### Form **990**

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For th	e 2018 calendar year, or tax year beginning	and	i ending		
В	Check if applicab	C Name of organization			D Employer identific	ation number
	Addre	SPCA INTERNATIONAL, INC.				
	Name	Doing business as			87-07	773320
	Initial	Number and street (or P.U. box it mail is not delivered to street address)		Room/suite	E Telephone number	
	Final	Z4Z WEST SOIN SIKEET		1503	(212)	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2
	termi	City or town, state or province, country, and ZIP or foreign postal c	ode		G Gross receipts \$	17,562,114.
	Amer	NEW TORK, NY 10001			H(a) Is this a group ref	turn
	Appli	F Name and address of principal officer: ITOWARD SHOUZDE	RG		for subordinates?	Yes X No
	pend	SAME AS C ABOVE			H(b) Are all subordinates inc	luded? Yes No
		empt status: X 501(c)(3) 501(c)( )◀ (insert no.) 45	947(a)(1)	or 527	If "No," attach a l	ist. (see instructions)
		te: ► WWW.SPCAI.ORG			H(c) Group exemption	
		forganization: X Corporation Trust Association Other	<u> </u>	L Year	of formation: 2006 M	State of legal domicile; DE
P	art I	Summary				1 VIII
a	1	Briefly describe the organization's mission or most significant activities:	ADVA	NCING	THE SAFETY A	ND
Activities & Governance		WELL-BEING OF ANIMALS				
rns	2	Check this box if the organization discontinued its operations	or dispos	sed of more	than 25% of its net asse	
000	3				3	4
8	4	Number of independent voting members of the governing body (Part VI, I	,		4	4
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2	,		5	25
ţi	6	Total number of volunteers (estimate if necessary)				0.
AC	/a	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 38			7a 7b	0.
*****	D	Net unrelated business taxable income from Form 990-1, line 36		T	Prior Year	Current Year
ne		Contributions and grants (Part VIII line 1h)		-	15,645,592.	17,554,120.
	8	Contributions and grants (Part VIII, line 1h)			0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		-	0.	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,844.	7,994.
	11	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e)			15,647,436.	17,562,114.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	116 12)		7,777,039.	8,214,010.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line		-	435,324.	516,419.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	,		3,093,433.	4,433,965.
per	b	Total fundraising expenses (Part IX, column (D), line 25)   4,6	07,5	88.		
H	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,368,016.	4,196,579.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			14,673,812.	17,360,973.
	19	Revenue less expenses. Subtract line 18 from line 12			973,624.	201,141.
10	G			Ве	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)			1,171,024.	1,166,509.
AS	21	Total liabilities (Part X, line 26)			1,430,193.	1,224,537.
Net	MINISTERNATION IN COLUMN	Net assets or fund balances. Subtract line 21 from line 20			-259,169.	-58,028.
_	art II					
		alties of perjury, I declare that I have examined this return, including accompanying				knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all informa	ation of w	hich preparer	has any knowledge.	toolia
		Toward Mish	7		Data	7/20/17
Sig	n	Signature of officer			Date	1 1
He	re	HOWARD SHOLZBERG, TREASURER				
-		Type or print name and title		Tr	Date Check	PTIN
D		Print/Type preparer's name  Preparer's signature  Preparer's Popular AMP	AMD		5/22/19 of self-employer	
Pai		DAVID ROTTKAMP DAVID ROTTK.  Firm's name GRASSI & CO., CPA'S P.C.	AMP	10	Firm's EIN	11-3266576
	parer	Firm's address 50 JERICHO QUADRANGLE			FILM S EIN	11 3200370
056	Only	JERICHO, NY 11753			Phone no (51	6) 256-3500
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			Ti none no. ( 52	X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  ADVANCING THE SAFETY AND WELL-BEING OF ANIMALS
	ADVANCING THE SAFETT AND WELL-BEING OF ANIMALS
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,548,581. including grants of \$7,548,581. ) (Revenue \$)
	GLOBAL ANIMAL VETERINARY ASSISTANCE - EACH YEAR, THE SPCAI DISTRIBUTES
	CRITICAL VETERINARY MEDICAL SUPPLIES TO ANIMAL SHELTERS THROUGHOUT THE
	WORLD. AS A RESULT, ORGANIZATIONS IN DEVELOPING COUNTRIES HAVE BEEN
	ABLE TO TREAT MORE SICK AND INJURED ANIMALS. THESE DONATIONS, ALONG
	WITH FINANCIAL GRANTS, HAVE ALLOWED ORGANIZATIONS TO PROVIDE SUCCESSFUL
	SPAY AND NEUTER EVENTS THROUGHOUT THE YEAR. THROUGH THIS PROGRAM, THE
	SPCAI HAS DISTRIBUTED MILLIONS OF DOLLARS IN VETERINARY MEDICAL
	SUPPLIES TO SHELTERS ON ALMOST EVERY CONTINENT.
4b	(Code:) (Expenses \$2,743,419. including grants of \$) (Revenue \$)
	EDUCATION PROGRAMS - THE SCPAI'S EDUCATION OUTREACH REACHES HUNDREDS OF
	THOUSANDS OF PET PARENTS AND ANIMAL ACTIVISTS EVERY YEAR. BOTH ONLINE
	AND THROUGH OTHER MEDIA RESOURCES, THE SPCAI SERVES AS AN INFORMATION
	AND REFERRAL RESOURCE FOR ANIMAL LOVERS THROUGHOUT THE WORLD. SKILLED
	STAFF RESEARCH QUESTIONS, FIND ANSWERS, OFFER ADVICE, AND CONNECT THOSE
	REQUESTING ASSISTANCE. EVERY YEAR, THE SPCAI PROVIDES SUPPORT AND HELP
	TO THOUSANDS OF INDIVIDUALS IN NEED OF ANIMAL ASSISTANCE. THE SPCAI'S
	EDUCATION PROGRAMS REDUCE ANIMAL SUFFERING AND ABUSE BY RAISING
	AWARENESS AND FACILITATING ACTION AMONG LIKE-MINDED ADVOCATES.
	405 000
4c	$(\texttt{Code:} \_\_\_) (\texttt{Expenses} \$ \_\_\_ 425, 200 \bullet \_\_\_\_\_\_\_\_\_) (\texttt{Revenue} \$ \_\_\_\_\_\_\_\_\_\_\_)$
	SHELTER AND EMERGENCY GRANTS - THE SPCAI GIVES DIRECT SUPPORT BY
	AWARDING SHELTER GRANTS TO MANY ANIMAL ORGANIZATIONS IN NEED OF
	ASSISTANCE THROUGHOUT THE US AND ALL OVER THE WORLD. THESE MUCH NEEDED
	FUNDS GO TOWARD HELPING ANIMAL SHELTERS IMPROVE THEIR FACILITY, FUND
	BASIC NEEDS, SUPPORT SPAY AND NEUTER INITIATIVES AND ULTIMATELY
	REDUCING EUTHANASIA RATES. ANIMAL SHELTERS ALWAYS TRY TO PLAN FOR AN
	INFLUX OF ANIMALS, AN EMERGENCY SITUATION OR AN UNFORESEEN EXPENSE, BUT
	MANY TIMES ORGANIZATIONS BECOME OVERWHELMED. IN LIGHT OF THIS, THE
	SPCAI ALSO DISTRIBUTES EMERGENCY GRANTS TO SHELTERS WHEN THEY NEED IT
	MOST: IN URGENT CRISIS SITUATIONS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,510,867. including grants of \$ 240,229.) (Revenue \$ )
4e	Total program service expenses ► 12,228,067.
	Form <b>990</b> (2018)

