For	" 9	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private	foundations	OMB No. 1545-0047
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it ma			Open to Public
-	-	enue Service	Go to www.irs.gov/Form990 for instructions and the lat lar year, or tax year beginning JUL 1, 2020 and ending	JUN 30,		Inspection
Bo	heck if	C Name o	f organization			tion number
	Addr		AL WELFARE INSTITUTE			
	Name	ge Doing b	usiness as	13-	565595	2
	Initia return Final return	Number Number	r and street (or P.O. box if mail is not delivered to street address) Room/s PENNSYLVANIA AVE S.E.		ne number -337-2	332
	termi ated Amer return	ded WASH	town, state or province, country, and ZIP or foreign postal code	G Gross rece H(a) is this	a group retu	8,378,612. um
	Appli tion pend	ing F Name a	and address of principal officer: CATHY LISS		bordinates?	Ided? Yes No
		empt status:		527 If "No	," attach a lis	st. See instructions
			AWIONLINE.ORG		exemption	
				ear of formation:	1951 M	State of legal domicile: DC
FE	art I	Summary			Grinner	
8	1		be the organization's mission or most significant activities: TO ALLEV	LATE THE	SUFFEI	RING OF
Activities & Governance	2		CAUSED BY PEOPLE.	ove then OED/ of	the mark second	
verr	3				1 1	ls. 8
Go	4		ting members of the governing body (Part VI, line 1a) dependent voting members of the governing body (Part VI, line 1b)			7
ŝ	5		of individuals employed in calendar year 2020 (Part V, line 2a)			25
itie	6		of volunteers (estimate if necessary)			7
ctiv	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.
A			business taxable income from Form 990-T, Part I, line 11			0.
				Prior Ye	ar	Current Year
ø	8	Contributions	and grants (Part VIII, line 1h)	4,664	,871.	4,356,871.
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)	3	,061.	2,768.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	112	,277.	890,388.
Œ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,965.	72,758.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,845		5,322,785.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	661	,478.	873,005.
	14		to or for members (Part IX, column (A), line 4)	1 0 0 0	0.	0.
nses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,908		2,021,880.
ens	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Exper	b		ing expenses (Part IX, column (D), line 25) • 45,028.	1 607	217	1 247 204
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,587 4,157		1,347,384.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		,628.	4,242,269. 1,080,516.
19	19	nevenue less	expenses. Subtract line 18 from line 12	Beginning of Cu		
Net Assets or -und Balances	20	Total assets (Part X, line 16)	16,936		End of Year 19,708,511.
Asse	21		s (Part X, line 26)		,423.	177,085.
Net	22		fund balances. Subtract line 21 from line 20	16,909		19,531,426.
(manufacture) and the	art II				derive in the	
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the	e best of my k	nowledge and belief, it is
			Beclaration of preparer (other than officer) is based on all information of which prep			
			hether LIST		1	,
Sigr	n	Signatur	e of officer	Dat	ie ///s	2/2021
Her	е		Y LISS, PRESIDENT		01/0	5/2021
_	1	Type or	print name and title			
		Print/Type pre		Date	Check] PTIN
Paid		RICHARD	TERRANO RICHARD TERRANO		self-employed	P00101716
Prep		Firm's name		Firr	n's EIN ▶ 1	1-3518842
Use	Only	Firm's address	► 4 MANHATTANVILLE ROAD			
			PURCHASE, NY 10577	Pho	one no. (91	4)524-9000
-			s return with the preparer shown above? See instructions	····		X Yes No
03200	01 12-2	23-20 LHA I	For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2020)

Form	1990 (2020) ANIMAL WELFARE INSTITUTE	13-5655952 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO REDUCE THE SUM TOTAL OF PAIN AND FEAR INFLICTED ON A	ANIMALS BY
	HUMANS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
•	If "Yes," describe these new services on Schedule O.	s? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	• •
	revenue, if any, for each program service reported.	,,,,,
4a	(Code:) (Expenses \$ 3,832,738. including grants of \$ 873,005.) (R	evenue \$ 29,203.)
	AWI PROGRAM-PROMOTES THE WELFARE OF ALL ANIMALS AND SEI	
	SUM TOTAL OF PAIN AND FEAR INFLICTED ON ANIMALS BY HUM	ANS.
4b	(Code:) (Expenses \$ including grants of \$) (R	evenue \$
		· ,
4c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
		/
4d	Other program services (Describe on Schedule O.)	
. •	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 3,832,738.	,
		– 000 (2000)

Form	990	(2020)	

