

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning 01/01, 2008, and ending 12/31, 2008

2008

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

Name of exempt organization

Employer identification number

AMERICAN SOCIETY FOR THE PREVENTION OF

13-1623829

Name and title of officer

JULIA NELSON, CHIEF FINANCIAL OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>127871245.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN

2	6	2	3	4
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 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 09/24/2009

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

1	3	0	3	7	2	3	6	6	0	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2008)

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning, 2008, and ending, 20

Form header section containing organization name (AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS), principal officer (EDWIN SAYRES), and tax-exempt status (501(c)(3)).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, revenue (Total: 127,871,245), expenses (Total: 93,664,482), and net assets (Total: 119,207,201).

Part II Signature Block

Signature block containing declaration of preparer, signature of officer, and preparer's identifying information (GRANT THORNTON LLP).

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes 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 No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 23,031,296. including grants of \$ NONE) (Revenue \$ 11,897,449.)

SEE STATEMENT 2

4b (Code: _____) (Expenses \$ 21,424,174. including grants of \$ NONE) (Revenue \$ NONE)

SEE STATEMENT 2

4c (Code: _____) (Expenses \$ 13,451,574. including grants of \$ NONE) (Revenue \$ NONE)

SEE STATEMENT 3

4d Other program services. (Describe in Schedule O.) SEE STATEMENT 5

(Expenses \$ 14,605,090. including grants of \$ 6,462,726.) (Revenue \$ 29,178.)

4e Total program service expenses ▶ \$ 72,512,134. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Contains 27 numbered questions regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, and document retention.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policies, whistleblower policies, document retention, and compensation review.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include questions about state filing requirements, public inspection of forms, and availability of governing documents.

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Total 3,030,266. NONE 427,946.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 45

Table with 3 columns: Question number, Question text, Yes/No columns. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE STATEMENT 7'.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 25

Part VIII Statement of Revenue

13-1623829

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 1,791,339.					
	b	Membership dues	1b					
	c	Fundraising events	1c 539,044.					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e 29,178.					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 109,435,742.					
	g	Noncash contributions included in lines 1a-1f: \$	5,122,235.					
	h	Total. Add lines 1a-1f ▶		111,795,303.				
	Program Service Revenue			Business Code				
		2a	BERGH ANIMAL HOSPITAL FEES	900099	4,690,348.	4,690,348.		
b		ANIMAL POISON CONTROL CENTER FEES	900099	5,995,844.	5,995,844.			
c		MOBILE VETERINARY CLINIC REVENUE	900099	633,916.	633,916.			
d		ADOPTION CENTER FEES	900099	577,341.	577,341.			
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		11,897,449.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		2,991,810.		2,991,810.		
	4	Income from investment of tax-exempt bond proceeds . . . ▶		NONE				
	5	Royalties ▶		2,115,505.		2,115,505.		
	6a	Gross Rents	(i) Real	282,038.				
			(ii) Personal					
			b	Less: rental expenses	81,825.			
			c	Rental income or (loss)	200,213.			
	d	Net rental income or (loss) ▶		200,213.		200,213.		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	21,887,237.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	24,331,994.			
			c	Gain or (loss)	-2,444,757.			
	d	Net gain or (loss) ▶		-2,444,757.		-2,444,757.		
	8a	Gross income from fundraising events (not including \$ 539,044. of contributions reported on line 1c). See Part IV, line 18. a	STMT 8	1,316,230.				
			b	Less: direct expenses b	599,695.			
			c	Net income or (loss) from fundraising events . STMT. 9 . . ▶		716,535.		716,535.
	9a	Gross income from gaming activities. See Part IV, line 19. a						
			b	Less: direct expenses b				
			c	Net income or (loss) from gaming activities ▶		NONE		
	10a	Gross sales of inventory, less returns and allowances a		1,114,223.				
b			Less: cost of goods sold b	877,931.				
c			Net income or (loss) from sales of inventory. . STMT. 10 . ▶		236,292.		236,292.	
Miscellaneous Revenue			Business Code					
11a	LIST SALES			305,851.		305,851.		
		b	ANIMAL ASSISTED THERAPY		27,360.	27,360.		
		c	ANIMAL TRAINING FEES		19,190.	19,190.		
		d	All other revenue		10,494.		10,494.	
		e	Total. Add lines 11a-11d ▶		362,895.			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		127,871,245.	11,943,999.		4,131,943.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	6,462,726.	6,462,726.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	3,030,266.	1,808,461.	648,908.	572,897.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	23,931,654.	22,250,611.	207,128.	1,473,915.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	1,854,331.	1,679,299.	43,283.	131,749.
9 Other employee benefits	3,875,106.	3,509,331.	90,451.	275,324.
10 Payroll taxes	2,017,163.	1,826,761.	47,084.	143,318.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	549,822.	383,583.	114,513.	51,726.
c Accounting	114,606.	58,449.	49,281.	6,876.
d Lobbying	44,985.	44,985.		
e Professional fundraising services. See Part IV, line 17	1,348,461.			1,348,461.
f Investment management fees	282,486.		282,486.	
g Other	1,322,723.	1,063,941.	99,051.	159,731.
12 Advertising and promotion	2,623,223.	2,532,570.		90,653.
13 Office expenses	2,963,587.	2,688,432.	52,105.	223,050.
14 Information technology	1,863,556.	1,728,498.	62,426.	72,632.
15 Royalties	NONE			
16 Occupancy	2,354,430.	1,839,764.	35,695.	478,971.
17 Travel	1,564,884.	1,425,443.	11,639.	127,802.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	751,317.	640,359.	16,754.	94,204.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,785,690.	1,674,673.	35,311.	75,706.
23 Insurance	683,454.	609,491.	8,144.	65,819.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OPERATING SUPPLIES -----	1,035,745.	1,035,745.	NONE	NONE
b REPAIRS & MAINTENANCE -----	2,050,344.	1,705,749.	65,550.	279,045.
c AUTO EXPENSE -----	216,511.	213,615.	2,388.	508.
d DIRECT RESPONSE COSTS -----	26,764,386.	13,325,460.	25,706.	13,413,220.
e VETERINARY & MEDICAL SVCS ---	3,175,895.	3,175,895.	NONE	NONE
f All other expenses -----	997,131.	828,293.	74,935.	93,903.
25 Total functional expenses. Add lines 1 through 24f	93,664,482.	72,512,134.	1,972,838.	19,179,510.
26 Joint Costs. Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	28,112,847.	13,327,325.	25,705.	14,759,817.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,557,160.	1	574,260.
	2 Savings and temporary cash investments	10,533,759.	2	22,656,764.
	3 Pledges and grants receivable, net	100,000.	3	50,000.
	4 Accounts receivable, net	4,093,029.	4	17,751,997.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	322,607.	8	299,835.
	9 Prepaid expenses and deferred charges	1,537,544.	9	1,266,348.
	10a Land, buildings, and equipment: cost basis	10a 39,505,711.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 12,144,268.	23,274,266.	10c 27,361,443.
	11 Investments - publicly traded securities	60,902,320.	11	45,168,872.
	12 Investments - other securities. See Part IV, line 11	10,669,922.	12	11,273,367.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,470,673.	15	11,391,290.
16 Total assets. Add lines 1 through 15 (must equal line 34)	128,461,280.	16	137,794,176.	
Liabilities	17 Accounts payable and accrued expenses	4,821,319.	17	7,771,907.
	18 Grants payable	1,813,650.	18	2,762,000.
	19 Deferred revenue	1,120,162.	19	1,472,716.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	2,240,499.	25	6,580,352.
	26 Total liabilities. Add lines 17 through 25	9,995,630.	26	18,586,975.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	95,430,986.	27	79,624,634.
	28 Temporarily restricted net assets	6,892,038.	28	27,532,209.
	29 Permanently restricted net assets	16,142,626.	29	12,050,358.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	118,465,650.	33	119,207,201.
	34 Total liabilities and net assets/fund balances	128,461,280.	34	137,794,176.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 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: _____
- 5 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)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)