### Form 990 (2018) 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?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٠,,
	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		v	
40	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	40		
47	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,	4-	v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		_^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		_ v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

			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		<u> X</u>
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<del></del> -
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> X</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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	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	۱		\ <del></del>
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<del>                                     </del>
50	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	00		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
- <b>-</b>	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
832004	l 12-31-18	Form	990	(2018)

### Form 990 (2018) SPCA INTERNATIONAL, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 87-0773320 Page **5**

			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 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			3,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
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?	70		x
ч		7c		
e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		T
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>L</b>	Note. See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
с 14а		14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		<del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי		$\vdash$
	excess parachute payment(s) during the year?	15		x
	If "Yes," see 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.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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, or 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			
	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			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		_X_
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			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	<u> </u>	TT T	
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, DE, FL, AZ			
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)s	only) a	availab	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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinanc	al	
	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			
	MEREDITH AYAN, EXECUTIVE DIRECTOR - (212) 244-7722			
	242 W 30TH STREET, SUITE #1503, NEW YORK, NY 10001	_	000	(00.10)
832006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	ฮฮบ	(2018)

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

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

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

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

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

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			_ (0	<b>C</b> )			(D)	(E)	(F)
Name and Title	Average	(do		Pos		<b>ነ</b> than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week	_	Cei ai	lu a u	liecto	i / ii us	(66)	from	from related	other 
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC)	(***-2/1099-181130)	organization
	organizations	ruste	Institutional trustee		/ee	mpen		(** 2/ 1033 1/1100)		and related
	below	dualt	utiona	_	oldm	st co	Je.			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			· ·
(1) PIERRE BARNOTI	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) HOWARD SHOLZBERG	3.00									
TREASURER		Х		Х				0.	0.	0.
(3) JEAN-PIERRE ROBILLARD	3.00									
SECRETARY		Х		X				0.	0.	0.
(4) MICHAEL POULOS	1.00									
MEMBER		Х						0.	0.	0.
(5) MEREDITH AYAN	40.00									
EXECUTIVE DIRECTOR				X				136,250.	0.	10,615.
(6) STEPHANIE SCOTT	40.00									
DIRECTOR OF MARKETING & COMMUNICATIO						X		105,046.	0.	14,892.
		1								
		1								
_										
		1								