1 Is the organization described in section 501(k) or 4947(k) (blow than a private foundation)? 1 X 2 Is the organization required to complete Schedule B, Schedule of Combibutors? 2 X 3 Schedule of (k)				Yes	No
2 is the organization required to complete Schedule 8, Schedule of Contributors? 2 X 3 Dit the organization required to complete Schedule C, Part II 3 X 4 Section 501(b(k)) organization. Did the organization engage in elobying activities on bave a section 501(b) election in effect diverse interaction engages. Proceed: C, Part II 4 X 5 Is the organization action 501(b) elocitical canapage activities on bave a section 501(b) elocitical engages. Part III 5 X 6 Dit the organization anitatia any chore axiwaid funds or any similar funds or accounts for which dornes have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wesh dornes have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wesh dornes have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wesh dornes have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wesh dornes have the right to provide advice on the distribution and the account liability, serve as a custodian for amounts not listed in Part X, no provide credit counseling, deta manapament, credit repart, or debt negatization report an amount for thready an arlated organization, held assets in donor-restricted endownments or the distribution or explained organization. Part III 8 X 9 Did the organization report an amount for thready an arlated organization. Neid assets in donor-restricted endownments or in the advice on amount f	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for policion 500 (tpQ) organizations. Did the organization engage in lobbying activities, or have a section 501 (tp) election in effect during the tax year // If Yes, "complete Schedule C, Part II 4 X 6 Did the organization activities in SO1 (tp) election in effect or which donors have the right to provide advice on the distribution or investment of amounts in such funds or any similar funds or accounts? (If Yes, "complete Schedule C, Part II 5 X 7 Did the organization matrian any donor adviced funds or any similar funds or accounts? (If Yes, "complete Schedule D, Part II 5 X 8 Did the organization respect on total a conservation accement, including easements to prove simular assets? If Yes, "complete Schedule D, Part II 7 X 9 Did the organization respect an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, en provide eached caparization, hold assets in donor restricted endowments or in quasi endowments? If Yes, "complete Schedule D, Part V 9 X 10 Did the organization report an amount for insetments - other securities in Part X, line 107 // Yes, "complete Schedule D, Part V 10 X 11 If the organization report an amount for insetments - other securities in Part X, line 107 // Yes, "complete Schedule D, Part V 10 X					
a Sector 30 (CR)3 organizations. D 4th organization engage in lobbying activities, or have a sector 501(h) election in effect during the tax yea? // 'Yes,' complete Schedule C, Part I/ 3 X 5 Is the organization ascelon 501(h)(4), 501(cR), or 501(cR) arganization that receives membership dues, assessments, or similar announts as defined in Revenue Proceedure 96-19? // 'Yes,' complete Schedule C, Part I/ 4 X 6 Did the organization ascelon 501(h)(4), 501(cR), or 501(cR), arganization that receives membership dues, assessments, or similar announts as defined in Revenue Proceedure 96-19? // 'Yes,' complete Schedule C, Part I/ 6 X 7 Did the organization assess or historic atomicnt is nucleid. D, Part V 7 X 8 Did the organization angont an amount for version of vortex of art. historical treasures, or other similar assets? // 'Yes,'' complete Schedule D, Part V 8 X 9 Did the organization, angont an amount for land, buildings, and equipment in Part X, line 10? // 'Yes,'' complete Schedule D, Part V 9 X 10 Did the organization export an amount for investments- other securities in Part X, line 12? // H 'Yes,'' complete Schedule D, Part V 10 X 11 H cognization report an amount for on-line securities in Part X, line 12? // H 'Yes,'' complete Schedule D, Part V 11 X 10 Did the organization report an amount for on-line s	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(b)(3) organizations. Did the organization angage in tobbying activities, or have a section 501(b) election in effect during the tax year <i>II</i> r/sc, "complete Schedule <i>C</i> , Part <i>II</i> . 4 X 5 Is the organization machine action 501(b) election in effect during the tax year <i>II</i> r/sc, "complete Schedule <i>C</i> , Part <i>II</i> . 5 X 6 Did the organization markine any domer adviced thus or any similar funds or accounts for which domons have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>II</i> r/sc, "complete Schedule <i>D</i> , Part <i>II</i> . 6 X 7 Did the organization markine any domer adviced mosesment, funding easements to preserve open space, the environment, historic land areas, or historic structures? <i>II</i> r/sc, "complete Schedule <i>D</i> , Part <i>II</i> . 7 X 8 Did the organization regot an amount for Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 100, Part V 8 X 9 Did the organization report an amount for lind, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 <i>II</i> r/sc, "complete Schedule D, Part X 11a X 10 Did the organization report an amount for thivestiments - other securities in Part X, line 150, that is 5% or more of its total assets reported in Part X, line 167 <i>II</i> r/sc, "com	3				
during the tax year? If Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(k) 501(k			3		<u> </u>
5 is the organization a sector S01(c)(4), S01(c)(5), or S01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 80-19, if <i>Y</i> tog, <i>* complete Schedule C, Part II</i> 5 X 6 Did the organization markins any doorn advised funds or any similar transfs or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment and and transfer or total a conservation account fability, seve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "res," complete Schedule D, Part II</i> 7 X 9 Did the organization, encored or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> 8 X 9 Did the organization report an amount for third, buildings, and equipment in Part X, line 12, It hall is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VI</i> 10 X 10 Did the organization report an amount for three inserts in Part X, line 12, It hall is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VI</i> 114 X 0 Did the organization report an amount for three inseasts in Part X, line 12, <i>If was,"</i>	4				
similar amounts as defined in Revenue Procedure 98-197 # 'Yes,' complete Schedule 0, Part III 5 X 6 Did the organization maintain any doora divised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or account faibility, serve as a custodian for amounts not listed in Part X, line 21, for eacrow or custodial account faibility, serve as a custodian for amounts not listed in Part X, line 21, for eacrow or custodial account faibility, serve as a custodian for amounts not listed in Part X, line 21, for eacrow or custodial account faibility, serve as a custodian for amounts not listed in Part X, line 21, for eacrow or custodial account faibility, serve as a custodian for amounts not listed in Part X, line 21, for eacrow or custodial account faibility, serve as a custodian for amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part X 11 X 11 Did the organization report an amount for investments - organization frame assets in Part X, line 10? If 'Yes,' complete Schedule D, Part X 11 X 12 Did the organization neport an amount for investments - organin			4	X	<u> </u>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // **es, "complete Schedule D, Part // **es, "complete Schedu	5				
provide advice on the distribution or investment of amounts in such funds or account?? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, ico provide cardial counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or or quasi endowments? If "Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for lawstemets' brogen related in Part X, line 10? If 'Yes," complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments- organ related in Part X, line 16? If 'Yes," complete Schedule D, Part VII 11 X 13 Did the organization report an amount for investments- program related in Part X, line 13; that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII 11 11 X			5		
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10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 11 X 20 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VI 11 X 20 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 20 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 X 21 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 111 X 22 Did the organization separate, independent audited financial statements for the tax year include a footnote that addresses the organization aschedules described in the 2M 2# include a footnote that addresses the organization on school described in sectorin 7006/(1)(V/V)(I) " "Yes," complete Schedule D, Part X 111 X 12a Did the organization on anoth for other assi					
or in quasi endowments? # 'Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 111a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 111a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 111b X c Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 111d X b Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 111d X 111d X 111d X 111d X 112 X 111d X 111d X 113 X 111d X 111d X 114 X 112 X 111d X 115 X 111d X 111d X 114 X 112 X 111d X 115 X 111d X 111d X 116 <td< th=""><td></td><td></td><td>9</td><td></td><td></td></td<>			9		
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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	10		16	x	
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	.,		17		x
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 10 11	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 19 X			18		x
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0 0	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20a X			10		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b	20a				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					<u> </u>
$1 \times 1 \times 1 \times 1$		domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29	х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	<u>_</u>	
30		30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		- 23
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 17			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