Yes	No
-----	----
 - (ii) A family member of a person described in (i) above? 11g(ii)

Yes	No
-----	----
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

Yes	No
-----	----
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 85.03%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 85.33%; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10

OTHER INCOME

LIST SALES: \$305,851

ANIMAL ASSISTED THERAPY: 27,360

TRAINING FEES: 19,190

MISCELLANEOUS: 10,494

\$362,895

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF GLORIA GURNEY 200 PARK AVENUE NEW YORK, NY 10166	\$ 18,204,341.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ESTATE OF GLORIA GURNEY 200 PARK AVENUE NEW YORK, NY 10166	\$ 4,767,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	167,196 SHARES OF VARIOUS SECURITIES _____ _____ _____	\$ 4,767,790.	08/07/2008
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
--	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)	207,441.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	569,531.													
c Total lobbying expenditures (add lines 1a and 1b)	776,972.													
d Other exempt purpose expenditures	73,631,228.													
e Total exempt purpose expenditures (add lines 1c and 1d)	74,408,200.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% line 2a, column(e))					6,000,000.
c Total lobbying expenditures	695,409.	849,101.	760,339.	776,972.	3,081,821.
d Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	175,188.	244,469.	244,144.	207,441.	871,242.

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities... j Total lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

Series of horizontal dashed lines for providing supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization: AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS; Employer identification number: 13-1623829

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, Held at the End of the Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	870,794.				
b Contributions					
c Investment earnings or losses	27,148.				
d Grants or scholarships					
e Other expenditures for facilities and programs	27,148.				
f Administrative expenses					
g End of year balance	870,794.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.0000 %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		4,440,000.		4,440,000.
b Buildings		14,761,877.	6,076,017.	8,685,860.
c Leasehold improvements				
d Equipment		2,448,263.	1,064,178.	1,384,085.
e Other		17,855,571.	5,004,073.	12,851,498.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				27,361,443.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Alternative Investments (MULTI-STRATEGY, EQUITY LONG/SHORT, DISTRESSED DEBT, EVENT DRIVEN, PRIVATE EQUITY VENTURE CAP).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. This table is currently empty.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include BENEFICIAL INTEREST IN PERPETUAL TRUSTS and MISCELLANEOUS.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Rows include Federal income taxes, GIFT ANNUITY OBLIGATIONS, and UNFUNDED PENSION OBLIGATIONS.

In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	127,871,245.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	93,664,482.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	34,206,763.
4	Net unrealized gains (losses) on investments	4	-24,994,218.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-8,470,994.
9	Total adjustments (net). Add lines 4-8	9	-33,465,212.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	741,551.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	101,150,675.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-24,994,218.
b	Donated services and use of facilities	2b	1,770,471.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-3,214,337.
e	Add lines 2a through 2d	2e	-26,438,084.
3	Subtract line 2e from line 1	3	127,588,759.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	282,486.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	282,486.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	127,871,245.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	96,030,398.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,770,471.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	877,931.
e	Add lines 2a through 2d	2e	2,648,402.
3	Subtract line 2e from line 1	3	93,381,996.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	282,486.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	282,486.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	93,664,482.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

RECONCILIATION OF NET ASSETS

PART XI, LINE 8

UNREALIZED LOSSES ON PERPETUAL TRUST ASSETS \$(4,092,268)

PENSION LIABILITY ACTUARIAL ADJUSTMENTS (4,378,726)

(8,470,994)

RECONCILIATION OF REVENUES

PART XII, LINE 2D

COST OF GOODS SOLD: \$ 877,931

UNREALIZED LOSSES ON PERPETUAL

TRUST ASSETS: (4,092,268)

(\$3,214,337)

Part XIV Supplemental Information (continued)

RECONCILIATION OF EXPENSES

PART XIII, LINE 2D

COST OF GOODS SOLD: \$ 877,931

OTHER LIABILITIES

PART X, FIN 48

AS PERMITTED BY FASB STAFF POSITION FIN 48-3, "EFFECTIVE DATE OF FASB

INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC ENTERPRISES", ISSUED IN

DECEMBER 2008, THE COMPANY HAS ELECTED TO DEFER THE APPLICATION OF THE

PROVISIONS OF FIN 48 UNTIL THE COMPANY'S FIRST FISCAL YEAR BEGINNING

AFTER DECEMBER 15, 2008.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization
AMERICAN SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS

Employer identification number
13-1623829

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
TELEFUND	TELE MARKETER		X	2,017,076.	844,978.	1,172,098.
DONOR SERVICES GROUP	TELE MARKETER		X	327,115.	109,923.	217,192.
SHARE GROUP	TELE MARKETER		X	152,516.	47,639.	104,877.
OUTREACH ASSOCIATES	TELE MARKETER		X	190,823.	124,510.	66,313.
Total				2,687,530.	1,127,050.	1,560,480.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		BERGH BALL (event type)	EQUINE EVENT (event type)	3 (total number)	
Revenue	1 Gross receipts	932,027.	319,000.	604,247.	1,855,274.
	2 Less: Charitable contributions	335,625.	37,550.	165,869.	539,044.
	3 Gross revenue (line 1 minus line 2)	596,402.	281,450.	438,378.	1,316,230.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	244,702.	128,529.	226,464.	599,695.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(599,695.)
9 Net income summary. Combine lines 3 and 8 in column (d)					716,535.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%		
b	An outside facility	13b	%		