87-0773320

Part VII   Section A. Officers, Directors	, Trustees, Key Emp	oloye	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
<b>(A)</b> Name and title	(B) Average			(C Posi	C)			(D)	(E)			(F)	. d
Name and title	hours per	box,	not c	heck i ss per	more rson is	than o	n an	Reportable compensation	Reportable compensation			stimate nount (	
	week (list any		cer an	d a di	irecto	r/trus	tee)	from the	from related organization		com	other pensa	tion
	hours for	ndividual trustee or director				ted		organization	(W-2/1099-MIS			rom the	
	related organizations	ustee c	Institutional trustee		90	Highest compensated employee		(W-2/1099-MISC)				janizati d relate	
	below	idual tr	utional	ar.	Key employee	est con oyee	ь					anizatio	
	line)	Indiv	Instit	Officer	Key e	High	Former						
1b Sub-total							<b>&gt;</b>	241,296.		0.	2	5,50	
c Total from continuation sheets to P								241,296.		0.	2	5,50	0.
d Total (add lines 1b and 1c)							O re	· · · · · · · · · · · · · · · · · · ·	000 of reportable			5,50	0 / •
compensation from the organization		030	11310	u ac	JOVC	, , ,	010	secived more than \$100,	ooo or reportable	,			2
												Yes	No
3 Did the organization list any former of				•	•			•					.,
line 1a? If "Yes," complete Schedule											3		<u> </u>
4 For any individual listed on line 1a, is and related organizations greater than	•		•					•	•		4		Х
5 Did any person listed on line 1a receiv													
rendered to the organization? If "Yes	." complete Schedule	J fo	or su	ıch <u>r</u>	oers	on .					5		Х
Section B. Independent Contractors													
<ol> <li>Complete this table for your five high the organization. Report compensation</li> </ol>	•	•							•	oensat	tion fro	mc	
	A)	ai e	iluli	ıy W	iui C	VVI	11111	(B)	cai.		((	D)	
	siness address							Description of s	ervices	С		nsation	n
INNOVAIRRE COMMUNICATI	ONS									_			

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
INNOVAIRRE COMMUNICATIONS		
25 HYLTON ROAD, PENNSAUKEN, NJ 08110	FUNDRAISING	6,001,547.
PEP RESPONSE SYSTEM		
19 STONEY BROOK ROAD, WILTON, NH 03086	MARKETING	736,371.
CHARITY SERVICES INTERNATIONAL	VETERINARY SUPPLY	
981 YARBOROUGH ROAD, FORT MILL, SC 29707	AID	506,189.
BRICKMILL MARKETING, 528 ROUTE 13 S.,	PRINTED MARKETING &	
SUITE 200, MILFORD, NH 03055	EDUCATION MATERIALS	145,880.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

				TIATEIMAT	TOMAD, IN	iC•		07 0775	7320 Fage 9
Par	τν	111	_						
			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ce Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Membership dues Fundraising events	1c	17,554,120. 7,548,581.  Business Code	17,554,120.			
Program Service Revenue			All other program service reve	nue					
	3 4 5	3	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, intere	est, and  proceeds				
		b c	Gross rents  Less: rental expenses  Rental income or (loss)  Net rental income or (loss)						
		b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses		(ii) Other				
Other Revenue	8	а	Gross income from fundraising including \$	g events (not of 1c). See a					
0			Net income or (loss) from fund		<b>&gt;</b>				
		b	Gross income from gaming ac Part IV, line 19	a					
	10	a b	Gross sales of inventory, less and allowances	returns a b					
ŀ			Miscellaneous Revenue		Business Code				
}	11	a	MISCELLANEOUS INCOME	<u> </u>	900099	7,994.			7,994.
		a b				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1,442
		c d	All other revenue		<b>•</b>	7,994.			
ı		_	I JULI TUU III ICO I I A' I I U			.,			

Socti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	anlete column (A)	
Secu	Check if Schedule O contains a respor		-	ipiele column (A).	X
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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		СХРСПОСО	general expenses	скрепосо
•	and domestic governments. See Part IV, line 21	149,700.	149,700.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	240,229.	240,229.		
3	Grants and other assistance to foreign		- , -		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	7,824,081.	7,824,081.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	146,866.	51,403.	66,089.	29,374.
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	293,149.	114,281.	62,825.	116,043.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	76,404.	29,108.	20,380.	26,916.
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	10,992.		10,992.	
С	Accounting	62,373.		62,373.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	4,433,965.			4,433,965.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	0 050 100	0 000 004	E4 055	
	column (A) amount, list line 11g expenses on Sch 0.)	2,952,189.		74,955.	
12	Advertising and promotion	14,086.		05 774	
13	Office expenses	394,306.	298,532.	95,774.	
14	Information technology				
15	Royalties	63,323.	25,329.	27 004	
16	Occupancy	163,323.	159,564.	37,994. 3,792.	
17	Travel	103,330.	139,304.	3,194.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest  Payments to affiliates				
21 22	Payments to affiliates  Depreciation, depletion, and amortization	12,895.	9,671.	1,934.	1,290.
23		7,486.	7,486.	1,054	1,450•
23 24	Other expenses. Itemize expenses not covered	,,100.	,,100.		
7	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SHIPPING & PROCESSING	382,723.	382,723.		
b	BANK FEES	132,850.	44,640.	88,210.	
c		•		•	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	17,360,973.	12,228,067.	525,318.	4,607,588.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	7,164,745.	2,743,419.	0.	4,421,326.

