDA AVENUE CARMEL, NY 10512	27-0655766	501(C)(3)	36,000.	0.			GENERAL SUPPORT
REVERSED RESCUE 6221 ELIZABETH LAKE ROAD LEONA VALLEY, CA 93551	47-5317080	501(C)(3)	7,500.	0.			GENERAL CARE
STRAY DOG SUPPORT 1651 HIGH GROUND COURT KEWASKUM, WI 53040	83-4373752	501(C)(3)	17,500.	0.			GENERAL SUPPORT, VETERINARY CARE, DISASTER RELIEF

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OMP TRAVEL GRANTS	365	283,750.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	lditional information.	
PART I, LINE 2:					
OPERATION MILITARY PETS: THE IND	IVIDUAL MUS	T SUBMIT A	AN APPLICAT	ION ALONG	
WITH SUPPORTING DOCUMENTS AND OFF	FICIAL PURC	HASE ORDER	RS FROM THE	U.S.	
MILITARY, PROOF OF RECEIPT OF TRA	AVEL FROM T	HE AIRLINE	E (OR OTHER		
TRANSPORTATION COMPANY).					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

SPCA INTERNATIONAL, INC.

Employer identification number 87-0773320

Yes No No No No No No No N	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	Yes No
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b	Form 990,
Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Ib Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Compensation committee Myritten employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from a equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Dearticipate in or receive payment from a supplemental nonqualified retirement plan? 5 Participate in or receive payment from an equity-based compensation arrangement? 4 Dearticipate in or receive payment from an equity-based compensation arrangement? 4 Dearticipate in or receive payment from an equity-based compensation arrangement? 4 Dearticipate in or receive payment from an equity-based compensation arrangement? 4 Dearticipate in or receive payment from an equity-based compensation arrangement? 4 Dearticipate in or receive payment from an equity-based compensation arrangement?	personal use
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	nal residence
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	on fees
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Omegon of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	auffeur, chef)
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Omegon of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	or
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1b
Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? C Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	ors,
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Table Pouring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	2
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Table Pouring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	ation's
Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	nization to
Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? dc X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 	
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	ition committee
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	·····
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
	4c X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9	
	nection
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	IISALIOIT
contingent on the revenues of:	50 X
a The organization? 5a X Any related examination?	
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30 A
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	neation
contingent on the net earnings of:	Isation
·	6a X
	a V
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	OD A
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	ments
not described on lines 5 and 6? If "Yes," describe in Part III	l l
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>
Regulations section 53.4958-6(c)?	9

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MEREDITH AYAN	(i)	73,536.	2,000.	121,000.	5,704.	9,504.	211,744.	0.	
EXECUTIVE DIRECTOR (ENDED 06/21)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
-	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
MEREDITH AYAN, EXECUTIVE DIRECTOR, RECIEVED A SEVERANCE PAYMENT OF \$121,000
DURING 2021.
PART I, LINE 7:
BONUS PAYMENTS ARE DETERMINED AT THE DISCRETION OF THE BOARD OF DIRECTORS

