PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 17-10-24

orm **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Cloth 50 ((c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

A I	For the	e 2017 calendar year, or tax year beginning	and ending	_								
	Check if applicab	C Name of organization		D Employer identifi	cation number							
	Addre	SS WORLD ANIMAL PROTECTION										
	Name chang			**_*	**8182							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r							
	Final return	450 SEVENTH AVENUE	31ST	(646	16) 783-2200							
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,312,519.							
X	Amen	ded NEW YORK, NY 10123		H(a) Is this a group r	eturn							
	Applic tion	F Name and address of principal officer: CARTER LUKE		for subordinates	? Yes X No							
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No							
1	Tax-ex	empt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () $\mathbf{\triangleleft}$ (insert no.) $\mathbf{\Box}$ 4947(a)	(1) or 527	If "No," attach a	list. (see instructions)							
J	Websi	te: ► WORLDANIMALPROTECTION.US.ORG		H(c) Group exemption	n number							
K	orm o	forganization: X Corporation Trust Association Other	L Year	of formation: 1980	M State of legal domicile: DC							
Pi	art I	Summary										
a)	1	Briefly describe the organization's mission or most significant activities: \underline{SEE}	E SCHEDU	LE O FOR MI	SSION							
Governance		STATEMENT										
ir.	2	neck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
ove.	3			3	4 2							
ত	4	Number of independent voting members of the governing body (Part VI, line $1\mathrm{I}$										
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			24							
ΞĒ	6	Total number of volunteers (estimate if necessary)			2							
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.							
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.							
	١.		_	Prior Year	Current Year							
ē	8	Contributions and grants (Part VIII, line 1h)		4,960,934.	6,201,689.							
ē	9	Program service revenue (Part VIII, line 2g)		0.	0.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,948.	33,625.							
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,681. 5,000,563.	4,816.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12			6,240,130. 1,763,930.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,611,515. 0.	1,763,930.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,244,904.								
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		96,173.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		30,173.	33,071.							
X	D	Total fundraising expenses (Part IX, column (D), line 25) 1,345,		1,868,332.	2,160,070.							
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,820,924.	5,375,719.							
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		179,639.	864,411.							
	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year								
Net Assets or	20	Total assets (Part X, line 16)	В	3,953,772.	End of Year 4,831,932.							
ASSE	21	Total liabilities (Part X, line 16)		1,070,035.	937,670.							
let /	22	Net assets or fund balances. Subtract line 21 from line 20		2,883,737.								
P	art II	Signature Block		2700377370	3703172021							
		alties of perjury, I declare that I have examined this return, including accompanying schec	lules and stateme	ents, and to the best of m	v knowledge and belief, it is							
		ct, and complete. Declaration of preparer (other than officer) is based on all information o			,,							
	,											
Sig	n	Signature of officer		Date								
Her		CARTER LUKE, BOARD CHAIR										
		Type or print name and title										
-		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN							
Paid	d	ROBERT LYONS		it self-emplo								
Pre	parer	Firm's name MARKS PANETH LLP		Firm's EIN ▶	**-***8842							
Use	Only	Firm's address 685 THIRD AVENUE										
		NEW YORK, NY 10017		Phone no. 21	2-503-8800							
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No							

ı u	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: OUR VISION IS A WORLD WHERE ANIMAL WELFARE MATTERS AND ANIMAL CRUELTY HAS ENDED - TOGETHER WE CAN MOVE THE WORLD FOR ANIMALS.	
	HAS ENDED - TOGETHER WE CAN MOVE THE WORLD FOR ANIMALS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☑ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	ک الام
3	If "Yes," describe these changes on Schedule O.	<u>-</u> 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,816,938. including grants of \$ 1,763,930.) (Revenue \$ 1N 2017, AS PART OF A WORLDWIDE GLOBAL ORGANIZATION, WORLD ANIMAL PROTECTION U.S. IMPROVED THE WELFARE OF 321 MILLION ANIMALS AROUND THE	0.
	WORLD IN THE WILD, IN DISASTERS, IN FARMING, AND IN COMMUNITIES. WITH THE HELP OF OUR SUPPORTERS, WE EDUCATED AND MOBILIZED THE PUBLIC,	
	LOBBIED AND ADVOCATED AT THE HIGHEST LEVELS OF GOVERNMENT AND INDUSTRY AND CATALYZED SUSTAINABLE LARGE-SCALE SOLUTIONS TO PROTECT ANIMALS.	,
	CONTINUED ON SCHEDULE O	
4b	(Code:) (Expenses \$	
4c	(Code:) (Expenses \$	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
40	Total program convice expenses 3 816 938	

Form 990 (2017) WORLD ANIMAL PROTECTION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	in 100, complete conceans 2,			
	Part VI	11a	Х	
b	3	l		,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			.
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
L	Schedule D, Parts XI and XII	12a	Λ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a		14a		X
14a b		i ra		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		_ -	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>, </u>		_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		Х
			222	

Form 990 (2017) WORLD ANIMAL PROTECTION Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			,,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			_V
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
0.4	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	04	Х	
05-	Part V, line 1	34	Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	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?	0.0		x
27	If "Yes," complete Schedule R, Part V, line 2	36		_^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
30	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	
	Note: All Form 990 files are required to complete gonedule O	30	- 22	

Form 990 (2017) WORLD ANIMAL PROTECTION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
		1	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re		le gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2.4			
	filed for the calendar year ending with or within the year covered by this return	2a	24		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					X
	-			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			40		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country:	ccouri	υ,	4a		
Б	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	e (FRAR)			
52			` '	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time daring the tax year:			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?	•		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	ired			
	to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•	_		
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
d D	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40-				
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
р 11	Section 501(c)(12) organizations. Enter:	מטו				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
~	amounts due or received from them.)	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	0		14b	000	
				Form	990	(2017)

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

	Check if Schedule O contains a response or note to any line in this Part VI						X			
Sec	tion A. Governing Body and Management									
		ı	ı	4 6		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a		4						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b		2						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other							
	officer, director, trustee, or key employee?			.	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person? \dots				3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assignificant diversion of the organization of	ets?			5		X			
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?			.	7a	X				
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?			.	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:							
а	The governing body?				8a	_ <u>X</u> _				
b	Each committee with authority to act on behalf of the governing body?			. -	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the							
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)							
				_		Yes	No			
	Did the organization have local chapters, branches, or affiliates?			. -	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	s, affiliates,							
	· · · · · · · · · · · · · · · · · · ·			-	10b 11a	Х				
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	, 3			· -	12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			├	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	, -				37				
	in Schedule O how this was done			. -	12c	X				
13	Did the organization have a written whistleblower policy?				13	X				
14	Did the organization have a written document retention and destruction policy?			.	14	X				
15	Did the process for determining compensation of the following persons include a review and approval	ı by in	aependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-	45	v				
	The organization's CEO, Executive Director, or top management official				15a	X				
a	Other officers or key employees of the organization			.	15b	X				
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ont	iith o							
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements and the proof of the pr			F	16-		Х			
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			-	16a		Α			
D		-	· ·							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements?	ızatiOl	13	F	16b					
Sec	tion C. Disclosure				IOD		<u> </u>			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY, AL, AK, AR, C.	A , C	T,FL,GA.H	I.	IL.	KS	KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T						-			
	for public inspection. Indicate how you made these available. Check all that apply.	,5556		, ۵۷۷						
	X Own website Another's website X Upon request Other (explain	in So	hedule ∩)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	nd fi	inanci	al				
	statements available to the public during the tax year.	5. 0	ponoy, u	🛥 11						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records:							
	NEAL KATZ - 646-783-2200									
	450 SEVENTH AVE 31ST. FL, NEW YORK, NY 10123									