832010 12-31-18

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,009,892.	1	1,020,511
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		77,622.	4	53,883	
	5	Loans and other receivables from current and for			·		<u>,                                    </u>
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
	·	section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of section					
				·		6	
ets	_	employees' beneficiary organizations (see instr).				7	
Assets	7	Notes and loans receivable, net					
`	8	Inventories for sale or use	l	22,403.	8 9	30,652	
	9		 I I		22,403.	9	30,032
	10a	Land, buildings, and equipment: cost or other		246 072			
	_	basis. Complete Part VI of Schedule D	10a	246,973.	40.005		24 006
		Less: accumulated depreciation		· · · · · · · · · · · · · · · · · · ·	42,825.	10c	34,986
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		l l		13	
	14	Intangible assets	40.000	14	06.455		
	15	Other assets. See Part IV, line 11	18,282.	15	26,477		
_	16	Total assets. Add lines 1 through 15 (must equ			1,171,024.	16	1,166,509
	17	Accounts payable and accrued expenses	1,430,193.	17	1,224,537		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
္အ	22	Loans and other payables to current and former	officers, c	lirectors, trustees,			
<u>≅</u>		key employees, highest compensated employee	es, and dis	qualified persons.			
Liabilities		Complete Part II of Schedule L				22	
دّ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third part	ties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,430,193.	26	1,224,537
		Organizations that follow SFAS 117 (ASC 958					
g		complete lines 27 through 29, and lines 33 ar					
)ce	27	Unrestricted net assets			-442,936.	27	-322,896
alar 	28	Temporarily restricted net assets			183,767.	28	264,868
ĕ	29					29	
בו		Organizations that do not follow SFAS 117 (A					
Net Assets or Fund Balances		and complete lines 30 through 34.	,,	, —			
ا ا	30	Capital stock or trust principal, or current funds				30	
ig	31	Paid-in or capital surplus, or land, building, or ed				31	
ĭ	32	Retained earnings, endowment, accumulated in				32	
او	33	Total net assets or fund balances			-259,169.	33	-58,028
_		Total fiel assets of fully balances			,		50,020

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17	,56	2,1	<u>14.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	,36	0,9	73.
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>41.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-25	9,1	69.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		-5	8,0	28.
Pa	rt 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 in Schedule	O.				
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	
	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,				1
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule 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 Aud	dit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

(FOITH 990 OF 990-EZ

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

2018

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 or 990-EZ).) 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 in 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 n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

### 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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12798635.	13501896.	14235834.	15645592.	17554120.	73736077.
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	12798635.	13501896.	14235834.	15645592.	17554120.	73736077.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						73736077.
	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	12798635.	13501896.	14235834.	15645592.	17554120.	73736077.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2000000.	2000000.	1000000.	1,844.	7.994.	5009838.
11	Total support. Add lines 7 through 10				_,	. , , , , ,	78745915.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is fo	•	,			501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Per	centage				,
14	Public support percentage for 2018 (l	line 6, column (f) di	vided by line 11, c	olumn (f))		14	93.64 %
	Public support percentage from 2017					15	93.25 %
	33 1/3% support test - 2018. If the					ore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			<b>&gt;</b> □
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	cts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"			-		-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•		• •		<b>&gt;</b>
18	<b>Private foundation.</b> If the organization			•	,		s
			<u> </u>				0 or 990-EZ) 2018

### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ļ					
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	ļ					
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ļ					
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(a) 2014	(6) 2010	(0) 2010	(4) 2017	(6) 2010	(i) rotar
	Gross income from interest,						
	dividends, payments received on	ļ					
	securities loans, rents, royalties, and income from similar sources	ļ					
L	Unrelated business taxable income						
L	(less section 511 taxes) from businesses						
	assumed often lune 00 1075	ļ					
	Add lines 10a and 10b  Net income from unrelated business						
••	activities not included in line 10b,	ļ					
	whether or not the business is	ļ					
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				l		<u> </u>
14	First five years. If the Form 990 is for	-			•		
60	check this box and stop here	a Cumpart Day					<b>P</b>
	ction C. Computation of Publi			. (0)		T .= T	
	Public support percentage for 2018 (I					15	<u>%</u>
	Public support percentage from 2017					16	<u>%</u>
	ction D. Computation of Inves					T T	
17	Investment income percentage for 20						<u>%</u>
18	Investment income percentage from					18	<u>%</u>
19a	a 33 1/3% support tests - 2018. If the						7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	▶□
k	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 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 in 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 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		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Par	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b		11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
4	Did the diverters twisters as membership of any as more supported associations have the names to		163	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			
		1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	•		
	and britain type in supporting organizations		Yes	No
			162	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer (a) and (b) below.	, lions),	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
ч				
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.	3а		
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		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FORGIVENESS OF DEBT
2014 AMOUNT: \$ 2,000,000.
2015 AMOUNT: \$ 2,000,000.
2016 AMOUNT: \$ 1,000,000.
MISCELLANEOUS INCOME
2017 AMOUNT: \$ 1,844.
2018 AMOUNT: \$ 7,994.