032004 12-23-20

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 25					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X		
f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
-	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	•				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders 11a					
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
a	Note: See the instructions for additional information the organization must report on Schedule O.	154				
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans					
~	Enter the amount of reserves on hand					
14a		14a	-	x		
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u> </u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>		
	excess parachute payment(s) during the year?	15		x		
	If "Yes," see instructions and file Form 4720, Schedule N.	.0				
16	to the exemination on advectional institution subject to the eastion 1000 evolution tay on not investment income?	16		x		
	If "Yes," complete Form 4720, Schedule O.					
-				-		

Form **990** (2020)

	Form	990	(2020))
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ANIMAL WELFARE INSTITUTE

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

Check if Schedule O contains a response or note to an	y line in this Part VI	

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		<u>8</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint o	one or			
	more members of the governing body?			<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
-	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	-	37	
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					v
600	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
40-	Did the superior is the base based at an and the superior of the base			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
ŭ	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•		10b		
110	· · · · · · · ·		o filing the form?	11a	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y belor				
b 120				12a	x	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			120		
U	in Schedule O how this was done			12c	x	
13				13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva			17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ar by int	lopondone			
а	The organization's CEO, Executive Director, or top management official			15a	x	
b	Other officers or key employees of the organization			15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL , AR , CA , DC , E	Ľ,G	A,HI,IL,KS	S, KY	, MD ,	MA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a					
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n on Sc	hedule O)			

9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	CATHY LISS, PRESIDENT - 202-337-2332	
	900 PENNSYLVANIA AVE SE, WASHINGTON, DC 20003	

200	T DIALOT D V MA.			1 TOIL	TIOTOL	, DC	210	0005
032006 12-23-20	SEE	SCHEDULE	0	FOR	FULL	LIST	OF	STATES

Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees te this table for all persons required to be listed. Report compensation for the calendar year endir

1a Complete this tab ng with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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• 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.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average			Pos	itior	۱.		Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	than (is both	n an	compensation	compensation	amount of
	week	offic	cer an	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	a			ted		organization	(W-2/1099-MISC)	from the
	related	stee	truste		Ð	bense		(W-2/1099-MISC)		organization
	organizations	ual tru	onal		ploye	ee com				and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CATHY LISS	40.00	<u> </u>	<u> </u>	ò	ž	<u>= =</u>	F			
PRESIDENT	10000	х		x				117,160.	0.	17,660.
(2) NADIA S ADAWI	40.00									
EXECUTIVE DIRECTOR				x				109,911.	0.	3,396.
(3) CYNTHIA WILSON	1.00									
CHAIR/VICE PRESIDENT		х		x				0.	Ο.	0.
(4) CAROLINE GRIFFIN ESQ.	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) ALAN KESSOCK	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) MARY LEE JENSVOLD, PHD	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CHRIS MILLER, DVM	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JILL CAREY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) WILLIAM STOKES	1.00									
DIRECTOR		Х						0.	0.	0.
						<u> </u>				
						-				
							1			

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Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Section A. Officers

Form 990 (2020) ANIMAL W	ELFARE I	INS	TI	TU	ΤĒ]			13-5	<u>6559</u>	952	P	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	verage Position (do not check more than box, unless person is bo			than d is both	an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount other		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr orga and	pensa om th anizat d relat inizati	e ion ed
		-											
		-											
		-											
		-											
		-											
								0.05.051		_		1 0	
1b Subtotal c Total from continuation sheets to Part VI								227,071.		0.			56. 0.
d Total (add lines 1b and 1c)								227,071.		0.	23	1,0	56.
2 Total number of individuals (including but r compensation from the organization ►	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	;			2
										ſ		Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	-			•			Ŭ	• • •			3		х
4 For any individual listed on line 1a, is the su											J		
and related organizations greater than \$155 Did any person listed on line 1a receive or a	,		'								4		X
rendered to the organization? If "Yes," con										<u></u>	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest complete the	mpensated inc	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of comp	oensat	ion fro	m	
the organization. Report compensation for (A)	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y (B)	ear.		(0	;)	
Name and business		н	ST	RE	<u> </u>		_	Description of s	ervices	C	omper		n
NW, STE 902, WASHINGTON,	•						_	LEGAL SERVIC	ES		163	3,2	82.
							_						
• Total number of independent contractors "			nite	1+	the		tod		are then				
2 Total number of independent contractors (i \$100.000 of compensation from the organi	•	JUIN	mec	1.0	ເກວຣ 1		rea	abovej who received mo	הב נוומוו				