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

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

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

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

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

Check this box if neither the organization n	1	Jiga	ııza			iper	isale			/E\
(A) Name and Title	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		x, unless person is both an ficer and a director/trustee)					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	۵			ted		organization	(W-2/1099-MISC)	from the
	related	stee (truste		a.	beusa		(W-2/1099-MISC)		organization
	organizations	nal tru	ional		ploye	t com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CARTER LUKE	1.00		_		Ť	1 0	-			
BOARD CHAIR		х		х				0.	0.	0.
(2) JOHN BOWEN	1.00									
PRESIDENT (FORMER)		Х		Х				0.	0.	0.
(3) STEPHEN CORRI	1.00									
SECRETARY	40.00	Х		Х				0.	99,866.	6,267.
(4) KEVIN GEESON	2.00							_		
TREASURER/INTERNATIONAL COO	40.00	Х		Х				0.	138,480.	9,010
(5) THOMAS JONES	1.00									
DIRECTOR		X	-					0.	0.	0 .
(6) JOSEY KITSON	6.00								100 000	1 01 5
ACTING US EXECUTIVE DIRECTOR	40.00		_	Х				0.	102,922.	1,917
(7) NEAL KATZ	40.00			٦,				00 400	_	2 156
FINANCE MANAGER (8) PRISCILLA MA	40.00		-	Х		-		82,489.	0.	3,156
EXECUTIVE DIRECTOR (FORMER)	40.00			x				132,542.	0.	11,291
(9) SILIA SMITH	0.00			^				132,342.	0.	11,291
NA REGIONAL DIRECTOR/CANADA (FORMER)	0.00	-					Х	0.	127,880.	6,458
111111111111111111111111111111111111111								•	127,000.	0,450
			_	_		_				
		_	_	<u> </u>	<u> </u>	_				
		-								
	<u> </u>									5 000 (22.1

732007 11-28-17 Form **990** (2017)

Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		,	—т		(=)	
(A)	(B) (C) Average Position							(D)	(E)		_	(F)	
Name and title	hours per		not c	heck	more	than dis both		Reportable compensation	Reportable compensation	- 1		timate nount	
	week					or/trus		from	from related	- 1		other	Oi
	(list any	ctor						the	organization			pensa	tion
	hours for	r dire				ted		organization	(W-2/1099-MIS	SC)	fr	om the	е
	related	stee o	rustee			oensat		(W-2/1099-MISC)			_	anizati	
	organizations below	al tru	onal t		oloyee	l mos as						d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
	1	드	트	6	<u>\$</u>	= =	교			\rightarrow			
		1											
										\dashv			
										\longrightarrow			
										\longrightarrow			
										\dashv			
1b Sub-total								215,031.	469,1	48. 0.	3	8,09	99. 0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								215,031.	469,1				
Total number of individuals (including but n							o re	•				. ,	
compensation from the organization								,	•				1
										r		Yes	No
3 Did the organization list any former officer,	•		-	•	•	•		•		ļ			
line 1a? If "Yes," complete Schedule J for s											3	Х	
4 For any individual listed on line 1a, is the su	•							•	•	ŀ			37
and related organizations greater than \$150										}	4		X
5 Did any person listed on line 1a receive or a	•				•		elate	ed organization or individ	dual for services	ŀ	_		X
rendered to the organization? If "Yes," com Section B. Independent Contractors	iplete Schedule	e J f	or sı	ıch i	oers	on					5		21
Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	pensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thir	n the organization's tax y	ear.				
(A) Name and business	address							(B) Description of s	ervices	С	ompei		n
ALLSCOPE DIRECT													
462 SEVENTH AVENUE, NEW Y	ORK . N	Y	10	01	8			TELEVISION M	EDIA	l	30	5,70	09.
INFOGROUP EDIA SOLUTIONS PRINTING/DIRECT MAIL											-		
1020 EAST 1ST STREET, OMAHA , NE 68046 SERVICES 2									25	6,52	26.		
THE ABER GROUP, 120 EGLIN					ST	,		ONLINE					
									22	5 , 5!	52.		

Total number of independent contractors (including but not limited to those listed above) who received more than

3

\$100,000 of compensation from the organization

-*8182

Form 990 (2017) WORLD A
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response o	or note to any lin	e in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
νν	1 a	Federated campaigns	1a					012 011
ant		Membership dues						
င်္ပ မြ		Fundraising events						
ifts,		Related organizations	······	250,000.				
nia G		Government grants (contribution						
Sir		All other contributions, gifts, grant	· —					
her ju	·	similar amounts not included abov		951,689.				
걸	а	Noncash contributions included in lines 1		110,887.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			6,201,689.			
				Business Code				
o l	2 a							
ķ	b							
Program Service Revenue	С							
an eve	d							
Beg	е							
Pro	f	All other program service rever	nue					
		T-1-1 A-1-1 U O- Of						
	3	Investment income (including						
		other similar amounts)			32,761.			32,761.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	73,253.					
	b	Less: cost or other basis						
		and sales expenses	72,389.					
	С	Gain or (loss)	864.					
	d	Net gain or (loss)		<u></u>	864.			864.
o l	8 a	Gross income from fundraising	events (not					
		including \$	of					
Other Revenu		contributions reported on line	1c). See					
<u>بر</u>		Part IV, line 18	а					
푩	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	raising events	>				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
		Less: direct expenses						
		Net income or (loss) from gami						
	10 a	Gross sales of inventory, less r	returns					
		and allowances						
		Less: cost of goods sold		•				
	С	Net income or (loss) from sales						
}		Miscellaneous Revenue	9	Business Code				4 01 5
		OTHER INCOME		900099	4,816.			4,816.
	b							
	С		•					
		All other revenue			4 01 6			
		Total. Add lines 11a-11d			4,816.	0	^	20 //1
	12	Total revenue. See instructions.		<u> </u>	6,240,130.	0.	0.	38,441.

-*8182

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 response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 20,000. 20,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 1,743,930. 1,743,930. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 235,654. 54,499. 73,639. 107,516. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 882,612. 527,532. 34,927. 320,153. Pension plan accruals and contributions (include 8,642. 7,371. 113. 1,158. section 401(k) and 403(b) employer contributions) 78,606. 6,286. 52,977. 137,869. Other employee benefits 9 87,871. 50,350. 6,735. 30,786. 10 Payroll taxes Fees for services (non-employees): Management Legal Accounting 2,000. 2,000. Lobbying 99,071. 99,071. Professional fundraising services. See Part IV, line 17 1,925. 1,925. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 236,739. 128,822. 53,342. 54,575. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 244,195. 138,957. 944. 104,294. 13 Office expenses 142,344. 75,314. 4,488. 62,542. 14 Information technology Royalties 15 153,850. 284,906. 102,569. 28,487. 16 Occupancy 103,235. 79.378. 3.215. 20,642. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 43,979. 23,749. 4,398. 15,832. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 922,947. 620,344. 292. 302,311. **EDUCATION AWARENESS** MISCELLANEOUS 177,800. 61,219. 11,753. 104,828. С All other expenses 5,375,719. 3,816,938. 213,404. 1,345,377. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X | Balance Sheet

<u>Par</u>	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			162,808.	1	668,290.
	2	Savings and temporary cash investments			1,378,394.	2	2,065,088.
	3	Pledges and grants receivable, net			938,971.	3	500,092
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
	_	trustees, key employees, and highest compensa					
		Part II of Schedule L		-		5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).		· · · · · · · · · · · · · · · · · · ·		6	
šets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9				153,633.	9	155,662
		Land, buildings, and equipment: cost or other	I I		200,0001		233,002
	104	basis. Complete Part VI of Schedule D	102	376 898			
	h	Less: accumulated depreciation	10h	376,898. 301,341.	101,998.	10c	75.557.
	11	Investments - publicly traded securities			1,217,968.	11	75,557 1,367,243
	12	Investments - other securities. See Part IV, line 1		12	2,00,,210		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal	3,953,772.	16	4,831,932		
	17	Accounts payable and accrued expenses		150,995.	17	183,188	
	18	Grants payable	, , , , , , , , , , , , , , , , , , , ,	18	,		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
,,	22	Loans and other payables to current and former					
ţie		key employees, highest compensated employee					
Liabilities						22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D	,		919,040.	25	754,482.
	26	Total liabilities. Add lines 17 through 25			1,070,035.	26	937,670
		Organizations that follow SFAS 117 (ASC 958), check	here X and			
s		complete lines 27 through 29, and lines 33 an					
e	27	Unrestricted net assets	1,484,029.	27	2,195,007.		
alaı	28	Temporarily restricted net assets	358,133.	28	657,680.		
d B	29	Permanently restricted net assets	1,041,575.	29	1,041,575.		
Š		Organizations that do not follow SFAS 117 (A	, check here 🕨 🗌				
۲.		and complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds		[30	
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			2,883,737.	33	3,894,262.
	34				3,953,772.	34	4,831,932.