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

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? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

Name of the organization AMERICAN SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS

Employer identification number
13-1623829

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(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
SEE SCHEDULE I-1							

2 Enter total number of section 501(c)(3) and government organizations 269

3 Enter total number of other organizations

JSA
8E1288 2.000

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS _____

GRANTEE' S APPLY TO THE ASPCA GRANT MANAGER FOR GRANTS WHICH ARE APPROVED _____

BY HEADS OF APPLICABLE PROGRAM DEPARTMENTS. GENERALLY, GRANTEES ARE _____

EXPECTED TO REPORT BACK TO THE ASPCA WITH RESPECT TO THE USE OF THE GRANT _____

FUNDS FOR THE PURPOSES REQUESTED. _____

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization **AMERICAN SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS** Employer identification number **13-1623829**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALLIANCE FOR CONTRACEPTION OF CATS AND DOGS 14245 NORTH WEST BELLE COURT	41-2185841	501(C)(3)	100,000.				GENERAL SUPPORT
AMERICAN MUSEUM OF VETERINARY MEDICINE 5003A MAIN STREET BIRDSBORO, PA 19508-0000	23-2906133	501(C)(3)	25,000.				CAPITAL SUPPORT
ANIMAL ALLIANCE 22 HARBOURTON MOUNT AIRY ROAD	77-0632827	501(C)(3)	9,325.				SPAY/NEUTER
ANIMAL COALITION OF TAMPA 1719 WEST LEMON STREET TAMPA, FL 33603	59-3713414	501(C)(3)	27,000.				GENERAL SUPPORT
ANIMAL FRIENDS 562 CAMP HORNE ROAD PITTSBURGH, PA 15237	25-0951565	501(C)(3)	6,500.				GENERAL SUPPORT
ANIMAL HAVEN 251 CENTRE ST NEW YORK, NY 10013	11-6101487	501(C)(3)	55,572.				GENERAL SUPPORT
ANIMAL RESCUE FOUNDATION INC PO BOX 1129 BEACON, NY 12508-8129	14-1730869	501(C)(3)	25,000.				CAPITAL SUPPORT
ANIMAL TRUSTEES OF AUSTIN PO BOX 14542 AUSTIN, TX 78761-4542	74-2673018	501(C)(3)	110,000.				CAPITAL SUPPORT
ANIMAL WELFARE FEDERATION OF NEW JERSEY INC 191 NORTH AVENUE 350 DUNELLEN, NJ 08812	22-3378806	501(C)(3)	6,000.				CONFERENCE SPONSOR
ANIMALS AND SOCIETY INSTITUTE 2512 CARPENTER RD 201 A2	22-2527462	501(C)(3)	7,000.				FELLOWSHIP
ASSOCIATION OF SHELTER VETERINARIANS INC 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	73-1627937	501(C)(3)	20,000.				SHELTER STUDY
AUSTIN HUMANE SOCIETY 124 W ANDERSON LN AUSTIN, TX 78752-1104	74-6013665	501(C)(3)	80,200.				FOSTER CARE
BARK AVENUE FOUNDATION 3142 DONA EMILIA DR STUDIO CITY, CA 91604	20-1329182	501(C)(3)	7,000.				GENERAL SUPPORT
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT RD N CHARLESTON, SC 29406-0000	57-6021863	501(C)(3)	168,217.				GENERAL SUPPORT
CITY OF ANGLETON 104 CANNAN DRIVE ANGLETON, TX 77515	74-6000047	MUNICIPALITY/CO	6,000.				EMERGENCY REPAIRS

2 Enter total number of Section 501(c)(3) and government organizations **269**
3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization
HUMAN SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS

Employer identification number

13-1623829

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DUTCHESS COUNTY SPCA INC 612 VIOLET AVE HYDE PARK, NY 12538-1863	14-1340058	501(C)(3)	38,000.				GENERAL SUPPORT
EMANCIPET 2729 EXPOSITION BLVD BOX 124	74-2913624	501(C)(3)	16,668.				GENERAL SUPPORT
EQUINE ADVOCATES INCORPORATED PO BOX 354 CHATHAM, NY 12037-0354	11-3313534	501(C)(3)	20,000.				FENCING
FINGER LAKES SPCA 7315 STATE ROUTE 54 BATH, NY 14810-0000	16-0772023	501(C)(3)	10,000.				MEDICAL SUPPORT
FORGOTTEN CATS INC PMB 422 4001 KENNETT PIKE, STE134	20-0691180	501(C)(3)	15,000.				SPAY/NEUTER
FRIENDS OF GREEN CHIMNEYS 400 DOANSBURG ROAD, BOX 719	13-3897106	501(C)(3)	15,000.				CONFERENCE SPONSOR
GALVESTON ISLAND HUMANE SOCIETY INC 6814 BROADWAY GALVESTON, TX 77554	74-2159658	501(C)(3)	25,000.				HURRICANE REPAIRS
GIVE A DOG A BONE INC. 1200 15TH ST SAN FRANCISCO, CA 94103-4207	94-3394582	501(C)(3)	6,500.				TRAINING SPONSOR
GREATER BIRMINGHAM HUMANE SOCIETY 300 SNOW DR BIRMINGHAM, AL 35209-6301	63-0288810	501(C)(3)	13,050.				HURRICANE REPAIRS
HABITAT FOR HORSES INC PO BOX 213 HITCHCOCK, TX 77563-0213	76-0586024	501(C)(3)	10,000.				BARN REPAIRS
HAMPTON CLASSIC HORSE SHOW, INC. PO BOX 3013 BRIDGEHAMPTON, NY 11932	11-2597077	501(C)(3)	10,000.				SPONSORSHIP
HILLSBOROUGH COUNTY ANIMAL SERVICES 440 S FALKENBURG RD TAMPA, FL 33619	59-6000661	MUNICIPALITY/CO	20,475.				VEHICLE PURCHASE
HORSENET INC PO BOX 358 MOUNT AIRY, MD 21771	52-2166053	501(C)(3)	9,000.				EMERGENCY HAY
HUMANE ALLIANCE 25 HERITAGE DRIVE ASHEVILLE, NC 28806	56-1856805	501(C)(3)	301,350.				SPAY/NEUTER FACILITY
HUMANE EDUCATION COMMITTEE INC 160 EAST 88TH STREET SUITE 14C	13-3035954	501(C)(3)	7,000.				CONFERENCE