						LFA	RE INSTITU	JTE		13-5655	952 Page 9
Pa			Statement of Re	even	ue						
			Check if Schedule O	conta	ains a re	sponse	e or note to any line		(B)	(C)	
								(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded
ស ស	1	а	Federated campaigns			la					
						lb					
5 G		с	Fundraising events			lc					
ar /						ld					
s, s		е	Government grants (conti	ributi	ons) ·	le					
r Si		f	All other contributions, gifts,	grant	ts, and						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included	d abov		If	4,356,871.				
ontr od O		g	Noncash contributions included in		_	lg \$	287,321.	4 954 954			
ש כ		h	Total. Add lines 1a-1f		<u></u>	<u></u>		4,356,871.			
	_		NT GODI I NNDOUG				Business Code	0.760	2.760		
Program Service Revenue	_	-	MISCELLANEOUS				511130	2,768.	2,768.		
verv		b									
ven o		C									
Be		d									
2		e f	All other program service	rovo	nuo						
-			Total. Add lines 2a-2f					2,768.			
	3		Investment income (inclue					, -			
	-		other similar amounts)	-				124,043.			124,043.
	4		Income from investment								
	5		Royalties								
						Real	(ii) Personal				
	6	а	Gross rents	6a	9	2,526					
		b	Less: rental expenses	6b	4	6,203					
		с	Rental income or (loss)	6c	4	6,323					
		d	Net rental income or (loss	s)		<u></u>	►	46,323.			46,323.
	7	а	Gross amount from sales of			curities	.,,				
			assets other than inventory	7a	3,77	5,969	•				
		b	Less: cost or other basis								
evenue			and sales expenses	7b		9,624					
eve			Gain or (loss)	7c		6,345	-	766 245			766 245
r	~		Net gain or (loss)				▶	766,345.			766,345.
Other	8	а	Gross income from fundraisi including \$								
5			including \$ contributions reported on								
			Part IV, line 18		'		a				
		b	Less: direct expenses								
			Net income or (loss) from								
			Gross income from gamir								
			Part IV, line 19	-			a				
		b	Less: direct expenses				b				
		с	Net income or (loss) from	gam	ing activ	vities					
	10	а	Gross sales of inventory,	less i	returns						
			and allowances			10)a				
		b	Less: cost of goods sold			10)b				
		С	Net income or (loss) from	sales	s of inve	ntory	►				
,							Business Code				
e e	11	а	MISCELLANEOUS				900099	26,435.	26,435.		
Revenue		b									
Miscellaneous Revenue		c									
ΪŽ			All other revenue					JE 125			
	40		Total. Add lines 11a-11d Total revenue. See instruction					26,435. 5,322,785.	29,203.	0.	936,711.
	12		TOTAL LEVELUE. SEE INSTRUCT	UHS				J J J L L , / U J .	L 27,203.	· · ·	I 200,1TT.

ANIMAL WELFARE INSTITUTE

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Page **9**

ANIMAL WELFARE INSTITUTE 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).

	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	372,231.	372,231.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	57,700.	57,700.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	443,074.	443,074.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	258,004.	231,762.	23,667.	2,575.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 1 1 0 1 0 0	1 202 550	100.005	
7	Other salaries and wages	1,448,409.	1,303,558.	130,365.	14,486.
8	Pension plan accruals and contributions (include		22.000	2 000	265
	section 401(k) and 403(b) employer contributions)	36,543.	32,889.	3,289.	365.
9	Other employee benefits	140,442.	122,063.	17,023.	1,356.
10	Payroll taxes	138,482.	124,453.	12,676.	1,353.
11	Fees for services (nonemployees):				
	Management	44,082.	44 092		
	Legal	22,500.	44,082.	22,500.	
	Accounting	12,000.	12,000.	22,500.	
	Lobbying	12,000.	12,000.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
y	column (A) amount, list line 11g expenses on Sch 0.)	372,054.	365,919.	6,135.	
12	Advertising and promotion	42,340.	38,500.	1,860.	1,980.
13	Office expenses	100,608.	85,345.	14,979.	284.
14	Information technology	48,074.	46,714.	1,229.	131.
15	Royalties				
16	Occupancy	102,913.	57,429.	44,986.	498.
17	Travel	15,524.	15,229.	295.	
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	73,930.	66,537.	6,654.	739.
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schedule O.				
9	amount, list line 24e expenses on Schedule 0.) AWI QUARTERLIES	232,051.	224,017.		8,034.
a b	PRINTING & PUBLICATIONS	78,800.	65,910.	524.	12,366.
с С	MEMBERSHIP & SUBSCRIPTI	69,960.	54,417.	15,168.	375.
d	BANK AND INVESTMENT FEE	61,757.	390.	61,347.	20.
	All other expenses	70,791.	68,519.	1,806.	466.
25	Total functional expenses. Add lines 1 through 24e	4,242,269.	3,832,738.	364,503.	45,028.
26	Joint costs. Complete this line only if the organization	, _,,			.,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

ANIMAL WELFARE INS	TITUTE
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Par	1	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,887,194.	1	1,157,702
	2	Savings and temporary cash investments	4,011,038.	2	5,150,980
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	94,507.	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As:	9		17,568.	9	26,361
		Land, buildings, and equipment: cost or other			207001
	104	basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b 1,153,265.	4 747 363.	10c	4,646,824
	11	Investments - publicly traded securities	4,747,363. 6,142,460.	11	8,687,463
	12	Investments - other securities. See Part IV, line 11	0,112,1000	12	0,007,405
	12	Investments - program-related. See Part IV, line 11		13	
			36,180.	14	39,181
	14	Intangible assets	50,100.		55,101
	15	Other assets. See Part IV, line 11	16,936,310.	15	19,708,511
-	16	Total assets. Add lines 1 through 15 (must equal line 33)	19,948.	16	170,610
	17	Accounts payable and accrued expenses	19,940.	17	170,010
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	C 475		<i>с</i> 475
		of Schedule D	6,475.	25	6,475
	26	Total liabilities. Add lines 17 through 25	26,423.	26	177,085
s		Organizations that follow FASB ASC 958, check here 🕨 🗴			
e l		and complete lines 27, 28, 32, and 33.	1 0 0 0 0 0 7		10 205 101
alar	27	Net assets without donor restrictions	16,809,887.	27	19,385,121
ñ	28	Net assets with donor restrictions	100,000.	28	146,305
Ĕ		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
5		and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	1.6.000.007	31	10 501 101
8 N	32	Total net assets or fund balances	16,909,887.	32	19,531,426
	33	Total liabilities and net assets/fund balances	16,936,310.	33	19,708,511

Form 990 (2020)
Part X Balance Sheet

Form	990	(2020)

Form	1990 (2020) ANIMAL WELFARE INSTITUTE	13-56	55952	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,322	2,7	85.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,242	2,2	69.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,080),5:	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,909	9,8	87.
5	Net unrealized gains (losses) on investments	5	1,541	L,0:	23.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	19,531	1,43	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2020)

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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)	
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the	organization
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oloyer iden	tification	numb
13-5	6559	52