### **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 Open to Public Inspection

Name of the organization

SPCA INTERNATIONAL, INC.

**Employer identification number** 87-0773320

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(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 advis	sed funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990,	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 (e.g., recreation or ed	lucation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it $\boldsymbol{I}$		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	tion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
Do	conservation easements.  † III   Organizations Maintaining Collections of A	Art Historical Transuras or Ot	thar Cimilar Assats
Pai			ther Sillillar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	•	· ·
	historical treasures, or other similar assets held for public exhi		ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		<b>&gt;</b> 0
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treas		ai gain, provide
_	the following amounts required to be reported under SFAS 11	-	<b>•</b>
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

832051 10-29-18

Schedule D (Form 990) 2018

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements		41,142.	16,457.	24,685.
<b>d</b> Equipment		174,012.	163,711.	10,301.
e Other		31,819.	31,819.	0.
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990 Part X colun	nn (R) line 10c )	<b>•</b>	34,986.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 SPCA INTERNA  Part VII Investments - Other Securities.	ATIONAL, INC.		0 /	-0773320	Page
	on Form 000 Dort IV line	11h Coo Form 000	Dort V. line 10		
Complete if the organization answered "Yes" ( (a) Description of security or category (including name of security)	(b) Book value		raluation: Cost or end	-of-vear market v	/alue
	(b) Book value	(c) Wellod of V	aldation. Oost of che	or year marker v	aluc
(1) Financial derivatives		1			
(2) Closely-held equity interests		1			
(3) Other		1			
(A)		1			
(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 000 Part IV line	110 Soo Form 000	Dart V line 13		
(a) Description of investment	(b) Book value		raluation: Cost or end	-of-vear market v	 /alue
(1)	(-,	(2)		, ,	
(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.		
	Description		·	(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)		<b>&gt;</b>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Forn	n 990. Part X. line 25.		
Complete if the organization answered Tes	on controlled	110 01 111. 000 1 0111	1000,1 4,174, 11110 201		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 SPCA INTERNATIONAL, INC.			87-	0773320	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	18,032,	468.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	2b	470,354.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	470, 17,562,	354.
3	Subtract line 2e from line 1			3	17,562,	,114.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-		
b	Other (Describe in Part XIII.)	4b				•
С	Add lines 4a and 4b			4c	45 560	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	onto With I		5	17,562,	, 114.
Pai	T XII Reconciliation of Expenses per Audited Financial Stateme		expenses per i	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			Ι	17 021	207
1	Total expenses and losses per audited financial statements			1	17,831,	,341.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		470 2E4			
а	Donated services and use of facilities		470,354.	-		
b	Prior year adjustments			-		
C	Other losses	I I		-		
d	Other (Describe in Part XIII.)			-	470	351
e	Add lines 2a through 2d			2e 3	470, 17,360,	973
3	Subtract line 2e from line 1			3	17,300	, , , , , ,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40				
a b	Investment expenses not included on Form 990, Part VIII, line 7b			-		
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I, line 18.)			5	17,360,	
	t XIII Supplemental Information.					,,,,,,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV. lines 1b ar	nd 2b: Part V. line 4	: Part :	X. line 2: Part X	T.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			,,	., =,	,
PAF	RT X, LINE 2:					
THE	E SPCAI HAS ADOPTED THE PROVISIONS PERTAINI	ING TO	UNCERTAIN	TAX		
PRO	OVISIONS (FASB ASC TOPIC 740) AND HAS DETER	RMINED '	THAT THERE	AR	E NO	
MA'	PERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE	E RECOGI	NITION OR	DIS	CLOSURE	IN
THE	E FINANCIAL STATEMENTS. THE SPCAI IS SUBJEC	CT TO RO	OUTINE AUD	ITS	BY TAXI	NG
JUE	RISDICTIONS; HOWEVER, THERE ARE CURRENTLY N	NO AUDI	<u>rs for any</u>	TA.	X PERIOD	)S
<u>IN</u>	PROGRESS. THE SPCAI BELIEVES IT IS NO LONG	GER SUB	JECT TO IN	COM:	E TAX	
EX.	AMINATIONS PRIOR TO 2015.					