Form	990 (2017) WORLD ANIMAL PROTECTION	**-	-***8182	Pa	ge 12			
Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,240),1	30.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,375					
3	Revenue less expenses. Subtract line 2 from line 1	3	864 2,883		<u> 11.</u>			
4								
5	Net unrealized gains (losses) on investments	5	145	5,8	<u>69.</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2	<u>45.</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	3,894	<u>1,2</u>	<u>62.</u>			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit					
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		l 3h		I			

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

2017

Open to Public Inspection

Employer identification number Name of the organization **-***8182 WORLD ANIMAL PROTECTION Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5174396.	3570351.	5136345.	4960934.	6201689.	25043715.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5174396.	3570351.	5136345.	4960934.	6201689.	25043715.
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)						2187464.
	Public support. Subtract line 5 from line 4.						22856251.
	ction B. Total Support	1					Т
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	5174396.	3570351.	5136345.	4960934.	6201689.	25043715.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	105 460	12 501	00 200	00 510	20 561	200 550
	and income from similar sources	197,469.	13,521.	28,309.	28,518.	32,761.	300,578.
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		15 254		10 601	1 016	20 051
	assets (Explain in Part VI.)		15,354.		10,681.	4,816.	30,851. 25375144.
	Total support. Add lines 7 through 10		`			40	<u> 233/3144.</u>
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	· la au a			-		. □
Sec	organization, check this box and stop ction C. Computation of Public						
	Public support percentage for 2017 (li		_	olumn (fl)		14	90.07 %
	Public support percentage from 2016					15	96.29 %
	33 1/3% support test - 2017. If the co					-	
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o						
_	and stop here. The organization quali	O .		,		,	
17a	10% -facts-and-circumstances test						
_	and if the organization meets the "fact	ū					•
	meets the "facts-and-circumstances"		•	-	•	•	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ		•				>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s >

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

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

Se	ction A. Public Support	<u>, </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
	Total. Add lines 1 through 5					1	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ľ	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.)						
		() 2242	420044	/) 0045	(1) 0040	() 0047	(n =
	indar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest,						
IU	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(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				1	1	
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)		İ				
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (li	ne 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
198	a 33 1/3% support tests - 2017. If the						7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2016. If the						
00	line 18 is not more than 33 1/3%, che						
711	Private toundation if the organization	n aid not chock a	DOV OD 1100 1/1 10	a or tun chock th	are nov and coo inc	THIOTIONS	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	, · ·			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
000	aon o. Type ii oapporting organizationo		Vaa	Na
4	Ways a majority of the avagainstian's divestors by twisters during the tay year also a majority of the divestors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
500	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
<u> </u>	uon B. Ali Type ili Supporting Organizations		V	N.
_			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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		Γ
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	4.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Organ	izations	
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruction				
		other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net	short-term capital gain	1		
2	Rec	overies of prior-year distributions	2		
3	Oth	er gross income (see instructions)	3		
4	Add	lines 1 through 3	4		
5	Dep	reciation and depletion	5		
6	Port	ion of operating expenses paid or incurred for production or			
	colle	ection of gross income or for management, conservation, or			
	mai	ntenance of property held for production of income (see instructions)	6		
7	Oth	er expenses (see instructions)	7		
8	Adj	usted 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	Agg	regate fair market value of all non-exempt-use assets (see			
	inst	ructions for short tax year or assets held for part of year):			
а	Ave	rage monthly value of securities	1a		
b	Ave	rage monthly cash balances	1b		
С	Fair	market value of other non-exempt-use assets	1c		
d	Tota	al (add lines 1a, 1b, and 1c)	1d		
е	Disc	count claimed for blockage or other			
	fact	ors (explain in detail in Part VI):			
2	Acq	uisition indebtedness applicable to non-exempt-use assets	2		
3	Sub	tract line 2 from line 1d	3		
4	Cas	h deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see	instructions)	4		
5	Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Mul	tiply line 5 by .035	6		
7	Rec	overies of prior-year distributions	7		
8	Min	imum Asset Amount (add line 7 to line 6)	8		
Sect	ion C	- Distributable Amount			Current Year
1	Adju	usted net income for prior year (from Section A, line 8, Column A)	1		
2	Ente	er 85% of line 1	2		
3	Min	mum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Ente	er greater of line 2 or line 3	4		
5	Inco	me tax imposed in prior year	5		
6	Dist	ributable Amount. Subtract line 5 from line 4, unless subject to			
	eme	ergency temporary reduction (see instructions)	6		
7		lacksquare Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	anization (see
		inatu (ationa)			

Schedule A (Form 990 or 990-EZ) 2017

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990 EZ) 2017 WORLD ANIMAL PROTECTION ""-"" 5152 Page 8
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

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
OPEN PHILANTHROPY PROJECT, AN ADVISED FUND OF SILICON VALLEY COMMUNITY FDTN	1,062,195.	554,692.
MARY JANVRIN REVOCABLE LIVING TRUST	1,646,111.	1,138,608.
ESTATE OF CHARLOTTE ANDERSON	1,001,667.	494,164.
	+	
Total Excess Contributions to Schedule A, Part II, Line 5		2,187,464.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

WORLD ANIMAL PROTECTION **-***8182 Organization type (check one):

Filers of:		Section:					
Tilet 3 Oi.							
Form 990 o	or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990-F	PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
Note: Only	a section so r(c)(7), (b), of (10) digalization can check boxes for both the deficial fulle and a special fulle. See instructions.					
General R	ule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Ru	ıles						
se ar	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
ye	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \f							
but it must	answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

WORLD ANIMAL PROTECTION

-*8182

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,350,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$517,588.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

WORLD ANIMAL PROTECTION

-*8182

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
-					
_					
_		\$			
(a) No. from	(b)	(c) FMV (or estimate)	(d)		
Part I	Description of noncash property given	(See instructions.)	Date received		
-		<u> </u>			
-		\ \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
_		_			
_		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
_					
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
Part I		(See instructions.)			
-		_			
-		\$			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received		
Part I		(See instructions.)			
-		_			
1 _		 [

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization **Employer identification number** **-***8182 WORLD ANIMAL PROTECTION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e)	Transfer	οf	aift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Open to Public

Inspection

OMB No. 1545-0047

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

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.

Гах) ((see separate instructions), then	, , , ,	ky Tax) (see separate i	nstructions) or Form 990-	EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) organizate of organization WORLD A	NIMAL PROTECTION			loyer identification number
1	Provide a description of the organize Political campaign activity expenditively volunteer hours for political campaign.	rures	al campaign activities i	n Part IV.	
1 2 3 4a b	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectio Was a correction made? If "Yes," describe in Part IV.	incurred by organization managent 4955 tax, did it file Form 4720	der section 4955 ers under section 4955 for this year?	► 9 ► 9	Yes No
1 2 3 3 4 5 6	Enter the amount directly expended Enter the amount of the filing organization that function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and enter the names, addresses and enter the names	s. Add lines 1 and 2. Enter here a 1120-POL for this year?	ction 527 exempt funct her organizations for seand on Form 1120-POL, N) of all section 527 pold from the filing organizations as separate political organization.	ion activities cation 527 cation 627 cation 637 ca	S Yes No h the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2017	WORLD ANI	MAL PROTECTIO	N	**_:	***8182 Page 2		
Part II-A Complete if the org	ganization is ex	cempt under section	n 501(c)(3) and file	ed Form 5768 (el	ection under		
section 501(h)).			D 1 11/2 1 (51)				
		affiliated group (and list in	n Part IV each affiliated	group member's nan	ne, address, EIN,		
expenses, and sha	•	• . ,	aviaiana annly				
B Check ▶ if the filing organiza	ation checked box	A and "limited control" pr	ovisions apply.	(a) Filing	(h) Affiliated group		
	its on Lobbying Ex ditures" means ar	spenditures nounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to infl	uence public opinio	on (grass roots lobbying)					
b Total lobbying expenditures to infl	uence a legislative	body (direct lobbying) .					
c Total lobbying expenditures (add I	c Total lobbying expenditures (add lines 1a and 1b)						
d Other exempt purpose expenditure							
e Total exempt purpose expenditure							
f Lobbying nontaxable amount. Ent	h columns.						
If the amount on line 1e, column (a) o	or (b) is: The	lobbying nontaxable am	ount is:				
Not over \$500,000	20%	of the amount on line 1e					
Over \$500,000 but not over \$1,00	0,000 \$10	0,000 plus 15% of the exc					
Over \$1,000,000 but not over \$1,5		5,000 plus 10% of the exc 5,000 plus 5% of the exce					
Over \$1,500,000 but not over \$17							
Over \$17,000,000							
g Grassroots nontaxable amount (er	•						
h Subtract line 1g from line 1a. If zer	•						
i Subtract line 1f from line 1c. If zero	·	and the said and all all an arranged					
j If there is an amount other than ze			□ Vaa □ Na				
reporting section 4911 tax for this					Yes No		
(Some organizations t	hat made a sectio	Averaging Period Under n 501(h) election do not parate instructions for li	have to complete all o	of the five columns b	elow.		
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
	1		I	I			