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____

3 Enter total number of other organizations ▶ _____

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization **HUMANE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS** Employer identification number **13-1623829**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HUMANE FARM ANIMAL CARE PO BOX 727 HERNDON, VA 20172-0727	47-0910622	501(C)(3)	65,000.				GENERAL SUPPORT
HUMANE SOCIETY OF BOULDER VALLEY 2323 55TH STREET BOULDER, CO 80301	84-0152768	501(C)(3)	12,000.				ONLINE PROGRAMS
HUMANE SOCIETY OF SONOMA COUNTY PO BOX 1296 SANTA ROSA, CA 95402-1296	94-6001315	501(C)(3)	25,000.				SPAY/NEUTER
HUMANE SOCIETY OF SOUTH MISSISSIPPI 2615 25TH AVE GULFPORT, MS 39501-4832	64-6034439	501(C)(3)	191,095.				SPAY/NEUTER
HUMANE SOCIETY OF TAMPA 3607 N ARMENIA AVE TAMPA, FL 33607-1322	59-0799907	501(C)(3)	138,340.				SPAY/NEUTER
HUMANE SOCIETY OF THE UNITED STATES 2100 L ST NW WASHINGTON, DC 20037-1525	53-0225390	501(C)(3)	18,000.				CONFERENCE SPONSOR
INSTITUTE FOR THE DEVELOPMENT OF EARTH AWARE PO BOX 124 NEW YORK, NY 10012-0003	13-3537719	501(C)(3)	55,000.				GENERAL SUPPORT
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BOULEVARD JACKSONVILLE, FL 32216	59-0624410	501(C)(3)	9,000.				ONLINE PROJECT
KANSAS HUMANE SOCIETY OF WICHITA INC 4218 SOUTHEAST BLVD. WICHITA, KS 67210	48-0554339	501(C)(3)	10,500.				GENERAL SUPPORT
LARIMER HUMANE SOCIETY 5137 SOUTH COLLEGE AVENUE	84-0611804	501(C)(3)	10,500.				ONLINE PROJECT
LIBERTY HUMANE SOCIETY, INC. 235 JERSEY CITY BLVD. JERSEY CITY, NJ 07305	22-3585263	501(C)(3)	10,000.				GENERAL SUPPORT
LIFESAVERS INC 23809 E AVENUE J LANCASTER, CA 93535-8984	95-4631906	501(C)(3)	20,000.				HORSE CHUTE
LOUISIANA SOCIETY FOR THE PREVENTION OF CRUELTY 1700 MARDI GRAS BLVD NEW ORLEANS, LA 70114	72-0471368	501(C)(3)	17,750.				GENERAL SUPPORT
MAYORS ALLIANCE FOR NYC'S ANIMALS 244 FIFTH AVE STE R290	73-1653635	501(C)(3)	86,790.				SPAY/NEUTER
MISSISSIPPI ANIMAL RESCUE LEAGUE 5221 GREENWAY DRIVE EXT JACKSON, MS 39204	23-7100847	501(C)(3)	6,500.				EMERGENCY FUNDS

2 Enter total number of Section 501(c)(3) and government organizations **.....▶**

3 Enter total number of other organizations **.....▶**

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization
HUMAN SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS

Employer identification number

13-1623829

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MISSISSIPPI SPAY AND NEUTER 1426 33RD AVE GULFPORT, MS 39501-2770	20-2938077	501(C)(3)	10,500.				GENERAL SUPPORT
MORGAN COUNTY HUMANE SOCIETY INC 690 W MITCHELL ST	23-7092698	501(C)(3)	12,000.				FLOOD RELIEF
MT PLEASANT ANIMAL SHELTER INC 194 ROUTE 10 WEST	23-7189562	501(C)(3)	7,500.				GENERAL SUPPORT
NEW YORK CITY ANIMAL CARE AND CONTROL 11 PARK PLACE, SUITE 805	13-3788986	501(C)(3)	28,000.				ANIMAL TRANSPORT
NEW YORKERS FOR CLEAN, LIVEABLE AND SAFE ST C/O EDISON PROPERTIES, LLC 100 WASHINGTON S	26-3207326	501(C)(3)	250,000.				CARRIAGE HORSE
NO MORE HOMELESS PETS IN HILLSBOROUGH COUNT 17633 GUNN HWY #180 TAMPA, FL 33556	20-0875455	501(C)(3)	23,000.				MARKETING PLAN
OKLAHOMA CITY ANIMAL WELFARE DIVISION 2811 SE 29TH STREET OKLAHOMA CITY, OK 73129	73-6005359	MUNICIPALITY/CO	5,800.				GENERAL SUPPORT
OPERATION CATNIP OF GAINESVILLE PO BOX 141023 GAINESVILLE, FL 32614-1023	59-3522372	501(C)(3)	7,000.				GENERAL SUPPORT
ORPHAN ACRES INC 1183 ROTHFORK RD VIOLA, ID 83872-9761	75-3046514	501(C)(3)	9,000.				EMERGENCY HAY
PAWS THE PHILADELPHIA ANIMAL WELFARE SOCIET 100 N 2ND STREET PHILADELPHIA, PA 19106	75-2979217	501(C)(3)	7,000.				GENERAL SUPPORT
PENNSYLVANIA VETERINARY MEDICAL ASSOCIATION 12 BRIARCREST SQUARE HERSHEY, PA 17033	23-1397526	501(C)(6)	10,000.				SPAY/NEUTER
PET HELPERS INC 1447 FOLLY RD CHARLESTON, SC 29412-9509	57-0802283	501(C)(3)	31,283.				GENERAL SUPPORT
PET SAVERS PO BOX 11555 SPOKANE, WA 99211	91-1741239	501(C)(3)	67,500.				GENERAL SUPPORT
PETS SMART CHARITIES INC 19601 N 27TH AVE PHOENIX, AZ 85027	93-1140967	501(C)(3)	643,459.				SPAY/NEUTER
PHILADELPHIA ANIMAL CARE & CONTROL ASSOCIAT 111 W HUNTING PARK AVE	75-2979217	501(C)(3)	85,000.				GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization
HUMAN SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS

Employer identification number

13-1623829

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PUERTO RICO ANIMAL WELFARE SOCIETY INC PAWS PO BOX 605 AGUADILLA, PR 00603-0000	66-0588444	501(C)(3)	10,000.				SPAY/NEUTER
RETURN TO FREEDOM AMERICAN WILD HORSE SANCT PO BOX 926 LOMPOC, CA 93438-0926	06-1484961	501(C)(3)	312,000.				EQUINE SUPPORT
RICHMOND SPCA 2519 HERMITAGE ROAD RICHMOND, VA 23220	54-0506328	501(C)(3)	25,000.				HORSE SPONSORSHIP
RYAN NEWMAN FOUNDATION PO BOX 5998 STATESVILLE, NC 28687	02-0736931	501(C)(3)	10,000.				SPAY/NEUTER
SAN DIEGO HUMANE SOCIETY AND SPCA 5500 GAINES STREET SAN DIEGO, CA 92110	95-1661688	501(C)(3)	1,400,000.				TREATABLE PETS
SOCIETY OF ANIMAL WELFARE ADMINISTRATORS 2320 PARK BLVD LINCOLN, NE 68502-3327	41-1618666	501(C)(6)	10,000.				CONFERENCE SPONSOR
SPOKANE COUNTY REGIONAL ANIMAL PROTECTION S 2521 NORTH FLORA ROAD SPOKANE, WA 99216	91-6001370	MUNICIPALITY/CO	35,500.				CAPACITY BUILDING
SPOKANE HUMANE SOCIETY PO BOX 6247 SPOKANE, WA 99217-0904	91-0565011	501(C)(3)	55,000.				ADOPTIONS
ST HUBERTS GIRALDA PO BOX 159 MADISON, NJ 07940-0000	22-1627726	501(C)(3)	15,000.				GENERAL SUPPORT
THE LEAGUE AKA COMMUNITY LEAGUE INC 35 JAMES STREET NEWARK, NJ 07102-2016	42-1661464	501(C)(3)	125,000.				EDUCATION PROJECTS
THE PENNSYLVANIA SPCA 350 E ERIE AVENUE PHILADELPHIA, PA 19134	23-1352269	501(C)(3)	67,000.				GENERAL SUPPORT
THE SCIENCE AND CONSERVATION CENTER INC 2100 SOUTH SHILOH ROAD BILLINGS, MT 59106	81-0539631	501(C)(3)	15,000.				HORSE CONTRACEPTION
THE SPAYED CLUB PO BOX 1145 FRAZER, PA 19355	23-2822590	501(C)(3)	25,000.				GENERAL SUPPORT
TONY LA RUSSAS ANIMAL RESCUE FOUNDATION PO BOX 30215 WALNUT CREEK, CA 94598-9215	68-0240341	501(C)(3)	31,500.				ADOPTION TRAINING
UNITED ANIMAL NATIONS 1722 J STREET SUITE 11 SACRAMENTO, CA 95811	68-0124097	501(C)(3)	50,000.				EMERGENCY RESCUE

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization: AMERICAN SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS

Employer identification number
13-1623829

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED PEGASUS FOUNDATION 120 S 1ST AVE ARCADIA, CA 91006-3605	95-4497611	501(C)(3)	10,000.				FENCING/HAY
UNIVERSITY OF ILLINOIS UNIVERSITY AVENUE CHAMPAIGN, IL 61820-7406	37-6000511	501(C)(3)	25,000.				SCHOLARSHIPS
UNIVERSITY OF PENNSYLVANIA OFFICE OF THE TREASURER PO BOX 785326	23-1352685	501(C)(3)	650,000.				SWINE PROJECT
WALKIN N CIRCLES RANCH INC PO BOX 626 EDGEWOOD, NM 87015-0626	04-3619624	501(C)(3)	9,000.				BARN REPAIR

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Part III Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
EDWIN J SAYRES	(i)	369,986.	95,000.	9,012.	NONE	42,712.	516,710.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
STEPHEN EUDENE	(i)	163,925.	NONE	6,729.	NONE	40,044.	210,698.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
STEPHEN ZAWISTOWSKI	(i)	208,182.	10,027.	3,589.	NONE	48,312.	270,110.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
STEPHEN MUSSO	(i)	207,311.	10,000.	3,579.	NONE	40,606.	261,496.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
JONELLE SULLIVAN	(i)	178,111.	NONE	2,726.	NONE	17,934.	198,771.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
STEVEN HANSEN	(i)	168,017.	12,913.	3,109.	NONE	38,999.	223,038.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
JULIE MORRIS	(i)	164,154.	NONE	3,363.	NONE	31,130.	198,647.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
MELISSA NORDEN	(i)	151,550.	5,000.	2,855.	NONE	15,960.	175,365.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
LEE MURRAY	(i)	148,532.	NONE	4,586.	NONE	21,384.	174,502.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
TODD HENDRICKS	(i)	154,275.	15,000.	2,905.	NONE	16,406.	188,586.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
KAREN CHERRONE	(i)	221,588.	1,804.	428.	NONE	22,666.	246,486.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
ANNEMARIE SEPULVEDA	(i)	109,225.	80,000.	2,826.	NONE	14,130.	206,181.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
RANDALL LOCKWOOD	(i)	168,742.	5,000.	4,890.	NONE	42,537.	221,169.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
LOUISE MURRAY	(i)	172,562.	5,000.	306.	NONE	18,596.	196,464.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
MATT BERSHADKER	(i)	145,632.	5,000.	2,827.	NONE	16,530.	169,989.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE
	(i)						
	(ii)						

Schedule J (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **AMERICAN SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS**

Employer Identification number
13-1623829

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CINDY ADAMS DIRECTOR	1.	X					NONE	NONE	NONE	
THOMAS M BELDEN DIRECTOR	1.	X					NONE	NONE	NONE	
ALEXANDRA G BISHOP DIRECTOR	1.	X					NONE	NONE	NONE	
ARRIANA BOARDMAN DIRECTOR	1.	X					NONE	NONE	NONE	
J ELIZABETH BRADHAM DIRECTOR	1.	X					NONE	NONE	NONE	
JONATHAN D FARKAS DIRECTOR	1.	X					NONE	NONE	NONE	
DODIE GUMAER DIRECTOR	1.	X					NONE	NONE	NONE	
JOAN C HENDRICKS VMD PHD DIRECTOR	1.	X					NONE	NONE	NONE	
HOYLE C JONES CHAIRMAN	1.	X					NONE	NONE	NONE	
LINDA L LAMBERT VICE CHAIRPERSON	1.	X					NONE	NONE	NONE	
RANDY LEVINE DIRECTOR	1.	X					NONE	NONE	NONE	
FRANKLIN MAISANO TREASURER	1.	X					NONE	NONE	NONE	
GURDON H METZ DIRECTOR	1.	X					NONE	NONE	NONE	
SEAN MCCARTHY DIRECTOR	1.	X					NONE	NONE	NONE	
JAMES L NEDERLANDER JR DIRECTOR	1.	X					NONE	NONE	NONE	
MARSHA REINES PERELMAN DIRECTOR	1.	X					NONE	NONE	NONE	
JEFF PFEIFLE DIRECTOR	1.	X					NONE	NONE	NONE	
HELEN SC PILKINGTON DIRECTOR	1.	X					NONE	NONE	NONE	
MARTIN PURIS DIRECTOR	1.	X					NONE	NONE	NONE	
SALLY SPOONER SECRETARY	1.	X					NONE	NONE	NONE	
FREDERICK TANNE DIRECTOR	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