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open To Public Inspection

Name of t	he organization	SPCA IN	TEI	RNATIONA	L,	INC	•						ident		on nu	mber
Part I	Excess Bene)(4), and sec	ction 5	01(c)(29) orga						
	Complete if the o	organization	answ	vered "Yes" on F	orm 9	90, Pa	art IV, line	25a or 25b	, or Fo	rm 990-EZ, P	art V, I	ine 40	b.			
1 (a) N	ame of disqualified p	orson	(b) R	elationship betv			lified	le	N Dec	cription of tran	eactio	'n		(d)	Corre	cted?
(a) 14	arrie or disqualified p	JEI SOIT		person and or	ganiza	ation		,,	, Desi		isactic	,,,,		Y	es	No
															_	
														-	_	
														-	-+	
		+												-	\dashv	
															\dashv	
2 Ente	r the amount of tax i	ncurred by t	he or	ganization man	agers	or disc	ualified r	ersons duri	na the	vear under						
	1050											> \$				
3 Ente	r the amount of tax,											> \$				
Part II	Loans to and	l/or From	Inte	erested Pers	sons.											
	Complete if the o	· ·					, Part V, I	ine 38a or F	orm 9	90, Part IV, lin	ie 26; (or if th	e orga	nizatio	n	
	reported an amo					an to or		Notation at	(4) =		Ι,	N 1	(h) Ap	proved	<i>(-)</i> 1 <i>(</i>	/:
	(a) Name of erested person	(b) Relations with organiza		(c) Purpose of loan	fron	n the	(0)	Original al amount	(f) E	Balance due) In ault?	by bo	ard or	(') '	Vritten ement?
	•				٣	zation? From	` `				Yes		Yes		Yes	Т
					10	1 10111					163	140	163	140	163	110
																-
T - 4 - 1								.								
Total Part III	Grants or As	sistance	Ben	efiting Inter	este	d Per	sons.	> \$								
	Complete if the o			_				27.								
(a)	Name of interested p			b) Relationship				Amount of		(d) Type	of		(e) Purp	ose o	f
	•		`	interested pers	on an			sistance		assistan	ice		` ;	assista	ance	
				the organiza	ation											
			_													
			_													
			\vdash				-		+			\dashv				
									+			\dashv				

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

Schedule L (Form 990) 2021

Schedu	ile L (Form 990) 2021 SPCA I	NTERNA'	TIONAL,	INC.		87-0773	320	Page 2
Part								
	Complete if the organization answered	"Yes" on For	rm 990, Part IV	, line 28a, 28	8b, or 28c.			
	(a) Name of interested person	(b) Relation	nship between	interested	(c) Amount of	(d) Description of	(e) Sha	aring of zation's
		person	and the organ	ization	transaction	transaction	rever	nues?
							Yes	No
LORI	KALEF	FAMILY	MEMBER	OF BO	95,886.	EMPLOYMENT		X
							1	
Part	_							
	Provide additional information for response	onses to ques	stions on Sche	dule L (see i	nstructions).			
~ ~								
SCH	L, PART IV, BUSINESS T	RANSACI	LIONS IN	IAOTATI	G INTERESTE	ED PERSONS:		
/ 3 \	NAME OF DEDGON LODE W	3.7.00						
(A)	NAME OF PERSON: LORI K	ALEF						
/ D \	DELYMTONGUED DEMMEEN T	NIMEDECI	סמת חשם	רוז א זארי	. ODC3NIT73MI	OM.		
<u>(B)</u>	RELATIONSHIP BETWEEN I	NIEKEDI	LED PERS	ON AND	ORGANIZATI	ON:		
EλMI	LY MEMBER OF BOARD MEM	סשם						
LAMI	LI MEMBER OF BOARD MEM	DEK						

Schedule L (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization SPCA INTERNATIONAL, INC. Employer identification number 87-0773320

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	•	inte
		арріісаріе		Form 990, Part VIII, line 1g	Tioricasii contribu	Juon amou	1113
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						
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			0 445 515			
20	Drugs and medical supplies	X	1	8,445,717.	ESTIMATED F	AIR V	ALUE
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	X	1	120 722	ESTIMATED F.	'A TD 37	7 T TTE
25	Other \blacktriangleright ($\underline{1}$			120,732•	ESTIMATED F.	AIK V	диов
26 27	Other () Other ()						
28	Other () Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tay year for co	ontributions	1		
	for which the organization completed Form 828	-	•				
		,,, a.,,,				Ye	s No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	th 28, that it		1
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	tions?	31	Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M	(Form 990) 2021	SPCA	INTERNA	ATIONAL,	INC.		87-0773320	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Inform	ation. Provid	de the information	on required ons, the nu	by Part I, lines 30b, 32b, and mber of items received, or a control of the state of	d 33, and whether the organiza combination of both. Also com	ition plete
	this part for any ac	Julionai II	THORNIALION.					
-								
	<u></u>							

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

Name of the organization

SPCA INTERNATIONAL, INC.