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017 WORLD ANIMAL PROTECTION **-**81 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	1)	(I	o)
	e lobbying activity.	Yes	No	Amo	ount
1	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:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?	X			<u>2,000.</u>
d	Mailings to members, legislators, or the public?	X			
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g		X			2,319.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
j	Total. Add lines 1c through 1i			4	1,319.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504()(-\		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(t	o), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the tIII-B Complete if the organization is exempt under section 501(c)(4), section			11	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes." Dues, assessments and similar amounts from members			III-A, line	e 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
_	expenses for which the section 527(f) tax was paid).	·ui			
2	Current year		2a		
	Carryover from last year				
_	Total 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 exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po		1		
_	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		4		
Par			3		
	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	lict\: Dart II	Λ lines 1 a	nd 2 (soo	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information. HEDULE C, PART II-B, LINE 1D	1130, 1 art 117	n, iii les i ai	110 2 (See	
WOF	RLD ANIMAL PROTECTION DISTRIBUTED MAILINGS VIA THEIR	WEBSI	TE, E	-MAILS	5,
LET	TTERS AND PETITION PROMOTING LEGISLATIVE ACTION THAT	SUPPO	RTS A	NIMAL	
WEI	FARE.				
SCI	HEDULE C, PART II-B, LINES 1B AND 1G				
WOE	RID ANIMAL PROTECTION ENGAGED IN LORBYING BY MEETING	WTTH	T.FCT C	τ. አ ጥ∩⊋ ເ	!

Cohedule C (Form 990 or 990-EZ) 2017 WORLD ANIMAL PROTECTION Part IV Supplemental Information (continued)	**-***8182 Page 4
(continued)	
AND COVERED EXECUTIVE BRANCH OFFICIALS IN WASHINGTON D.C.	AND AT
NTERNATIONAL TRADE NEGOTIATIONS TO PROMOTE POLICIES THAT	SUPPORT ANIMAL
WELFARE.	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WORLD ANIMAL PROTECTION

Employer identification number **-***8<u>182</u>

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed 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 ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	. —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcing cons	servation easements during the year
-	Annual of annual in annual in annuitation in an atting the state		Aire and an analysis at the constitution
7	Amount of expenses incurred in monitoring, inspecting, handl \$ \\$	ling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	a action, the requirements of section 170	/h)/4)/D)/i)
0			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
3	include, if applicable, the text of the footnote to the organization	-	
	conservation easements.	orra ilitariciai staterilerita triat describes	the organization's accounting for
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		nent and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	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 SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Scha	edule D (Form 990) 2017 WORLD AN	IIMAL PROTI	CTTON		,	**_**	*8183). _D .	ana 2
	rt III Organizations Maintaining Co			asures. or Othe					age =
3	Using the organization's acquisition, accession						•		
Ū	(check all that apply):	ii, and other records	s, officer arry of the f	onowing that are a c	ngi ililoant at	30 01 113 0	Ollootioii	1101110	•
а	Public exhibition	d	L can or excl	hange programs					
b	Scholarly research	u		nange programs					
	Preservation for future generations	e							
C	_	lloations and avalain	bout thou further th	o organization's ave	mant numan	o in Dort	VIII		
4	Provide a description of the organization's col					e in Part.	AIII.		
5	During the year, did the organization solicit or		•	•	ar assets		٦.,		٦
Dar	to be sold to raise funds rather than to be mai						Yes		No
Fai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the organization	n answered "Yes" o	n Form 990,	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	s or other assets not	t included				
	on Form 990, Part X?					\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount	t	
С	Beginning balance				1c				
	Additions during the year				1 1				
	Distributions during the year								
f	Ending balance				1f				
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.		•						j
Par									
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ears back	(e) Four	vears	hack
1a	Beginning of year balance	1,045,178.	1,044,408.	1,045,048.	 ` 	06,212.	. ,		839.
	Contributions	, , ,	, , ,	, , ,	<i>'</i>	, -		,	
	Net investment earnings, gains, and losses	6,824.	3,603.	-640.		116.		64	637.
	Grants or scholarships	3,603.	2,833.					,	
		0,000.	2,000.						
е	Other expenditures for facilities				, ا	51,280.		112	264.
	and programs				,	51,200.		112,	204.
	Administrative expenses	1,048,399.	1 0/5 170	1 044 400	1 0	1E 010	1	106	212
	End of year balance		1,045,178.	1,044,408.	1,04	45,048.	Ι,	, 100,	212.
2	Provide the estimated percentage of the curre	ent year end balance) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment ▶ 99.35	%							
С	Temporarily restricted endowment	<u>.65</u> %							
	The percentages on lines 2a, 2b, and 2c shou	•							
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held an	d administered for t	he organiza	tion	г		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		_X_
	(ii) related organizations						3a(ii)		_X_
b	If "Yes" on line 3a(ii), are the related organization	ions listed as require	ed on Schedule R?				3b		L
4	Describe in Part XIII the intended uses of the o		wment funds.						
Par	rt VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	(, line 10.				
	Description of property	(a) Cost or o		' '	Accumulate epreciation	d	(d) Bool	k valu	е
4-	Lond	- 	Dadio 1	(Striot) u	opi colation				
ıa L	Land								

85,727.

111,188.

179,983.

Schedule D (Form 990) 2017

18,365.

16,572.

40,620.

75,557.

67,362.

94,616.

139,363.

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)

Part VII Investments - Other Securities

Complete if the organization answered "Yes"	on Form 990 Part IV	line 11h See Form 990 F	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives	, ,			
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990, F	Part X, line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990, F	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV,		990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO RELATED PARTIES		658,451.		
(3) DEFERRED RENT		55,571.		
(4) PROVISION FOR CHARITABLE	GIFT			
(5) ANNUITIES		40,460.		
(6)				
(7)				
(8)				
(9)				
Total (Column (b) must agual Form 000, Dort V and (D) lin	- 05)	754.482.		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pai	t XI Reconciliation of Revenue per Audited Financial Statem		i Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			E 54E 004
1				1	7,547,994.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	145 060		
а	Net unrealized gains (losses) on investments		145,869. 1,163,675.	-	
b	Donated services and use of facilities		1,103,0/3.	-	
С.	Recoveries of prior year grants	1 1	245.	-	
d	Other (Describe in Part XIII.)				1 200 700
e	Add lines 2a through 2d			2e	1,309,789 6,238,205
3	Subtract line 2e from line 1			3	0,230,203
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا ما	1 025		
a	Investment expenses not included on Form 990, Part VIII, line 7b		1,925.	-	
b	Other (Describe in Part XIII.)			4-	1 025
c	Add lines 4a and 4b			4c	1,925 6,240,130
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Fynenses ner F	5 Return	0,240,130
I u	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:		ii Experiece per i	ictari	••
1	Total expenses and losses per audited financial statements			1	6,537,469
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			'	0,337,403
z a	Donated services and use of facilities	2a	1,163,675.		
a b			1,103,073.	-	
C	Prior year adjustments Other Jesses			-	
d	Other losses Other (Describe in Part XIII.)			-	
e	,			2e	1 163 675
3	Add lines 2a through 2d Subtract line 2e from line 1			3	1,163,675 5,373,794
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				3,3,3,7,32
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,925.		
b	Other (Describe in Part XIII.)			-	
	Add lines 4a and 4b			4c	1,925
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,375,719
	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1	b and 2b; Part V, line 4	; Part >	(, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			•	
PAI	RT X, LINE 2:				
WOI	RLD ANIMAL PROTECTION BELIEVES IT HAS NO T	UNCERTA	IN TAX POSI	TIOI	IS AS OF
DEC	CEMBER 31, 2017 AND 2016 IN ACCORDANCE WIT	TH ACCO	UNTING STAN	DARI	DS .
COI	DIFICATION ("ASC") TOPIC 740, INCOME TAXES	S WHICH	I PROVIDES S	TANI	DARDS FOR
ES.	TABLISHING AND CLASSIFYING ANY TAX PROVIS	ION FOR	R UNCERTAIN	TAX	
POS	SITIONS.				
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
TTNTT	DEALTED GAIN ON EODETON EVOLUNCE				
UNI	REALIZED GAIN ON FOREIGN EXCHANGE				
FOF	RM 990 SCHEDULE D, PART V				
	w waxa				