JSA
8E1294 1.000

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **AMERICAN SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS**

Employer Identification number
13-1623829

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CATHY WALLACH DIRECTOR	1.	X					NONE	NONE	NONE	
EDWIN J SAYRES PRESIDENT	40.			X			473,998.	NONE	42,712.	
STEPHEN EUDENE SR VP OF FINANCE AND CFO	40.			X			170,654.	NONE	40,044.	
STEPHEN ZAWISTOWSKI EXEC VP OF PROGRAMS	40.				X		221,798.	NONE	48,312.	
STEPHEN MUSSO EXEC VP OF CAPITAL PROJECTS	40.				X		220,890.	NONE	40,606.	
JONELLE SULLIVAN EXEC VP OF EXTERNAL AFFAIRS	40.				X		180,837.	NONE	17,934.	
STEVEN HANSEN SR VP ANIMAL HEALTH SERVICES	40.				X		184,039.	NONE	38,999.	
JULIE MORRIS SR VP OF COMMUNITY OUTREACH	40.				X		167,517.	NONE	31,130.	
MELISSA NORDEN SR VP OF CHIEF OF STAFF	40.				X		159,405.	NONE	15,960.	
LEE MURRAY SR VP OF HUMAN RESOURCES	40.				X		153,118.	NONE	21,384.	
TODD HENDRICKS SR VP OF DEVELOPMENT	40.				X		172,180.	NONE	16,406.	
KAREN CERRONE DIRECTOR OF SURGERY	40.					X	223,820.	NONE	22,666.	
ANNEMARIE SEPULVEDA SUPERVISOR SPEC INVESTIGATIONS	40.					X	192,051.	NONE	14,130.	
RANDALL LOCKWOOD SR VP OF ANIMAL CRUELTY	40.					X	178,632.	NONE	42,537.	
LOUISE MURRAY DIRECTOR OF MEDICINE	40.					X	177,868.	NONE	18,596.	
MATT BERSHADKER VP OF DEVELOPMENT	40.					X	153,459.	NONE	16,530.	

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
NEW YORKERS FOR CLEAN, LIVABLE AND SAFE STREETS	PRESIDENT IS CO-PRESIDENT AND DIRECTOR OF GRANTEE	250,000. ADMINISTRATIVE SUPPORT

Part IV Business Transactions Involving Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ **To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization **AMERICAN SOCIETY FOR THE PREVENTION OF
CRUELTY TO ANIMALS**

Employer identification number
13-1623829

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	25	5,097,235.	COST OF DONATED PROP
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory	X	1	25,000.	
20 Drugs and medical supplies				
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** NONE

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.**

Name of the organization

AMERICAN SOCIETY FOR THE PREVENTION OF

Employer identification number

CRUELTY TO ANIMALS

13-1623829

PROGRAM SERVICE ACTIVITY

FORM 990 PART III LINE 4E

ANTI-CRUELTY PROGRAMS (\$8,055,089)

DURING 2008, THE ASPCA HUMANE LAW ENFORCEMENT DEPARTMENT IN NEW YORK CITY

INVESTIGATED 5,227 REPORTED CASES OF ANIMAL CRUELTY RESULTING IN SEIZURE

OF OVER 400 ANIMALS AND 78 ANIMAL CRUELTY ARRESTS. THE DEPARTMENT

RESPONDED TO 50,000 TELEPHONE AND E-MAIL INQUIRIES FROM THE PUBLIC, AND

PROVIDED TRAINING FOR MORE THAN 1,300 POLICE RECRUITS AND LAW ENFORCEMENT

OFFICERS IN THE NEW YORK AREA. IN ITS FIRST YEAR, THE ASPCA MOBILE ANIMAL

CSI UNIT TRAVELED THOUSANDS OF MILES TO INVESTIGATE NUMEROUS EGREGIOUS

ACTS OF ANIMAL CRUELTY. THE UNIT, SUPERVISED BY AN EXPERIENCED VETERINARY

SCIENTIST, PARTICIPATED IN 12 MAJOR ANTI-CRUELTY RAIDS IN 2008 INCLUDING

3 DOG FIGHTING RAIDS IN GEORGIA, A LARGE SCALE PUPPY MILL RAID IN

TENNESSEE, AND THE MOST EXTENSIVE CAT RESCUE IN RECENT HISTORY IN

PENNSYLVANIA. THE ASPCA AIDED MORE THAN 70,000 ANIMALS IN 2008 THROUGH

ITS LEGISLATIVE EFFORTS. THESE INCLUDED LEGISLATION THAT IMPROVED CARE

FOR DOGS IN PENNSYLVANIA'S COMMERCIAL KENNEL INDUSTRY, REQUIRING

SPAY/NEUTER OF CATS AND DOGS BEFORE ADOPTION IN COLORADO, REQUIRING

INSTITUTIONAL OWNERS OF FORECLOSED PROPERTIES IN CALIFORNIA TO NOTIFY

ANIMAL CONTROL OFFICIALS ABOUT ABANDONED ANIMALS IN THEIR PROPERTIES,

'GOOD SAMARITAN' LAW IN ILLINOIS PROTECTING PEOPLE WHO RESCUE OR CARE FOR

INJURED ANIMALS IN EMERGENCIES OR DISASTERS, A UTAH LAW MAKING IT A

FELONY ON FIRST OFFENSE FOR DELIBERATE TORTURE OF A CAT OR DOG, STRONGER

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

ANIMAL ABUSE PENALTIES IN KENTUCKY, AND A STRONGER ANTI DOG FIGHTING LAW
IN GEORGIA.

GRANTS & SPONSORSHIPS (\$6,550,001)

DETAILS OF GRANTS OVER \$5,000 MADE TO WORTHY ORGANIZATIONS TO HELP
ANIMALS ARE LISTED ON SCHEDULE I OF THIS RETURN.

Name of the organization AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
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GOVERNING BODY AND MANAGEMENT

FORM 990 PART VI SECTION A

LINE 6 - ANY CONTRIBUTOR OVER AGE 18 WHO MAKES A DONATION OF \$25 OR MORE

TO THE ASPCA IS DEEMED A "MEMBER". "GOVERNING MEMBERS" CONSIST OF THOSE

PERSONS WHO CURRENTLY SERVE ON THE ASPCA'S BOARD OF DIRECTORS.