Name	e of t	the organization						Employer	identification number
		ANIM	AL WELFARE	INSTITUTE				1	3-5655952
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.	
The o	rgan	nization is not a private found	lation because it is: (For lines 1 through 12, cl	neck only	one box.)			
1 [A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2 [A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3 [A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4 [A medical research organiz)(iii). Enter	the hospital's name,
		city, and state:							
5 [An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	-		•			•	
8		A community trust describe		(1)(A)(vi). (Complete Parl	: 11.)				
9		An agricultural research org			-	ed in coniu	inction with a	land-grant	colleae
		or university or a non-land-g	-			-		-	-
		university:	5 5 5			, ,	,	5	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exer							
		income and unrelated busir							
		See section 509(a)(2). (Co							
11 [An organization organized a		ivelv to test for public sat	etv. See	section 50)9(a)(4).		
12		An organization organized a	-	•	•			rrv out the	purposes of one or
-		more publicly supported or	-	•				-	
		lines 12a through 12d that							
а		Type I. A supporting orga				-		-	aivina
		the supported organization		-	• • • •	-			
		organization. You must c			, ,				
b		Type II. A supporting org	-		ion with it	s supporte	ed organizatio	n(s). bv hav	vina
		control or management o	-				-		•
		organization(s). You mus							
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,
		its supported organization	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sati	sfy a distr	ibution red	quirement and	I an attentiv	/eness
		requirement (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g	Prov	vide the following informatior	n about the supporte	ed organization(s).					
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
			1	1		1			1

Schedule A (Form 990 or 990-EZ) 2020 ANIMAL WELFARE INSTITUTE

Part II

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3955687.	4400711.	5026800.	4664871.	4356871.	22404940.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	3955687.	4400711.	5026800.	4664871.	4356871.	22404940.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2553347.
6	Public support. Subtract line 5 from line 4.						19851593.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	3955687.	4400711.	5026800.	4664871.	4356871.	22404940.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	208,878.	214,535.	278,899.	284,052.	216,569.	1202933.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					26,435.	26,435.
11	Total support. Add lines 7 through 10						23634308.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	9,955.
13	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	vear as a section 50	01(c)(3)	
	organization, check this box and stop	-					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	83.99 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	79.39 <u>%</u>
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not o				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						▶□
18	Private foundation. If the organization						
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2020 ANIMAL WELFARE INSTITUTE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(u) = 0 + 0		(0) = 0 + 0			(1) 1 0 100
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		L	Constanting of COL 1	l	01(-)(0)	
14	First 5 years. If the Form 990 is for th	e e					·
800	check this box and stop here						
	•			(f)		45	0/
	Public support percentage for 2020 (li			.,,		15	<u> %</u>
-	Public support percentage from 2019 ction D. Computation of Inves					16	%
	•			(f)		47	0/
	Investment income percentage for 20		__			17	%
	Investment income percentage from 2			an line 1 4 and line		18	%
19a	33 1/3% support tests - 2020. If the	-					
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3	
	line 18 is not more than 33 1/3%, chee						ion ▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	▶∟

Schedule A (Form 990 or 990 EZ) 2020 ANIMAL WELFARE INSTITUTE

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

Schedule A (Form 990 or 990-EZ) 2020 ANIMAL WELFARE INSTITUTE Part IV Supporting Organizations (continued)

1

No

Yes

2a

2b

3a

3b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D.	All Typ	e III Sup	porting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2020 ANIMAL WELFARE INSTITUTE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 ANIMAL WELFARE INSTITUTE

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	<u>d)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		·	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	c From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$			_	
a	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 ANIMAL WELFARE INSTITUTE

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2020 AMOUNT: \$ 26,435.

(Form 990 or 990-EZ)	2020							
Department of the Treasury Internal Revenue Service								
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then								
Name of organization	, e. (e) e. gam <u>-</u> a	ions: Complete Part III.			Emplove	r identification number		
U U	ANIMAL	WELFARE INSTITUTE				3-5655952		
Part I-A Comple		anization is exempt under	r section 501(c) o	r is a section 52				
2 Political campaign a	activity expendit	ation's direct and indirect political ures gn activities						
Part I-B Comple	ete if the org	anization is exempt under	r section 501(c)(3)).				
		incurred by the organization under			▶\$			
		incurred by organization managers						
		n 4955 tax, did it file Form 4720 fo				Yes No		
4a Was a correction m		······				Yes No		
b If "Yes," describe in								
Part I-C Comple	ete if the org	anization is exempt under	r section 501(c), e	except section 5	601(c)(3)			
1 Enter the amount d	irectly expended	by the filing organization for section	ion 527 exempt functio	on activities	▶\$			
		ization's funds contributed to othe						
exempt function ac	tivities		-		▶\$			
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,					
line 17b					▶\$			
4 Did the filing organi	zation file Form	1120-POL for this year?				Yes No		
5 Enter the names, ad	ddresses and en	nployer identification number (EIN)	of all section 527 polit	ical organizations to	which the	filing organization		
	0	tion listed, enter the amount paid f	00					
	contributions received that were 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.							
			Т					
(a) Name	2	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ent	n's co er-0	(e) Amount of political ntributions received and promptly and directly delivered to a separate political organization. If none, enter -0		