WORLD ANIMAL PROTECTION HOLDS AN ENDOWMENT FOR THE PURPOSE OF FUNDING THE

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

	RLD ANIMAL PR	OTECTION				**-***818	
Pa	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
	Form 990, Part IV	V, line 14b.					
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
	the grantees' eligibility for	or the grants or a	ıssistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes X No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and otl	her assistance outsi	de the
	United States.						
3	Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activ	vity listed in (d)	(f) Total
		offices	`émployees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	agents, and independent	gram services, investments, grants to		specific type	investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
URC	PE	0	0	GRANTMAKING	ANIMAL WELF	ARE PROGRAMS	1,743,930.
		<u> </u>					
3 a	Sub-total	0	0				1,743,930.
	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	0				1,743,930.

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Page 2

Schedule F (Form 990) 2017

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. PartII

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2017
(h) Description of noncash assistance						Sched
(g) Amount of noncash assistance	•0				empt	
(f) Manner of cash disbursement	WIRE				ecognized as tax-exe	
(e) Amount of cash grant	1743930.				oreign country, r	
(d) Purpose of grant	ANIMAL WELFARE				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region	EUROPE				is listed above that are ranged a section	r entities
(b) IRS code section and EIN (if applicable)					ecipient organization h the grantee or cour	ouner organizations o
1 (a) Name of organization					2 Enter total number of r by the IRS, or for whic	Enter total number of other organizations of entities

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Page 3

Schedule F (Form 990) 2017 WORLD ANIMAL PROTECTION **-**8182

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

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2017
(g) Description of noncash assistance					Sched
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

	■ ■		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." the		
•	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
	Corporation (see instructions for Form 926)	103	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
	,		
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region). Part II. line 1 (accounting method). Part III (accounting method), and Part III. column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
SCHEDULE F, PART 1, LINE 2
PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS
WORLD ANIMAL PROTECTION AND WORLD ANIMAL PROTECTION INTERNATIONAL, HAVE
ENTERED INTO AN AGREEMENT TO REFLECT THE COLLABORATIVE NATURE OF THE
RELATIONSHIP BETWEEN THE TWO ORGANIZATIONS, WHICH SUPPORTS AN
EFFICIENT, EFFECTIVE, AND INTEGRATED GLOBAL ORGANIZATION BEST ABLE TO
REALIZE OUR VISION OF A WORLD WHERE ANIMALS LIVE FREE FROM CRUELTY AND
SUFFERING. THIS AGREEMENT REFLECTS THE "ONE WORLD ANIMAL PROTECTION"
APPROACH, THROUGH WHICH ALL ORGANIZATIONS AROUND THE GLOBE WORK
TOGETHER THROUGH A COLLABORATIVE APPROACH TO THE DEVELOPMENT OF WORLD
ANIMAL PROTECTION INTERNATIONAL'S GLOBAL STRATEGY AND POLICIES, AND
ACHIEVE A CONSISTENCY OF BRAND, MESSAGE, AND OBJECTIVES. GRANTS TO THE
AFFILIATED ORGANIZATION ARE ROUTINELY MONITORED AS THE TWO
ORGANIZATIONS WORK HAND-IN-HAND ON THEIR COMMON MISSION.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number **-***81<u>82</u> WORLD ANIMAL PROTECTION

Fundraising Activities required to complete this pa	 Complete if the organization answert. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rai a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f X Solicita g Specia or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (includ profession	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	aiser istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ACD DIRECT INC 1353 N 1075 N SUITE 6, FARMINGTON, UT	TELEMARKETING	Yes	No X	20,217.	11,740.	8,477.
ED&A TELEMARKETING - 5757 WEST CENTURY BOULEVARD SUITE	TELEMARKETING/ SOLICITING		х	16,516.	53,173.	-36,657.
COHORT GLOBAL LTD 136 MADISON AVE, NEW YORK, NY	TELEMARKETING/ SOLICITING		Х	665.	34,158.	-33,493.
Ist all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	37,398. or has been notified	99,071. it is exempt from reg	-61,673. gistration
AL, AK, AZ, AR, CA, CO, CT, MT, NE, NV, NH, NJ, NM, NY, DC						

Schedule G (Form 990 or 990-EZ) 2017	WORLD	ANTMAL	PROTECTION
Scriedule G (FOITI 330 OF 330-EZFZ017	MOLUL	X 2X 4 X X X X X X X X X	T 110 T 110 T T O 11

Pa	ırt I	Fundraising Events. Complete if the	e organization answered	d "Yes" on Form 990, Part	IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro		-EZ, lines 1 and 6b. List e		ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	551. (5) /
Revenu	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	(a) Event #1 (b) Event #2 (c) Other events (add col. (a) throug col. (b) (event type) (event type) (total number) (ad col. (a) throug col. (c)) (event type) (event type) (total number) (col. (c))			
	4	Cash prizes				
xbeuses	5	Noncash prizes				
xpense	6	Rent/facility costs				
irect E	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				
	10				>	
Pa				990 Part IV line 19 or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
0			(a) Bingo		(c) Other gaming	(d) Total gaming (add
eune				bingo/progressive bingo	(b) Other garming	col. (a) through col. (c))
Rev	4	Gross ravanua				
	•	dross revenue				
1	2	Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 10 Direct expenses summary. Add lines 4 through 9 in Net income summary. Subtract line 10 from line 3 \$\frac{1}{2}\$ Holdings. Complete if the organization answ \$\frac{1}{2}\$,000 on Form 990-EZ, line 6a. 9 Other direct expenses 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses						
	6	Volunteer labor				
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
	_					
		-	_			Yes No
	_	· · · · · · · · · · · · · · · · · · ·				
40				construction at a district and a dis		
					ear?	Yes No
		. 55, 57pian ii				

Sch	nedule G (Form 990 or 990-EZ) 2017 WORLD ANIMAL PROTECTION **-	***8	182	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a	ļ	%
	b An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatony distributions:			
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		Yes	☐ No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nes 9,	9b, 10	b, 15b,
	13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:		
(I) NAME OF FUNDRAISER: ACD DIRECT INC.			
<u> </u>			005	
<u>(I</u>) ADDRESS OF FUNDRAISER: 1353 N 1075 W SUITE 6, FARMINGTON, UT	84	025	
<u>(I</u>	:) NAME OF FUNDRAISER: SD&A TELEMARKETING			
<u>(I</u>	ADDRESS OF FUNDRAISER:			
<u>5</u> 7	757 WEST CENTURY BOULEVARD SUITE 300, LOS ANGELES, CA 90045			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ Attach to Form 990.

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

2017
Open to Public Inspection

OMB No. 1545-0047

No X Schedule I (Form 990) (2017) **Employer identification number** **-**8182 (h) Purpose of grant or assistance Yes ANIMAL WELFARE Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0. BOOK COST (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 20,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) WORLD ANIMAL PROTECTION Enter total number of other organizations listed in the line 1 table 0400***-** General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government MARINE MAMMALS OF MAINE Name of the organization KENNEBUNK, ME 04043 1 HIGH STREET Part I Part II

(Form 990) (2017) WORLD ANIMAL PROTECTION

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.