LINE 7A - ONLY "GOVERNING MEMBERS" HAVE THE RIGHT TO ELECT MEMBERS OF THE

ASPCA'S BOARD OF DIRECTORS.

LINE 10 - A DRAFT OF THE 2008 FORM 990 WILL BE REVIEWED BY THE AUDIT

COMMITTEE AND DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS BEFORE

FILING ELECTRONICALLY BY GRANT THORNTON.

Name of the organization AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
--	--

POLICIES

FORM 990 PART VI SECTION B

LINE 12C - ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES COMPLETE A WRITTEN
 CONFLICT OF INTEREST QUESTIONNAIRE AND DECLARATION ANNUALLY WHICH IS
 REVIEWED BY THE GENERAL COUNSEL AND THE AUDIT COMMITTEE OF THE BOARD OF
 DIRECTORS.

LINE 15 - THE EXECUTIVE COMMITTEE OF THE ASPCA BOARD REVIEWS AND APPROVES
 COMPENSATION OF THE PRESIDENT/CEO, CFO AND KEY EMPLOYEES (DEFINED AS
 THOSE EARNING OVER \$150,000 AND HAVING SIGNIFICANT ORGANIZATIONAL
 RESPONSIBILITIES). A STAFF COMMITTEE OF HUMAN RESOURCE AND FINANCIAL
 OFFICERS PROVIDE COMPARABILITY DATA TO THE EXECUTIVE COMMITTEE FOR THEIR
 REVIEW. COMPENSATION DATA CONSIDERED IS BASED ON INDUSTRY SURVEYS,
 DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR JOBS IN SIMILAR
 ORGANIZATIONS, AND/OR OUTSIDE COMPENSATION STUDIES BY INDEPENDENT
 EXPERTS.

Name of the organization AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 13-1623829
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DISCLOSURE

FORM 990 PART VI SECTION C

LINE 19 - AUDITED FINANCIAL STATEMENTS, CHARTER AND BY-LAWS ARE MADE

AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH CHARITABLE REGISTRATION

REQUIREMENTS IN OVER 40 STATES. THE CONFLICT OF INTEREST POLICY IS NOT A

PUBLIC DOCUMENT.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
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THE ASPCA PROVIDES EFFECTIVE MEANS FOR THE PREVENTION OF CRUELTY TO ANIMALS THROUGHOUT THE UNITED STATES. THE VISION OF THE ASPCA IS THAT THE UNITED STATES IS A HUMANE COMMUNITY IN WHICH ALL ANIMALS ARE TREATED WITH RESPECT AND KINDNESS.

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

ANIMAL HEALTH SERVICES

ANIMAL HEALTH SERVICES INCLUDES THE BERGH MEMORIAL ANIMAL HOSPITAL IN NEW YORK CITY, THE ASPCA MOBILE SPAY/NEUTER PROGRAM WITH FIVE MOBILE VETERINARY VANS PROVIDING SPAY/NEUTER SURGERIES IN UNDERSERVED AREAS OF THE 5 BOROUGHES OF NEW YORK CITY, THE ANIMAL POISON CONTROL CENTER (APCC) A 24 HOUR TELEPHONE HOTLINE IN URBANA, IL FOR NATIONWIDE EMERGENCY ANIMAL TOXICOLOGY TREATMENT, ANIMAL BEHAVIOR AND SHELTER VETERINARY SERVICES. IN 2008, 27,797 ANIMAL EXAMS WERE CONDUCTED AT BERGH HOSPITAL, A 19% INCREASE OVER 2007. OVER 1,000 PETS OF SPECIAL NEEDS CLIENTS RECEIVED OVER \$915,000 FREE MEDICAL CARE THROUGH THE TROOPER FUND. IN ADDITION MEDICAL CARE WAS PROVIDED TO 337 ANIMALS RESCUED FROM CRUELTY SITUATIONS BY THE ASPCA'S HUMANE LAW ENFORCEMENT OFFICERS. IN THE MOBILE CLINICS, 23,223 SPAY/NEUTER SURGERIES WERE PERFORMED, A 63% INCREASE OVER THE PRIOR YEAR. APCC HANDLED 145,569 NEW CASES WHICH HELPED SAVE THE LIVES OF 121,089 ANIMALS IN 2008, A 9% INCREASE OVER 2007. THE VETERINARY LIFELINE PARTNER PROGRAM INCREASED ITS MEMBERSHIP IN 2008 TO MORE THAN 23,000 VETERINARY CLINICS PROVIDING VETERINARIANS WITH THE ASPCA EXPERT RECOMMENDATIONS IN REAL TIME. IN ADDITION, APCC MANAGED MORE THAN 28,000 CALLS REGARDING LOST PET PREVENTION, REUNITING LOST PETS AND PET PARENTS, OFFERING TECHNICAL SUPPORT AND MAKING RECOMMENDATIONS FOR URGENT MEDICAL CARE OF PETS. IN 2008, THE ASPCA ANIMAL BEHAVIOR CENTER DEVELOPED A NATIONAL BEHAVIOR HOTLINE SERVICE PROVIDING A WEB BASED TOOL TO HELP PET OWNERS RESOLVE COMMON BEHAVIORAL PROBLEMS. ASPCA COUNSELING SERVICES HANDLED OVER 360 CALLS IN 2008 THROUGH A 24 HOUR TOLL-FREE NATIONAL PET LOSS HOTLINE PROVIDING CRISIS INTERVENTION FOR PET OWNERS ANTICIPATING THE LOSS OF THEIR PET OR ALREADY GRIEVING FROM SUCH LOSS. WITH THE ADDITION OF TWO NEW SHELTER VETERINARIANS WHO SPECIALIZE IN SHELTER ANIMAL INFECTIOUS DISEASES, THE VETERINARY OUTREACH DEPARTMENT PERFORMED 14 IN-DEPTH, ON SITE SHELTER EVALUATIONS IN 2008 AND MADE 50 PRESENTATIONS AND WORKSHOPS THAT REACHED OVER 3,500 VETERINARIANS AND SHELTER PROFESSIONALS.