Political Campaign and Lobbying Activities

OMB No. 1545-0047

SCHEDULE C

	Schedule C (Form 990 or 990-EZ) 2020 ANIMAL WELFARE INSTITUTE 13-5655952 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under					
Part II-A Complete if the org section 501(h)).	anization	is exem	ipt under section	501(c)(3) and file	a Form 5768 (eie	ction under
	tion belongs	to an affili	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar	e of excess	lobbying e	xpenditures).			
B Check 🕨 📄 if the filing organization	tion checked	d box A an	d "limited control" pro	visions apply.		
Limit (The term "expend		(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to influ		22,906.				
b Total lobbying expenditures to influ	-				68,835.	
c Total lobbying expenditures (add lir					91,741.	
d Other exempt purpose expenditure					4,150,528.	
e Total exempt purpose expenditures	s (add lines [.]	1c and 1d)			4,242,269.	
f Lobbying nontaxable amount. Ente	er the amoun	t from the			362,113.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of lir	ne 1 f)			90,528.	
h Subtract line 1g from line 1a. If zero	o or less, ent	ter -0			0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zer reporting section 4911 tax for this section 4911 tax for the section 4911 tax	•		ne 1i, did the organiza		Г	Yes No
			raging Period Under			
(Some organizations th	nat made a s	section 50		nave to complete all o	of the five columns be	low.
	Lobby	ing Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	17	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	329	,019.	355,027.	357,877.	362,113.	1,404,036.
b Lobbying ceiling amount (150% of line 2a, column(e))						2,106,054.
c Total lobbying expenditures	109	,664.	116,553.	114,883.	91,741.	432,841.
d Grassroots nontaxable amount	82	,255.	88,757.	89,469.	90,528.	351,009.
e Grassroots ceiling amount (150% of line 2d, column (e))						526,514.
f Grassroots lobbying expenditures	18	,952.	21,759.	24,939.	22,906.	88,556.

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 ANIMAL WELFARE INSTITUTE

13-5655952 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		-		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR (k	b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		. 2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per	olitical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 ai	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE	D
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Name	of the	organization

ANIMAL WELFARE INSTITUTE

Employer identification number 13-5655952

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	r Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	l funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring	
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a	historically	important land area
	Protection of natural habitat	Preservation of a	certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conserva	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
с	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register	-		
3	Number of conservation easements modified, transferred, rele			during the tax
	year ►		0	0
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
	►	3		5 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservatio	n easemer	its during the year
-	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)	
-	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footn	•		
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Simila	ir Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3. not to report in its revenue statement and	d balance s	heet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			t works of
	art, historical treasures, or other similar assets held for public	-		
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
			•	\$
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under FASB AS		,, p. ovid	-
а	Revenue included on Form 990. Part VIII. line 1		►	\$

				,	
b	Assets included in	Form	990,	Part	Х

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

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Sche	chedule D (Form 990) 2020 ANIMAL WELFARE INSTITUTE 13-5655952 Page 2									
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or C	Other S	imila	r Assets	(continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that ma	ake signi	ficant ı	use of its	·	,	
	collection items (check all that apply):									
а	Public exhibition	(d 📃 Loan or ex	change program						
b	Scholarly research	(e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5										
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran						, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa		C C					-		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributior	ns or other assets	s not incl	uded				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		·	C C					Amount		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe					,		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par		f the organization ar	nswered "Yes" on F	orm 990, Part IV,	line 10.					
		(a) Current year	(b) Prior year	(c) Two years b		Three y	/ears back	(e) Four y	vears b	ack
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1a. column (a	a)) held as:	•					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment									
с		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation that are held a	nd administered	for the o	raaniza	ation			
	by:	5				5		5	/es	No
	-							3a(i)		
	(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii)									
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the	•								
Par										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a.	See Form 990, P	art X, line	e 10.				
	Description of property	(a) Cost or o	• •	t or other	(c) Accu		ed	(d) Book	value	
		basis (investi	,	(other)	depre	ciation				
	Land			50,000.		0 0		2,350		
	Buildings		3,45	50,089.	1,15	3,2	65.	2,296	,82	4.
С	Leasehold improvements									
d	Equipment									
-	Other									<u> </u>
Tota	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X. column (B). line	10c.)				4,646	,82	4.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. ((Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part	(Column (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities. ►	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SECURITY DEPOSITS	6,475.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

►

6,475.

(9)

Sche	dule D (Form 990) 2020 ANIMAL WELFARE INSTITUTE			13-5	5655952	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wit	h Revenue per Re			U
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	6,863,	808.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	1,541,023.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	<u>1,541</u> 5,322	023.
3	Subtract line 2e from line 1			3	5,322,	785.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,322,	785.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	4,242,	269.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	4,242,	269.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,242,	269.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

AWI	HAS	NO	UNCERTAIN	TAX	POSITIONS	AS	OF	JUNE	30,	2021	IN	ACCORDANCE	WITH
-----	-----	----	-----------	-----	-----------	----	----	------	-----	------	----	------------	------

FINANCE ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740 ("INCOME

TAXES"), WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX

PROVISIONS FOR UNCERTAIN TAX POSITIONS.

Department of the Treasury Internal Revenue Service	Go to	www.irs.gov/Fa	rm990 for instructions and the lates	t information.		Open to Public Inspection
Name of the organization					Employer i	identification number
ANIMAL WELFARE	ͳͶϚͲͳͲΪͲΪ	P			13-565	5952
			side the United States. Compl	ata if tha argan		
Form 990, Part IV				ete il the organ	iization answe	sieu res on
		n maintain record	ds to substantiate the amount of its gra	ants and other	assistance.	
-	•		he selection criteria used to award the			X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistanc	e outside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (gram service, e specific type (s) in the regio	e expenditures for and investments
SOUTH AMERICA	0	0	GRANTS	ANIMAL PROT	ECTION	87,222.
EAST ASIA	0	0	GRANTS	ANIMAL PROT	ECTION	37,400.
EUROPE	0	0	GRANTS	ANIMAL PROT	ECTION	38,792.
SUB-SAHARAN AFRICA -						
ANGOLA, BENIN,						
BOTSWANA, BURKINA						
FASO,	0	0	GRANTS	ANIMAL PROT	ECTION	175,153.
NORTH AMERICA -						
CANADA AND MEXICO,						
BUT NOT THE UNITED		_				
STATES	0	0	GRANTS	ANIMAL PROT	ECTION	50,908.
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,						
ARUBA, BAHAMAS,	0	0	GRANTS	ANIMAL PROT	ECTION	4,000.
RUSSIA AND						
NEIGHBORING STATES -						
ARMENIA, AZERBIJAN,						
BELARUS,	0	0	GRANTS	ANIMAL PROT	ECTION	22,000.
MIDDLE EAST AND						
NORTH AFRICA	0	0	GRANTS	ANIMAL PROT	ECTION	10,000.
3 a Subtotal	0	0				425,475.
b Total from continuation						
sheets to Part I	0	0				17,600.
c Totals (add lines 3a and 3b)	0	0				443,075.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Schedule F (Form 990) 2020