Page 2

-8182

Schedule I (Form 990) (2017)

Part III Grants and Othe

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

SCHEDULE J (Form 990)

Compensation Information

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

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

WORLD ANIMAL PROTECTION

Employer identification number **-***8182

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		77
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a	1	

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

Schedule J (Form 990) 2017

-8182

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2017

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(i)(B)	in column (B) reported as deferred on prior Form 990
(1) SILIA SMITH	Ξ	0	0	0	0	0	0	0
NA REGIONAL DIRECTOR/CANADA (FORMER)	\rightarrow	0	0	127,880.	6,458.	0	134,338.	0
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75-71-01-01-12-17							Schedu	Schedule J (Form 990) 2017

	or Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part III Supplemental Information	

PART I, LINE 4A:
SILIA SMITH WAS EMPLOYED AS NORTH AMERICA REGIONAL DIRECTOR FOR WORLD
ANIMAL PROTECTION CANADA THROUGH 11/8/16. COMPENSATION REPORTED IS
SEVERANCE PAY WHICH WAS PAID IN 2017 BY WAP CANADA.
Schedule J (Form 990) 201

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

Da.	WORLD ANIMAL	PROTE	CTION		**_*	**8	182	
Pa	rt 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 de noncash contribu	etermin	_	s
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	9	110,887.	FAIR MARKET	' VA	LUE	
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 24	Archeological artifacts							
25								
26 26	Other () Other ()							
20 27								
	Other () Other ()							
28 29		ization during	the tax year for e	ontributions				
29	Number of Forms 8283 received by the organifor which the organization completed Form 82							
	for which the organization completed Form 62	100, Fait IV, I	Donee Acknowledg	gernent			Vaa	Na
20-	During the year did the evacuization receive h	contributio		autod in Dout Librard 1 through	h 00 that it		Yes	No
50a	During the year, did the organization receive b	•						
	must hold for at least three years from the dat	^				20-	Х	
	exempt purposes for the entire holding period	7				30a	Δ	
	If "Yes," describe the arrangement in Part II.	naliou that	autiroo tha ravia	of any panatandard contains	iono?	-	Х	
31	Does the organization have a gift acceptance				ions?	31	Δ	
52a	Does the organization hire or use third parties					00=		v
						32a		X
	If "Yes," describe in Part II.			. Kan sa dataha a a basa (A. A. A. A.	les el			
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	rior which column (a) is chec	keu,			

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

Schedule M (Form 990) 2017

LHA

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WORLD ANIMAL PROTECTION

Employer identification number **-***81<u>82</u>

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUR VISION IS A WORLD WHERE ANIMALS LIVE FREE FROM SUFFERING - TOGETHER
WE CAN MOVE THE WORLD FOR ANIMALS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AS PART OF WORLD ANIMAL PROTECTION INTERNATIONAL, WORLD ANIMAL
PROTECTION U.S. HAS CONTRIBUTED TO THE FOLLOWING PROGRAM SERVICE
ACCOMPLISHMENTS:
WILDLIFE:
FOR BEARS THAT ARE LIVING IN INHUMANE CAPTIVITY WE PROVIDE RESCUE AND
SAFE REFUGE. OUR DONOR-SUPPORTED BEAR SANCTUARY IN ZARNESTI ROMANIA IS
THE LARGEST OF ITS KIND IN EUROPE. AND OUR BALKASAR SANCTUARY IN
PAKISTAN OFFERS A SAFE, HEALING HOME WHERE BEARS CAN RECOVER FROM YEARS
OF ABUSE.
BEARS IN ASIA ARE CRUELLY EXPLOITED FOR THEIR BILE, WHICH IS STILL
BEING USED IN TRADITIONAL MEDICINE EVEN THOUGH SYNTHETIC ALTERNATIVES
EXIST. IN OTHER PARTS OF THE WORLD, BEARS ARE HELD CAPTIVE FOR INHUMANE
ENTERTAINMENT PURPOSES LIKE BEAR-BAITING OR DANCING. THEIR SHORT LIVES
ARE PLAGUED BY FEAR, INJURY AND DEPRIVATION. WE RESCUED 14 BEARS FROM
CAPTIVITY IN 2017 IN PAKISTAN, NEPAL AND ROMANIA. NINE BEARS IN
PAKISTAN WERE TAKEN TO OUR DONOR-FUNDED BALKASAR BEAR SANCTUARY. IN
NEPAL, WE SAVED TWO BEARS FROM DANCING AND A MOTHER BEAR AND HER TWO
CUBS IN ROMANIA.

Name of the organization **Employer identification number** **-***8182 WORLD ANIMAL PROTECTION IN SOUTH KOREA, WORLD ANIMAL PROTECTION SUCCESSFULLY COMPLETED ITS STERILIZATION PROGRAM. NO MORE ANIMALS WILL BE BRED IN CAPTIVITY FOR THE BEAR BILE INDUSTRY IN THIS COUNTRY. IN COMPLIANCE CHECKS IN CHINA OF THREE INTERNATIONAL RETAILERS KNOWN FOR SELLING BEAR BILE PRODUCTS, WE DISCOVERED THAT 20 OUTLETS ACROSS CHINA WERE SELLING BEAR BILE. WITH OUR INFLUENCE, TWO OF THE THREE RETAILERS HAVE COMMITTED TO STOP SELLING THESE PRODUCTS. WORLD ANIMAL PROTECTION PILOTED MICROCHIPPING TECHNOLOGY IN VIETNAM, WHERE THERE IS A HIGH CONCENTRATION OF FARMS WITH CAPTIVE BEARS. THE HANOI FOREST PROTECTION DEPARTMENT THEN MICROCHIPPED 230 CAPTIVE BEARS IN VIETNAM TO PROTECT THEM FROM BEAR BILE FARMING. WE EXPECT TO MICROCHIP ALL CAPTIVE BEARS TO MAKE SURE NO NEW BEARS ENDURE THE PAIN OF BILE EXTRACTION. SINCE WE STARTED MICROCHIPPING, THE NUMBER OF BEARS IN CAPTIVITY HAS DROPPED BY 69% TO 1,350. ALL BEARS HEALTHY ENOUGH TO BE MICROCHIPPED HAVE BEEN TAGGED TO PREVENT BREEDING IN CAPTIVITY AND USING THEM FOR BEAR BILE. THREE OTHER VIETNAMESE PROVINCES HAVE AGREED TO DO THE SAME. IN ROMANIA, WE LAUNCHED A PETITION TO ASK AUTHORITIES TO CONFISCATE BEARS ILLEGALLY CAGED ON A PROPERTY IN THE VILLAGE OF FANTANELE. THE PUBLIC RESPONDED WITH OVER 168,000 SIGNATURES IN SUPPORT OF REMOVING THE BEARS AND WE ARE NOW IN TALKS WITH AUTHORITIES TO SAVE THESE ANIMALS.

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization **Employer identification number** **-***8182 WORLD ANIMAL PROTECTION WORLD ANIMAL PROTECTION LAUNCHED THE GLOBAL GHOST GEAR INITIATIVE (GGGI) IN 2015 TO RAISE AWARENESS OF THE CATASTROPHIC THREAT TO MARINE ANIMALS CAUSED BY ABANDONED FISHING GEAR. THE GGGI BRINGS TOGETHER GLOBAL PARTNERS TO MONITOR AREAS IMPACTED BY FISHING DEBRIS, TO DEVELOP INNOVATIVE SOLUTIONS TO STOP GHOST GEAR AND TO SAVE MARINE ANIMALS FROM ENTANGLEMENT. SINCE IT WAS LAUNCHED, THE GGGI HAS GROWN TO INCLUDE 66 MEMBER ORGANIZATIONS AND 12 GOVERNMENTS AROUND THE WORLD. IN 2017, THE PROFESSIONAL ASSOCIATION OF DIVING INSTRUCTORS (PADI) INTERNATIONAL JOINED THE GGGI AND WILL ENCOURAGE MILLIONS OF SCUBA DIVERS AROUND THE WORLD TO HELP REDUCE LOST AND ABANDONED FISHING GEAR. WE ARE REMOVING GHOST GEAR FROM INDONESIAN WATERS AS PART OF A NEW PILOT PROJECT, IN PARTNERSHIP WITH THE FOOD AND AGRICULTURAL ORGANIZATION OF THE UNITED NATIONS (FAO) AND THE INDONESIAN GOVERNMENT. IN 2017, WE LAUNCHED THE FATHOMS FREE PROJECT, A GROUP OF DIVERS WHO ARE VOLUNTARILY REMOVING GHOST NETS IN CORNWALL, UK, WHERE HIGH RATES OF GREY SEALS ARE BEING ENTANGLED IN ABANDONED GEAR. IN MEXICO, WE REMOVED AN ASTONISHING 7,702 SQUARE METERS OF ILLEGAL NETS. OUR WORK WILL HELP PROTECT THE HABITAT OF THE CRITICALLY

ENDANGERED VAQUITA PORPOISE OF SAN FELIPE, CONDUCTED IN COLLABORATION WITH THE DIVING EQUIPMENT PROVIDER, MONTEREY BAY DIVING, AND THE INTERNATIONAL COMMITTEE FOR THE RECOVERY OF THE VAQUITA.