Schedule D (Form 990) 2018

### 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.

2018
Open to Public Inspection

Name of the organization

Employer identification number

	_								
SPC	CA INTERNATIO	NAL. INC				87-077332	2.0		
Par	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on		
	Form 990, Part I			1					
1			n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,			
	the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes X No		
2	For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and otl	ner assistance outs	side the		
	United States.								
3_				an be duplicated if additional space is no	•		T		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region		
3 a	Subtotal	0	0				0.		
b	Total from continuation sheets to Part I	0	0				0.		
С	Totals (add lines 3a and 3b)	0	0				0.		

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

Schedule F (Form 990) 2018

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>(b)</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)
		CENTRAL AMERICA					VETERINARY	
		AND THE CARIBBEAN	VETERINARY SUPPLY AID	43,500.	WIRE	4570101.	SUPPLIES	FMV
		EAST ASIA AND THE					VETERINARY	
		PACIFIC	VETERINARY SUPPLY AID	25,000.	WIRE	8256545.		FMV
				,				
		EUROPE (INCLUDING						
		ICELAND &					VETERINARY	
		GREENLAND)	VETERINARY SUPPLY AID	30,500.	WIRE	1213107.	SUPPLIES	FMV
		NORTH AMERICA	VETERINARY SUPPLY AID	18,000.	WIRE	0.		
				,				
						_		
			VETERINARY SUPPLY AID	55,000.	WIRE	0.		
		SOUTH ASIA - AFGHANISTAN,						
		BANGLADESH,						
		· ·	VETERINARY SUPPLY AID	16,000.	WIRE	0.		
		,		,				
		MIDDLE EAST AND						
		NORTH AFRICA	VETERINARY SUPPLY AID	60,000.	WIRE	0.		
		SUB-SAHARAN					VETERINARY	
			VETERINARY SUPPLY AID	27,500.	WIRE	873,306.		FMV

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

	,	,	J		` ' ' '	, ,	,	
3	Enter t	otal number	r of other organization	ns or entities	 			

\_\_\_\_\_\_33

Schedule F (Form 990) 2018

			tes. Complete	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplic	pace is needed 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) 2018 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) 2018

# 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.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **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

Open to Public Inspection

Name of the organization

Employer identification number

SPCA IN	TERNATIONAL, INC.				87-0773	320
	- Complete if the organization answ	vered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rai</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the</li> </ul>	e Solicit f Solicit g Special or oral agreement with any individual Part VII) or entity in connection with ividuals or entities (fundraisers) purs	tation of tation of al fundra al (includ professi	non-g gover aising ling of onal fo	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	X No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
INNOVAIRRE COMMUNICATIONS -	CONSULTS ON DIRECT MAIL	Yes	No			
25 HYLTON ROAD, PENNSAUKEN,	PROGRAM		Х	7,925,937.	6,001,547.	1,924,390.
Total			<u> </u>	7,925,937.	6,001,547.	1,924,390.
List all states in which the organization rlicensing.	on is registered or licensed to solicit	t contrib	utions	or has been notified	it is exempt from rec	gistration

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

Schedule G (Form 990 or 990-EZ) 2018

Pa	art I	<b>Fundraising Events.</b> Complete if th of fundraising event contributions and gro				
		or rainaraion ig oroni oo na na gri	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	Coi. (C))
Revenue						
Ве	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
٦	8	Entertainment				
	9	Other direct expenses				
	10	3	. ,			
Pá	irt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.	anowered res entrem	1000, 1 are 10, mile 10, or	reported more than	
		,	(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
anue			(a) Bingo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
Revenue	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %  No	Yes %  No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9		ter the state(s) in which the organization condu	_	0		
		the organization licensed to conduct gaming ac No," explain:				Yes No
		and the amount of the second	undered never to the state of	made at all the control of		
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
8320	82 10	0-03-18			Schedule G (Fo	rm 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 SPCA INTERNATIONAL, INC.	87-0773320 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	<b>13a</b>   %
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records:
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	e? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	he amount
of gaming revenue retained by the third party  \$\bigs\\$	
c If "Yes," enter name and address of the third party:	
c ii Tes, entername and address of the tillid party.	
Name ▶	
Address >	
16 Gaming manager information:	
Name N	
Name	
Gaming manager compensation  \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the
organization's own exempt activities during the tax year > \$	•
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a	and (v): and Part III. lines 9. 9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, , , , , , , , , , , , , , , , , , , ,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUN	DRATSERS.
Deniaboli C, TART I, BIRL 2D, BIDT OF THE HIGHEST TAID TON.	DIMIBUIO:
(I) NAME OF FUNDRAISER: INNOVAIRRE COMMUNICATIONS	
(1) Main of foliations, introvidual controlled	
(I) ADDRESS OF FUNDRAISER: 25 HYLTON ROAD, PENNSAUKEN, NJ	08110
11, 112211222 OI TONDICITEDIN. 23 HILLION KOND, TUNNDAUKEN, NO	

Schedule G	(Form 990 or 990-EZ)	SPCA	INTERNATIONAL,	INC.	87-0773320	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation	(continued)			
			1			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