4B PROGRAM SERVICE

COMMUNICATIONS

COMMUNICATIONS INCLUDES ACTIVITIES TO CREATE PUBLIC AWARENESS OF ANIMAL RELATED ISSUES. PRINT, BROADCAST AND ONLINE MEDIA EXPOSURE

FORM 990, PART III - PROGRAM SERVICES

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INCREASED 33% IN 2008 COMPARED TO 2007. THIS CREATED 670 MILLION OPPORTUNITIES TO SEE OR HEAR THE ASPCA'S HUMANE MESSAGES. EARLY IN 2008 THERE WAS MUCH MEDIA DISCUSSION OF ASPCA LED BEHAVIOR EVALUATIONS OF THE DOGS TAKEN FROM THE MICHAEL VICK PROPERTY. ASPCA INVOLVEMENT IN PREPARATION, EVACUATION AND RELIEF EFFORTS FOR HURRICANES GUSTAV AND IKE WERE NATIONAL MEDIA EVENTS IN AUGUST AND SEPTEMBER. OTHER MAJOR STORIES INCLUDED THE ASPCA'S PUSH FOR TOUGHER LAWS AGAINST PUPPY MILLS AND EXPERT ADVICE FOR PRESIDENT OBAMA IN HIS SEARCH FOR THE FIRST DOG. ALSO INCLUDED IN COMMUNICATIONS IS THE COST OF EDUCATIONAL AND INFORMATIONAL MATERIAL RELATED TO ANIMAL MATTERS INCLUDED IN OUR MANY DIRECT RESPONSE COMMUNICATIONS TO MEMBERS AND THE PUBLIC.

4C PROGRAM SERVICE

COMMUNITY OUTREACH

COMMUNITY OUTREACH INCLUDES A STATE-OF-THE ART ANIMAL ADOPTIONS CENTER IN NEW YORK CITY AND EXTENSIVE OUTREACH, EDUCATION, AND TRAINING PROGRAMS IN COMMUNITIES THROUGHOUT THE UNITED STATES. ADOPTIONS OF 2,461 CATS AND 806 DOGS IN 2008 FROM THE NYC ADOPTIONS CENTER WERE 20% HIGHER THAN IN 2007. DURING 2008 ASPCA MISSION: ORANGE CONTINUED EFFORTS IN SIX PARTNER COMMUNITIES (AUSTIN TX, CHARLESTON SC, GULFPORT/BILOXI MS, PHILADELPHIA PA, SPOKANE WA, AND TAMPA FL) IN SUPPORT OF ANIMAL WELFARE AND EDUCATION, RESULTING IN MEASURABLE AND SUSTAINABLE INCREASES IN ADOPTIONS, IMPROVED SAVE RATES OF ANIMALS MOST AT RISK IN SHELTERS, AND ANIMAL CRUELTY PREVENTION. AFTER HURRICANE KATRINA IN 2005, THE ASPCA CREATED A DISASTER RESPONSE TEAM OF VETERINARIANS, TECHNICIANS, DISASTER RESPONDERS AND SHELTER PROFESSIONALS, TO ASSIST IN THE RESCUE OF ANIMALS IN DISASTER SITUATIONS SUCH AS HURRICANES, FLOODS, WILDFIRES, TORNADOES, BLIZZARDS AND LARGE SCALE PUPPY MILL RAIDS. IN 2008, THE DISASTER TEAM HELPED 1,469 ANIMALS AND FOUND SHELTER FOR ANOTHER 1,200 ANIMALS DURING HURRICANES GUSTAV AND IKE. THROUGH THE ASPCA SHELTER OUTREACH PROGRAM IN 2008, MORE THAN 200 SHELTERS NATIONWIDE WERE USING THE ASPCA "MEET YOUR MATCH" PROGRAM, UP FROM 125 IN 2007. IN 2008, THE ASPCA HUMANE EDUCATION DEPARTMENT PRESENTED 66 PROGRAMS TO 2,725 TEACHERS, COMMUNITY MEMBERS, AND PARENTS AND TO 1,150 STUDENTS. WE DISTRIBUTED 24,000 BOOKS AND OTHER MATERIALS TO SCHOOLS AND TRANSMITTED 27,000 MATERIALS ELECTRONICALLY. WE ALSO CREATED 118 NEW PRINT AND WEB BASED MATERIALS. OVER 23 MILLION PEOPLE WERE REACHED THROUGH OUR EDUCATION AND OUTREACH PROGRAMS. THE ASPCAPRO.ORG WEBSITE TRAFFIC INCREASED 44% IN 2008 AND RELATED MONTHLY E-NEWSLETTER REACHED

FORM 990, PART III - PROGRAM SERVICES

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OVER 5,000 ANIMAL WELFARE PROFESSIONALS. THROUGH THIS SITE WHERE ASPCA NATIONALLY RECOGNIZED EXPERTS PRESENT TOOLS AND STRATEGIES IN AREAS SUCH AS ADOPTIONS, SPAY/NEUTER, BEHAVIOR, DEALING WITH FERAL CATS, FUNDRAISING AND SHELTER MEDICINE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

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DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
ANIMAL CRUELTY PROGRAMS	NONE	8,055,089.	29,178.
GRANTS AND SCHOLARSHIPS	6,462,726.	6,550,001.	NONE
SEE SCHEDULE O			
TOTALS	----- 6,462,726. =====	----- 14,605,090. =====	----- 29,178. =====

FORM 990, PART VI, LINE 17 - STATES

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AL, AK, AZ, AR, CA, CO, CT,
FL, GA, IL, IN, KS, KY, LA, ME, MD, MA, MI,
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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TIGERTEL COMMUNICATIONS INC 2 DUNCAN MILLS ROAD MSB1Z4 TORONTO ONTARIO CANADA	DRTV SERVICES	1,733,301.
TELEFUND PO BOX 2366 DENVER, CO 80201	TELEMARKETER	844,978.
CONVIO INC 11400 BURNET ROAD SUITE 200 AUSTIN, TX 78758	WEBSITE CONSULTANT	509,640.
PAYMENT SOLUTIONS INC PO BOX 30217 BETHESDA, MD 20824	DONOR PMT PROCESSING	500,587.
PUBLIC INTEREST DATA INC 1800 DIAGONAL ROAD ALEXANDRIA, VA 22314	DIRECT RESPONSE SVCS	403,928.
TOTAL COMPENSATION		----- 3,992,434. =====

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

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DESCRIPTION

AMOUNT

VARIOUS FUNDRAISING EVENTS

539,044.

TOTAL

539,044.

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FORM 990, PART VIII - FUNDRAISING EVENTS

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DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
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VARIOUS FUNDRAISING EVENTS	1,316,230.	599,695.	716,535.
TOTALS	1,316,230.	599,695.	716,535.
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FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

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DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
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ANIMAL RELATED MERCHANDISE AND BOOKS	1,114,223.	196,395.			681,536.		877,931.
TOTALS	1,114,223.	196,395.			681,536.		877,931.

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