Name of the organization **Employer identification number** **-***8182 WORLD ANIMAL PROTECTION SUPPORT FOR OUR NET RECOVERY AND RECYCLING PROGRAM. OUR PROJECT PARTNERS HAVE COMMITTED TO EXPAND AND INCLUDE FOUR ADDITIONAL HARBORS IN ALASKA, SERVING AS A GHOST GEAR REMOVAL MODEL FOR OTHER JURISDICTIONS. THROUGH OUR WILDLIFE. NOT ENTERTAINERS CAMPAIGN DESIGNED TO COMBAT THE CRUEL USE OF WILD ANIMALS IN TOURISM, WE ACCOMPLISHED THE FOLLOWING IN 2017: WE PERSUADED INSTAGRAM TO HELP ENCOURAGE THEIR USERS TO STOP THIS PRACTICE, AND THEY ANNOUNCED THAT WHEN ONE OF THEIR 800 MILLION USERS SEARCHES FOR A HASHTAG ASSOCIATED WITH HARMFUL BEHAVIOR TO ANIMALS, THEY WILL SEE A CONTENT ADVISORY SCREEN: "ANIMAL ABUSE AND THE SALE OF ENDANGERED ANIMALS OR THEIR PARTS ARE NOT ALLOWED ON INSTAGRAM." THROUGH OUR RESEARCH WE UNCOVERED THE NEGATIVE IMPACTS OF HUMAN CONTACT ON SLOTHS. WHEN HANDLED BY PEOPLE, THESE ANIMALS ARE MORE LIKELY TO SUFFER RESPIRATORY AND DIGESTIVE ISSUES, CONTRACT VIRUSES AND SUFFER EXTREME STRESS RESULTING IN DEATH. OUR INVESTIGATORS ALSO CAPTURED VIDEO EVIDENCE OF A SLOTH BEING EXTRACTED FROM THE WILD DURING AN ILLEGAL LOGGING OPERATION. THE FOOTAGE RAISED SUBSTANTIAL ONLINE AWARENESS OF THE PLIGHT OF THESE ANIMALS IN CONJUNCTION WITH INTERNATIONAL SLOTH DAY. ORGANIZATIONS LIKE NATIONAL GEOGRAPHIC FEATURED OUR CONTENT, WHICH HAD OVER 335,000 VIEWS. OUR WORK ON BEHALF OF DOLPHINS HELD IN CAPTIVITY FOR TOURIST ENTERTAINMENT CONVINCED VIRGIN AUSTRALIA, TIGERAIR AND QANTAS TO STOP PROMOTING DOLPHIN MARINE MAGIC IN NEW SOUTH WALES. EXEMPLARY VOYAGES

Name of the organization **Employer identification number** **-***8182 WORLD ANIMAL PROTECTION BECAME THE FIRST TRAVEL COMPANY IN SRI LANKA TO COMMIT TO STOP SELLING ELEPHANT RIDES AND SHOWS. WE ARE WORKING WITH ELEPHANT VENUE OWNERS TO HELP THEM TRANSITION THEIR BUSINESS TOWARDS MORE RESPONSIBLE, ANIMAL-FRIENDLY TOURIST EXPERIENCES. OVER 200,000 PEOPLE SIGNED OUR PETITION CALLING UPON THAI AUTHORITIES TO STOP THE COMPANY BEHIND THE INFAMOUS TIGER TEMPLE FROM OPENING A NEW ATTRACTION. TIGER TEMPLE WAS SHUT DOWN IN 2016 WHEN DOZENS OF DEAD TIGER CUBS AND EVIDENCE OF ILLEGAL ANIMAL TRADE WERE DISCOVERED. IN DISASTERS: WORLD ANIMAL PROTECTION HELPED A TOTAL OF 934,156 ANIMALS AFFECTED BY DISASTERS WORLDWIDE OVER IN 2017 WITH 14 INTERVENTIONS IN 16 COUNTRIES. IN ARGENTINA, WE FED AND TREATED 100,000 ANIMALS AFFECTED BY OUT-OF-CONTROL WILDFIRES INCLUDING CATTLE, HORSES, GOATS AND SHEEP. A SERIOUS DROUGHT IN BOLIVIA RAISED THE RISK FOR STARVATION FOR THOUSANDS OF FARM ANIMALS. WE FED OVER 34,000 ANIMALS INCLUDING CATTLE, CAMELS AND SHEEP, AND WE PROVIDED 24 TONS OF FOOD SUPPLEMENTS TO IMPROVE THEIR HEALTH. WE ALSO HELPED 3,900 ALPACAS THAT, WITH OUR INTERVENTION, GAVE BIRTH TO HEALTHY BABIES. WE WERE ABLE TO GET FOOD AND MEDICINE TO 89,000 ANIMALS ISOLATED BY FLOODS IN THE SURATHANI PROVINCE OF THAILAND INCLUDING BUFFALO, CATTLE, PIGS AND PETS. IN KENYA, WE HELPED 86,863 ANIMALS BY PROVIDING A MONTH OF FEED AND SUPPLEMENTS FOR 78,793 FARM ANIMALS AND VETERINARY

TREATMENTS FOR 8,070 LIVESTOCK.

Schedule O (Form 990 or 990-EZ) (2017) Page 2 **Employer identification number** Name of the organization **-***8182 WORLD ANIMAL PROTECTION OUR EMERGENCY RESPONSE TEAM CARED FOR 8,100 COMPANION ANIMALS AND LIVESTOCK AFFECTED BY FLOODS AND LANDSLIDES IN BRAZIL. PERU WAS ALSO DEVASTATED BY FLOODS LAST YEAR, INJURING THOUSANDS OF PETS. WE DELIVERED DOG FOOD, ANTIBIOTICS, WOUND DRESSING, PAIN KILLERS AND SHELTER FOR 5,000 ANIMALS. HURRICANE IRMA CAUSED CATASTROPHIC DESTRUCTION ON THE CARIBBEAN ISLANDS OF BARBUDA, TURKS AND CAICOS, HAITI AND DOMINICA. WE RESPONDED QUICKLY TO THE EMERGENCY WITH FOOD AND VETERINARY CARE FOR 50,000 INJURED AND STARVING ANIMALS. A DEVASTATING 7.1 EARTHQUAKE STRUCK MEXICO CITY ON SEPTEMBER 19, LEAVING OVER 300 PEOPLE KILLED AND THOUSANDS INJURED. THANKS TO OUR PREPAREDNESS WORK WITH THE GOVERNMENT OF MEXICO, THE COUNTRY WAS READY TO RESPOND TO THE CRISIS: EMERGENCY SHELTERS WERE ABLE TO ACCOMMODATE PEOPLE WITH PETS, AND MOBILE VET CLINICS AND A NETWORK OF PRIVATE VETS PROVIDED AID. ALSO, NGOS SET UP A SITE FOR RECONNECTING LOST PETS WITH THEIR OWNERS. IN ADDITION TO OUR EMERGENCY WORK ON THE GROUND, DIRECTLY HELPING ANIMALS, WE'RE WORKING WITH GOVERNMENTS AROUND THE WORLD TO HELP THEM TAKE STEPS TO PREVENT ANIMAL DEATHS AND INJURIES DURING FUTURE EMERGENCIES. HIGHLIGHTS OF THIS WORK INCLUDE RAISING AWARENESS FOR THE NEED TO INCLUDE ANIMAL WELFARE IN GLOBAL DISASTER RISK REDUCTION AT A PLANNING SESSION OF THE UNITED NATIONS REGIONAL PLATFORM FOR DISASTER RISK REDUCTION IN MONTREAL, CANADA. WE ALSO ORGANIZED COURSES ON

VETERINARY EMERGENCY RESPONSE OPERATIONS IN SIX STATES IN INDIA

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization **Employer identification number** **-***8182 WORLD ANIMAL PROTECTION TRAINING A TOTAL OF 291 VETERINARY STUDENTS. FORM 990, PART VI, SECTION A, LINE 6: PURSUANT TO ITS BYLAWS, WORLD ANIMAL PROTECTION'S SOLE MEMBER IS WORLD ANIMAL PROTECTION INTERNATIONAL. FORM 990, PART VI, SECTION A, LINE 7A: WORLD ANIMAL PROTECTION'S SOLE CORPORATE MEMBER IS ITS PARENT ORGANIZATION, WORLD ANIMAL PROTECTION INTERNATIONAL, LOCATED IN THE UNITED KINGDOM. AS THE SOLE MEMBER, WORLD ANIMAL PROTECTION INTERNATIONAL

HAS THE RIGHT TO VOTE AND SHALL EXERCISE ITS MEMBERSHIP RIGHTS AND OBLIGATIONS BY APPOINTING AUTHORIZED INDIVIDUALS TO ACT ON ITS BEHALF ON THE WORLD ANIMAL PROTECTION BOARD OF DIRECTORS.