2018

Open to Public Inspection

Employer identification number

SPCA INTE	RNATIONAL	, INC.					87-0773320
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	tance?						No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organia	zations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	55,000. Part II can	i -		ed.	(f) Mothod of	1	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMIGOS DE LOS ANIMALES							
CARRETERA 187 INTERIOR, TORRECILLA							ANIMAL CARE AND GENERAL
LOIZA, PR 00772	66-0673931	501(C)(3)	15,000.	0.			SUPPORT
ASIAN'S CATS							
486 WEST MAIN STREET							ANIMAL CARE AND GENERAL
CATSKILL, NY 12414	27-1643835	501(C)(3)	2,500.	0.			SUPPORT
GLEAN EUWIDEG DINE							
CLEAN FUTURES FUND PO BOX 273							ANIMAL CARE AND GENERAL
BATH, MI 48808	81-4707710	501 (C) (3)	66,200.	0.			SUPPORT
BIIII, HI 40000	01 4707710	501(0)(3)	00,200.	٠.			BOTTORT
DETROIT ANIMAL WELFARE GROUP							
14061 PROVIM FOREST CT							ANIMAL CARE AND GENERAL
SHELBY TOWNSHIP, MI 48316	45-2826172	501(C)(3)	10,000.	0.			SUPPORT
EL FARO DE LOS ANIMALES CARRETERA 910 FINAL BARRIO CATANO HUMACAO, PR 00791	66-0601885	501(C)(3)	20,000.	0.			ANIMAL CARE AND GENERAL SUPPORT
HELPING PAWS ACROSS BORDERS							
16 CHARMISA ROAD							ANIMAL CARE AND GENERAL
PLACITAS, NM 87043	46-4129178		5,500.	0.			SUPPORT
2 Enter total number of section 501(c)(3) a	•	•	e line 1 table				<u>13.</u>
3 Enter total number of other organizations							
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY DOG RESCUE							
2253 SHAFTER AVENUE							ANIMAL CARE AND GENERAL
SAN FRANCISCO, CA 94124	27-2443743	501(C)(3)	3,000.	0.			SUPPORT
MISSION K9 RESCUE							
PO BOX 200754							ANIMAL CARE AND GENERAL
SAN ANTONIO, TX 78220	46-4302698	501(C)(3)	2,000.	0.			SUPPORT
ISLAND DOG, INC.							
PR 3, KM 32.2, HATO VIEGO, MAMEYES							ANIMAL CARE AND GENERAL
LUQUILLO, PR 00773	20-5107492	501(C)(3)	15,000.	0.			SUPPORT
K9 GLOBAL RESCUE							
7917 E MEXICO AVENUE							ANIMAL CARE AND GENERAL
DENVER, CO 80231	82-1614707	501(C)(3)	5,000.	0.			SUPPORT
MIDHUDSON ANIMAL AID							
54 SIMMONS LANE							ANIMAL CARE AND GENERAL
BEACON, NY 12508	22-2350541	501(C)(3)	2,000.	0.			SUPPORT
PUTNAM COUNTY SPCA							
P.O. BOX 850							ANIMAL CARE AND GENERAL
BREWSTER, NY 10509	27-0655766	501(C)(3)	1,000.	0.			SUPPORT
WHITE RIVER HUMANE SOCIETY							
3551 PUMPHOUSE ROAD							ANIMAL CARE AND GENERAL
BEDFORD, IN 47421	31-0902926	501(C)(3)	2,500.	0.			SUPPORT
LEON COUNTY HUMANE SOCIETY							
413 TIMBERLANE ROAD						VETERINARY	ANIMAL CARE AND GENERAL
TALLAHASSEE, FL 32312	59-6138275	501(C)(3)	0.	66,412.	FMV	SUPPLY AID	SUPPORT

(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
OPERATION MILITARY PETS	0	240,229.	0.		
ALMITON MILITARY THE	, ,	240,223.			
Part IV Supplemental Information. Provide the information	on required in Part I, line	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
OPERATION MILITARY PETS: THE IN	DIVIDUAL MUS	T SUBMIT A	AN APPLICAT	ION ALONG	
WITH SUPPORTING DOCUMENTS AND O	FFICIAL PURC	HASE ORDER	RS FROM THE	U.S.	
MILITARY, PROOF OF RECEIPT OF T					
	MYDD INOH I	IID AIRDINI	1 (OK OTHLIK		
TRANSPORTATION COMPANY).					

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

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

Employer identification number

	SPCA INTERNATIONAL, INC.					87-	87-0773320		
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash conti amounts repo Form 990. Part V	rted on	Method of noncash contr		•	S
1	Art - Works of art				, 9				
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								
	Securities - Closely held stock								
10									
11	Securities - Partnership, LLC, or								
40	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
44	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	1	7 540	F 0 1		DATD	777.1	
20	Drugs and medical supplies	_ <u> </u>	1	7,540	, 301.	ESTIMATED	FAIR	VAI	70E
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (								
29	Number of Forms 8283 received by the organize	•							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement	29				
								Yes	No
30a	During the year, did the organization receive by			•	ū	•			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't requir	ed to be us	ed for			
	exempt purposes for the entire holding period?							X	
b	b If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						X		
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions? 32a X							X	
b									
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,								
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

832142 10-18-18

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

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, MOVING BILLS CAN BE SUBSTANTIAL. THE MILITARY PAYS FOR MANY MOVING 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 \$240,229.