OMB No. 1545-0047

Open to Public

SCHEDULE F (Form 990)

Schedule F (Form 990)	ANIMAL W	ELFARE I	NSTITUTE	13-565595	2 Page 1
Part I Continuation	n of Activitie	s per Region	• (Schedule F (Form 990), Part I, line 3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	 (e) If activity listed in (d) is a program service, describe specific type of service(s) in region 	(f) Total expenditures for region
SOUTH ASIA	0	0	GRANTS	ANIMAL PROTECTION	17,600.
Totals					17,600.
· · · · · · · · · · · · · · · · · · ·					

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	ANTI-POACHING	10,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC	ANIMAL CONSERVATION	15,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	ANIMAL CONSERVATION	9,000.	WIRE TRANSFER	٥.		
				,				
		MIDDLE EAST AND		10.000				
		NORTH AFRICA	ANIMAL CONSERVATION	10,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	ANIMAL CONSERVATION	15,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	ANIMAL CONSERVATION	10,000.	WIRE TRANSFER	Ο.		
		NORTH AMERICA	ANIMAL CONSERVATION	5 653.	WIRE TRANSFER	٥.		
				-,				
A - - - - - - - - - -		SOUTH AMERICA	ANIMAL CONSERVATION		WIRE TRANSFER	0.		
			ecognized as charities by the t or counsel has provided a sect			•		
3 Enter total number of	•	-	or counsel has provided a sect		• • • • • • • • • • • • • • • • • • • •	·····		15

Schedule F (Form 990) 2020

Schedule F (Form 990)

ANIMAL WELFARE INSTITUTE

<u>13-5655952</u>

Page **2**

Schedule F (Form 990)			0111011		T3 30	55552		Page Z
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ANIMAL CONSERVATION	75,172.	WIRE TRANSFER	0.		
		SOUTH ASIA	ANIMAL CONSERVATION	17,400.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DESNARING & WILDLIFE CONFERENCE	47,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ANIMAL CONSERVATION	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ANIMAL CONSERVATION	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ANIMAL CONSERVATION	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ANTI-POACHING	67,653.	WIRE TRANSFER	0.		
		1	1	1				I

Part III can be duplicated if (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe
	EAST ASIA AND THE						
	PACIFIC	1	400	WIRE TRANSFER	0.		
	EUROPE (INCLUDING		400.				
	ICELAND &						
	GREENLAND) -						
	ALBANIA, ANDORRA,	2	4,392.	WIRE TRANSFER	0.		
	RUSSIA AND						
	NEIGHBORING						
	STATES - ARMENIA,						
	AZERBIJAN,	2	22,000.	WIRE TRANSFER	0.		
	NORTH AMERICA -						
	CANADA AND						
	MEXICO, BUT NOT						
	THE UNITED STATES	6	18,009.	WIRE TRANSFER	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
	BURKINA FASO,	1	5,000.		0.		
	SOUTH ASIA	1	200.		0.		
							+

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

Schedule F (Form 990) 2020

Page 3

	(Form 990) 2020		WELFARE	INSTITUTE
Part IV	Foreign Form	າຣ		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund</i> (see <i>Instructions for Form 8621</i>)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

Supplemental Information

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

PART I, LINE 2:

AWI MONITORS OVERSEAS GRANTEES BY REQUIRING REPORTS EITHER AT THE

COMPLETION OF A SPECIFIC PROJECT FOR WHICH THE GRANT AID WAS PROVIDED OR,

IN THE CASE OF ONGOING GRANTS, PROGRESS REPORTS ON A QUARTERLY OR OTHER

REGULAR BASIS. SUCH REPORTS ARE STORED ELECTRONICALLY BY AWI.

SCHEDULE I	C	arants and Oth	er Assistan	ce to Organ	izations		OMB No. 1545-0047
(Form 990)	Go	vernments, an	d Individual	s in the Ŭni	ted States		2020
	Compl	ete if the organizatio	n answered "Yes" Attach to For		rt IV, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		Co to wave in	s.gov/Form990 fo		ation		Inspection
Name of the organization			5.900/F011133010				•
Name of the organization ANIMAL WE	LFARE INS	TITUTE					Employer identification number 13-5655952
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than S	5,000. Part II can	be duplicated if additi	onal space is need	ed.			1
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 noncash assistance	(h) Purpose of grant or assistance
THE BEAVER COALITION							
PO BOX 193							
JACKSONVILLE, OR 97530	84-5076273	501(C)(3)	14,760.	0.			CHRISTINE STEVENS AWARDS
TULANE UNIVERSITY							
6823 ST. CHARLES AVENUE							
NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	14,840.	0.			CHRISTINE STEVENS AWARDS
ISLAND DOG RESCUE 900 PILLOW DRIVE							
VIRGINIA BEACH, VA 23454	20-5107492	501(C)(3)	15,000.	٥.			ANIMAL CONSERVATION
YALE UNIVERSITY PO BOX 2038							
NEW HAVEN, CT 06521	06-0646973	501(C)(3)	15,000.	0.			CHRISTINE STEVENS AWARDS
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 202 COUSTEA PL, STE 185 - DAVIS, CA 95618	94-6036494	501(C)(3)	14,998.	0.			CHRISTINE STEVENS AWARDS
MICHIGAN TECHNOLOGY UNIVERSITY 325 E GRAND RIVER AVENUE, STE 275							
EAST LANSING, MI 48823	23-7326030	501(C)(3)	14,200.	0.			CHRISTINE STEVENS AWARDS
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in the	e line 1 table				▶ 18.
3 Enter total number of other organization							

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

Schedule I (Form 990) 2020

ANIMAL WELFARE INSTITUTE Schedule I (Form 990)

(b) EIN

(a) Name and address of

organization or government

UNIVERSITY OF WASHINGTON

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(c) IRC section

if applicable

(d) Amount of

cash grant

(e) Amount of

non-cash

assistance

(f) Method of

valuation

(book, FMV,

appraisal, other)