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

THE FORM 990 WAS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S SENIOR MANAGEMENT. A COPY OF THE DRAFT FORM 990 WAS PRESENTED TO THE BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE FORM 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE EXECUTIVE DIRECTOR AND MEMBERS OF THE FINANCE DEPARTMENT REVIEW CONTRACTS AND MEMORANDUMS OF UNDERSTANDING (MOUS) TO ENSURE THAT THERE IS NO CONFLICT OF INTEREST. THE CONFLICT OF INTEREST POLICY IS INCLUDED IN THE EMPLOYEE MANUAL. NEW EMPLOYEES UPON HIRE, AND EXISTING EMPLOYEES ON AN <u>ANNUAL BASIS, ARE REQUIRED T</u>O REVIEW AND ACKNOWLEDGE HIS/HER UNDERSTANDING

Name of the organization WORLD ANIMAL PROTECTION

Employer identification number **-***8182

OF THE POLICY. EVERY OFFICER AND BOARD OF DIRECTORS' MEMBER IS REQUIRED TO

DISCLOSE ANY CONFLICTS OF INTEREST AND REAFFIRM THEIR INDEPENDENCE AT BOARD

MEETINGS WHICH IS DOCUMENTED IN THE REGISTER, AND ANNUALLY IN WRITING, BY

RESPONDING TO A CONFLICTS OF INTEREST QUESTIONNAIRE. POTENTIAL CONFLICTS

ARE INVESTIGATED IMMEDIATELY.

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

WORLD ANIMAL PROTECTION UNDERTAKES A COMPREHENSIVE PROCESS TO DETERMINE

THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVE DIRECTOR. TO ASSESS THE

EXECUTIVE DIRECTOR'S COMPENSATION, COMPARABILITY DATA FROM NON-PROFITS OF

SIMILAR MISSION FOCUS, BUDGET SIZE AND GEOGRAPHIC REGION IS GATHERED FROM

PUBLICLY AVAILABLE SALARY SURVEYS. THE EXECUTIVE DIRECTOR'S COMPENSATION

IS THEN DISCUSSED AT A BOARD OF DIRECTORS MEETING AND ANY POTENTIAL

SALARY INCREASES ARE DOCUMENTED IN COMMITTEE MEETING MINUTES. AS A GENERAL

RULE, WORLD ANIMAL PROTECTION CONDUCTS MARKET COMPARISON STUDIES EVERY

THREE YEARS TO ENSURE THAT SALARIES ARE COMPETITIVE WITH MARKET RATES.

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

NY, AL, AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, WI

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY PUBLISHING
ON ITS WEBSITE AT WWW.WORLDANIMALPROTECTION.US.ORG AND RETAINING A COPY
AT ITS PLACE OF BUSINESS WHICH IS AVAILABLE TO MEMBERS OF THE PUBLIC ON
REQUEST. THE FORM 990 IS ALSO PUBLISHED ON THE INTERNET AT
WWW.GUIDESTAR.ORG. ALL POLICY STATEMENTS ARE AVAILABLE ON THE
ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS MAY BE PROVIDED AT MANAGEMENT'S

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization WORLD ANIMAL PROTECTION	Employer identification number **-**8182
DISCRETION, IF REQUESTED.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN ON FOREIGN EXCHANGE	245.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
FORM 990, LINE B REASON FOR AMENDED RETURN	
RETURN IS BEING AMENDED TO REFLECT UPDATED RESPONSES.	

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

WORLD ANIMAL PROTECTION

Name of the organization

Part I

Department of the Treasury Internal Revenue Service

Employer identification number **-**8182

Direct controlling End-of-year assets **e** Total income ਰ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)	(q)	(c)	(p)	(e)	(f)	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)((b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	No
WORLD ANIMAL PROTECTION INTERNATIONAL							
222 GRAYS ROAD INN							
LONDON, WC1X 8HB, UNITED KINGDOM	ANIMAL WELFARE	UNITED KINGDOM	N/A	N/A	N/A		×
WORLD ANIMAL PROTECTION CANADA					WORLD ANIMAL		
90 EGLINGTON AVE					PROTECTION		
TORONTO, ONTARIO, CANADA	ANIMAL WELFARE	CANADA	N/A	N/A	INTERNATIONAL		×
WORLD ANIMAL PROTECTION LATIN AMERICA					WORLD ANIMAL		
CENTRO DE NEGOCIOS PASEO DE LA					PROTECTION		
, HEREDIA, COSTA RICA	ANIMAL WELFARE	COSTA RICA	N/A	N/A	INTERNATIONAL		×
	-						

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

Schedule R (Form 990) 2017

-*8182

Page 2

WORLD ANIMAL PROTECTION Schedule R (Form 990) 2017 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(j) (k) General or Percentage managing ownership			
(j) keneral or nanaging partner?	NO Les MO		
Code V-UBI amount in box			
l) rtionate ons?	No Les No		
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under	300000000000000000000000000000000000000		
(d) Direct controlling entity			
(c) Legal domicile (state or foreign	Couliny)		
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

I		اما		l		l		l		l	
€	Section 512(b)(13) controlled entity?	s No									
	w P S a	Yes									
3	Percentage ownership										
(a)	Share of end-of-year	doodlo									
£	Share of total income										
(e)	Type of entity (C corp, S corp,	O Hast									
(p)	Direct controlling Type of entity (C corp, S corp,										
<u>©</u>	icie	country)									
(q)	Primary activity										
(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2017

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

No		×		×	×	×	4	:	×	×	×		×	×	×	×							×	×								
Yes			×									×					×	×	4	×	×											
		1 a	1b	10	19	9	<u>e</u>		¥	1g	1h	1i	÷	1k	11	1m	1h	7	2	1p	19	5	1r	1s		lved						
	n Parts II-IV?																								elationships and transaction thresholds.	(d) Method of determining amount involved	COST					
	lated organizations listed i																								is line, including covered r	(c) Amount involved	1,743,930.					
	with one or more re														ization(s)	ization(s)	s)uc								no must complete thi	(b) Transaction type (a-s)	В					
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	b Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)		e Loans of ioan guarantees by felated ofganization(s)		f Dividends from related organization(s)	g Sale of assets to related organization(s)	h Purchase of assets from related organization(s)	i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)		Charing of and amplaces with related organization(c)	o shalling of paid employees with related organization(s)	p Reimbursement paid to related organization(s) for expenses			r Other transfer of cash or property to related organization(s)	S	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	(a) Name of related organization	(1) WORLD ANIMAL PROTECTION INTERNATIONAL	(2)	(3)	(4)	(5)	(9)

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 WORLD ANIMAL PROTECTION

Part VI

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) centage nership					7,004
Perco					8
(j) eneral or lanaging partner?	ON See				
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-I partner?					Schoduly D (Form 000) 2017
(h) Disproportionate allocations?	02				
Dispurition tion	468				
(g) Share of end-of-year assets					
(f) Share of total income					
Are all partners sec. 501(c)(3) orgs.?	02				
Partn 501	89				
(d) Predominant income (related, unrelated, excluded from taxes, excluded from taxes, sections, 542-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

732165 09-11-17 Schedule R (Form 990) 2017