EXPENSES \$ 1,510,867. INCLUDING GRANTS OF \$ 240,229. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 **Employer identification number** Name of the organization 87-0773320 SPCA INTERNATIONAL, INC. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PROVIDED BY PAPER AND ELECTRONICALLY TO THE BOARD TREASURER. THE 990 WILL BE REVIEWED BY THE BOARD TREASURER AND THE EXECUTIVE DIRECTOR IN THE NYC OFFICE 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

832212 10-10-18

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	133,815.
MANAGEMENT AND GENERAL EXPENSES	74 055
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	208,770.
OBP CONSULTING:	
PROGRAM SERVICE EXPENSES	2,743,419.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,743,419.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,952,189.
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

### **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2018

Open to Public Inspection

### 1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2018 and Ending (mm/dd/yyyy) 12/31/2018							
Check if Applicable: Address Change	Name of Organization: SPCA INTERNATI	Employer Identification Number (EIN): 87-0773320					
Name Change Initial Filing	Mailing Address:  242 WEST 30TH STREET, NO. 1503  NY Registration Number: 40-15-66						
Final Filing  Amended Filing	City / State / ZIP: NEW YORK, NY	Telephone: 212 244-7722					
	Website:  WWW.SPCAI.ORG			Email:			
Check your organization's  Confirm your Registration Category in the							
2. Certification							
See instructions for certific	ation requirements. Improper	r certification is a violation of	of law that may be subject to	o penalties. The certification requires			
two signatories.							
	enalties of perjury that we revie true, correct and complete in			best of our knowledge and belief, plicable to this report.			
			MEREDITH AY	ZAN			
President or Authorized C	Officer:		EXECUTIVE D	DIRECTOR			
Signature Print Name and Title Date HOWARD SHOLZBERG							
Chief Financial Officer or	Signature		TREASURER  Print Name and Title Date				
3. Annual Reporting	Exemption						
	•	organization is claiming an	exemption under one categ	gory (7A or EPTL only filers) or both			
categories (DUAL filers) tha	at apply to your registration, o	complete only parts 1, 2, ar	d 3, and submit the certifie	d Char500. No fee, schedules, or			
additional attachments are	required. If you cannot claim	an exemption or are a DU	AL filer that claims only one	exemption, you must file applicable			
schedules and attachment	s and pay applicable fees.						
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.							
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.							
4. Schedules and Attachments							
See the following page for a checklist of schedules and Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.							
attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
5. Fee							
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order			
next page to calculate you	r			payable to:			
fee(s). Indicate fee(s) you are submitting here:	\$ <u>25.</u>	\$	\$	"Department of Law"			

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

The Exempt dategory folds to all organizations who registration states. It does not fold to its in that designation.

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<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

### **CHAR500**

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:							
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)							
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants							
Check the financial attachments you must submit with your CHAR500:							
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	at the tarrely Cabard de Dief authlie also it is a consent from						
All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.							
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue filing year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the						
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	· · · · · · · · · · · · · · · · · · ·						
Review Report if you received total revenue and support greater than \$250,000	u and up to \$750,000.						
X Audit Report if you received total revenue and support greater than \$750,000	ort in loss than \$250,000						
No Review Report or Audit Report is required because total revenue and supp We are a DUAL filer and checked box 3a, no Review Report or Audit Report is							
The area a box is mist and oncomed box oa, no neview hopert of reduct hopert is	roquirou						
Calculate Your Fee							
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?						
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:						
To The Bone India, delicated the Thrist.							
\$0, if you checked the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York						
X \$25, if you did not check the 7A exemption in Part 3a	under Article 7-A of the Executive Law ("7A")						
For EPTL and DUAL filers, calculate the EPTL fee:	<b>EPTL</b> filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct						
	activities for charitable purposes in NY.						
\$0, if you checked the EPTL exemption in Part 3b	<b>DUAL</b> filers are registered under both 7A and EPTL.						
\$25, if the NET WORTH is less than \$50,000	DOAL mers are registered under both 7A and Er TE.						
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	<b>EXEMPT</b> filers have registered with the NY Charities Bureau						
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration						
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	<u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports						
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	but may do so voluntarily.						
\$1500, if the NET WORTH is \$50,000,000 or more	Confirm the Designation Code and John Street Should NV						
	Confirm your Registration Category and learn more about NY law at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .						
Send Your Filing	ian at <u>immonathion (resonne</u>						
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?						
	NET WORTH for fee purposes is calculated on:						
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22						
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21						
28 Liberty Street	- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and						
New York, NY 10005	Total Liabilities (Part II, line 23(b)).						

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

868461 01-15-19 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

Page 2