Employer identification number 87 - 0773320

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OPERATION BAGHDAD PUPS - U.S. TROOPS DEPLOYED AROUND THE WORLD BEFRIEND LOCAL ANIMALS AS A WAY TO COPE WITH THE EMOTIONAL HARDSHIPS THEY ENDURE EVERY DAY FAR FROM HOME AND LOVED ONES. THESE ANIMALS, OFTEN CALLED MILITARY MASCOTS OR PATRIOT PETS, NOT ONLY HELP OUR HEROES WHILE STATIONED OVERSEAS, BUT ALSO HELP THEM READJUST TO LIFE WHEN THEY THIS HIGHLY SUCCESSFUL AND CELEBRATED PROGRAM HAS BEEN RETURN HOME. REUNITING U.S. SERVICE MEMBERS WITH THEIR COMPANIONS SINCE 2008. OPERATION BAGHDAD PUPS PROVIDES VETERINARY CARE AND COORDINATES COMPLICATED LOGISTICS AND TRANSPORTATION REQUIREMENTS IN ORDER TO REUNITE THESE BELOVED PETS WITH THEIR SERVICE MEN AND WOMEN BACK IN THE U.S.

OPERATION MILITARY PETS - 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, THE MILITARY PAYS FOR MANY MOVING MOVING BILLS CAN BE SUBSTANTIAL. 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. 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. TOTAL AMOUNT GRANTED IS \$283,750.

EXPENSES \$ 1,251,360. INCLUDING GRANTS OF \$ 283,750. REVENUE \$ 0.

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

Schedule O (Form 990) 2021

132211 11-11-21

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization SPCA INTERNATIONAL, INC. Employer identification number 87-0773320

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PROVIDED ELECTRONICALLY TO THE BOARD TREASURER. THE 990 WILL BE REVIEWED BY THE BOARD TREASURER AND THE EXECUTIVE DIRECTOR PRIOR TO SIGNING.

FORM 990, PART VI, SECTION B, LINE 12C:

A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EACH BOARD

MEMBER TO SIGN YEARLY. ANY CONFLICTS OF INTEREST ARE ADDRESSED ON AN

ONGOING BASIS AND AT BOARD MEETINGS (A MINIMUM OF THREE TIMES PER YEAR).

FORM 990, PART VI, SECTION B, LINE 15A:

EACH YEAR, THE BOARD OF DIRECTORS REVIEW COMPARABLE SALARIES BASED ON A

RECOGNIZED STUDY AND REVIEWS OF PERFORMANCE OF THE EXECUTIVE DIRECTOR TO

DETERMINE IF THE EXISTING SALARY FALLS WITHIN THESE RANGES. AFTER A

DELIBERATION OF THIS MATTER, A NEW PROPOSED SALARY AND BENEFIT PACKAGE IS

VOTED ON. THE MINUTES OF THE BOARD DIRECTORS REFLECT THE NATURE OF THIS

PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,CA,CO,CT,DE,FL,AZ,GA,HI,ID,IN,IA,KS,KY,LA,MO,MT,NE,NV,NH,NJ,NM,NY

NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,ME,MD,MA,MI,MN,MS

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED

UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE ON GUIDESTAR.ORG AND OTHER

SIMILAR TYPES OF WEBSITES. IN ADDITION, FORM 990 AS WELL AS THE FINANCIAL

STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE

132212 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021	Page 2
Name of the organization SPCA INTERNATIONAL, INC.	Employer identification number 87-0773320
AVAILABLE BY CONTACTING THE ORGANIZATION DIRECTLY AT (888)	690-7722.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES - OTHER:	
PROGRAM SERVICE EXPENSES	294,683.
MANAGEMENT AND GENERAL EXPENSES	155,602.
FUNDRAISING EXPENSES	3,773.
TOTAL EXPENSES	454,058.
MARKETING AND MEDIA:	
PROGRAM SERVICE EXPENSES	4,978,009.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,978,009.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,432,067.
FORM 990, PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	