PO BOX 359505					
SEATTLE, WA 98195	94-3079432	501(C)(3)	14,913.	0.	CHRISTINE STEVENS AWARDS
JNIVERSITY OF WYOMING					
222 S 22ND STREET					
LARAMIE, WY 82070	83-0201971	501(C)(3)	15,000.	0.	CHRISTINE STEVENS AWARDS
			, <u>,</u>		
DUKE UNIVERSITY					
ALUMNI & DEVELOPMENT RECORDS					
DURHAM, NC 27708	56-0532129	501(C)(3)	9,479.	0.	ANIMAL CONSERVATION
CUNY HUNTER COLLEGE					
695 PARK AVE, RM 1313A	13-3598671	E01(0)(2)	10.000	0.	ANIMAL CONSERVATION
NEW YORK, NY 10065	12-2230011	501(C)(3)	10,000.	0.	ANIMAL CONSERVATION
TEXAS A&M					
400 HARVEY MITCHELL PKWY S, STE 300					
COLLEGE STATION, TX 77845	74-1238434	501(C)(3)	9,061.	0.	ANIMAL CONSERVATION
SEA TURTLE, INC					
PO BOX 3987					
SOUTH PADRE ISLAND, TX 78597	74-2042030	501(C)(3)	10,000.	0.	ANIMAL CONSERVATION
(TNODING CLONE VERTED ING INGTOTION					
MEMORIAL SLOAN KETTERING INSTITUTE FOR CANCER RESEARCH - PO BOX 27106					
- NEW YORK, NY 10087	13-1924236	501(C)(3)	10,000.	0.	ANIMAL CONSERVATION
NEW TORK, NI 10007	13-1924230	501(0)(3)	10,000.	0.	
THE BEAVER INSTITUTE					
14 MOUNTAIN ROAD					
SOUTHAMPTON, MA 01073	82-2197466	501(C)(3)	10,000.	0.	ANIMAL CONSERVATION
PEOPLE & CARNIVORES					
PO BOX 6733					
BOZEMAN, MT 59771	81-0482646	501(C)(3)	25,000.	0.	ANIMAL CONSERVATION

(h) Purpose of grant

or assistance

(g) Description of

non-cash assistance

ANIMAL WELFARE INSTITUTE Schedule I (Form 990) . . .

(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
PPR COASTAL PRIMATE SANCTUARY 17 HARMONY DR WONGVIEW, WA 98632	93-1272002	501(C)(3)	125,000.	0.			ANIMAL CONSERVATION
EEORGE MASON UNIVERSITY 400 UNIVERSITY DRIVE MS PAIRFAX, VA 22030	54-1603842	501(C)(3)	14,980.	0.			ANIMAL CONSERVATION
JNIVERSITY OF CONNECTICUT 2390 ALUMNI DRIVE #U3206 STORRS MANSFIELD, CT 06269	06-6070722	501(C)(3)	15,000.	0.			ANIMAL CONSERVATION
		501(0)(0)	15,000.				

Schedule I (Form 990)

Schedule I (Form 990) 2020

ANIMAL	WELFARE	INSTITUTE
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13-5655952

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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 noncash assistance
VOICE FOR ANIMALS ESSAY CONTEST	14	4,200.	0.		
ANIMAL WELFARE SCHOLARSHIPS	18	26,000.	0.		
NAS COMMITTEE GRANT	1	10,000.	0.		
ECOSYSTEM MODEL GRANT	1	15,000.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
AWI GRANTS ARE AWARDED BASED ON F	PROPOSALS.	AFTER AWAF	D, GRANTEE	S ARE	
EXPECTED TO PROVIDE AWI WITH A DE	SCRIPTION	OF THE PRO	JECT OUTCO	ME AND AWI	
MAY CHOOSE TO FEATURE RESULTS OF	WORK UNDER	TAKEN IN I	TS AWI QUA	RTERLY	
MAGAZINE. AWI MONITORS OVERSEAS G	RANTEES BY	REQUIRING	REPORTS E	ITHER AT THE	

COMPLETION OF A SPECIFIC PROJECT FOR WHICH THE GRANT AID WAS PROVIDED OR,

IN THE CASE OF ONGOING GRANTS, PROGRESS REPORTS ON A QUARTERLY OR OTHER

REGULAR BASIS. SUCH REPORTS ARE STORED ELECTRONICALLY BY AWI.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

►

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

2020 Open to Public Inspection

Go to www.irs.gov/Form990.for	instructions and the latest information.
00 10 www.ii 5.gov/i 0111330 101	

Name of the organization Employer identif						ficatio	on nun	nber	
	ANIMAL WELFARE INSTITUTE 13-5						655	952	
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of det noncash contribut			3
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	Х	17	287,321.	FM\	7			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	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 organiz	zation during	the tax year for co	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it								
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for								
	exempt purposes for the entire holding period?						30a		X
b	b If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						31		Х
32a	22a 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 didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is cheo	ked,				
	describe in Part II.								

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

Schedule M (Form 990) 2020

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 13-5655952

ANIMAL WELFARE INSTITUTE

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

THE RETURNS ARE PREPARED BY AN OUTSIDE ACCOUNTANT. OFFICER SIGNING THE

RETURN AND EXECUTIVE DIRECTOR REVIEWS FOR COMPLETENESS.

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

ORGANIZATION ANNUALLY REVIEWS & MONITORS CONFLICT OF INTEREST POLICY TO

ENSURE COMPLIANCE. IN ADDITION, EACH MEMBER/OFFICER IS REQUIRED TO REPORT

PROMPLY TO THE BOARD ANY POTENTIAL CONFLICT OF INTEREST AS AND WHEN IT

ARISES.

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

THE PRESIDENT'S ANNUAL SALARY IS REVIEWED AND APPROVED BY THE BOARD OF

DIRECTORS (INDEPENDENT OF PRESIDENT).

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

AL, AR, CA, DC, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OR, PA, RI, SC TN, UT, VA, WV, WI

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

THE ORGANIZATION PROVIDES COPIES UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.