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

Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change WORLD ANIMAL PROTECTION Name change **-***8182 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 783-2200 450 SEVENTH AVENUE 31ST (646)City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 4,841,352. Amended return NEW YORK, NY 10123 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ALESIA SOLTANPANAH for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (527) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WORLDANIMALPROTECTION.US.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Year of formation: 1980 M State of legal domicile: DC Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEULE O FOR MISSION. Activities & Governance 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 11,890. 7h **Prior Year Current Year** 6,201,689. 4,758,914. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 33,625. 52,390. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,816. 3,288. 11 4,814,592. 6,240,130. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,763,930. 1,070,618. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,533,448. 1,352,648. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 99,071. 16a Professional fundraising fees (Part IX, column (A), line 11e) 45,355. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,160,070. 2,070,051. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,375,719. 4,719,472. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 95,120. 864,411. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 9 4,831,932. 4,249,500. Total assets (Part X, line 16) 937,670. 376,913. 21 Total liabilities (Part X, line 26) 894,262. 3,872,587 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ALESIA SOLTANPANAH, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MAGDALENA M. CZERNIAWSKI MAGDALENA M. CZERNIA 05/21/19 P00535099 Paid self-employed Firm's name MARKS PANETH LLP **-***8842 Firm's EIN ▶ Preparer Firm's address ▶ 685 THIRD AVENUE Use Only

NEW YORK, NY 10017

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no. 212-503-8800

X Yes

Га	Check if Schodule O contains a response or note to any line in this Bort III	X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: OUR VISION IS A WORLD WHERE ANIMALS LIVE FREE FROM SUFFERING - TOGETHER WE CAN MOVE THE WORLD FOR ANIMALS.	<u>A</u>
	TOOLINER WE CIRCHOVE THE WORLD TON INTEREST	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total erevenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3,638,633. including grants of \$1,070,618.) (Revenue \$OUR VISION IS A WORLD WHERE ANIMALS LIVE FREE FROM SUFFERING - WE CAN MOVE THE WORLD FOR ANIMALS.	TOGETHER
	CONTINUED ON SCHEDULE O	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
40	Total program contino expenses 3 638 633.	•

Form 990 (2018) 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_	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	-
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	-
f	3			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l	٦,	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		37	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	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,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (2018) WORLD ANIMAL PROTECTION

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		Х
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		х
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		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	(2010)
			uuli	(O 1 0)

WORLD ANIMAL PROTECTION ***8182 Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the

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

c Enter the amount of reserves on hand

13b

13c

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

16 Is the organization an educational institution subject to the section 4968 excise tax on not investment income?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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

	Cneck if Schedule O contains a response or note to any line in this Part VI			Λ						
Sec	tion A. Governing Body and Management			Γ						
	Enter the number of voting members of the governing body at the end of the tax year		Yes	No						
та	The fact of found of the governing souly at the site of the fact o	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	4								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		ı							
			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 chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37							
_	The organization's CEO, Executive Director, or top management official	15a	Х	v						
b	Other officers or key employees of the organization	15b		X						
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х						
	taxable entity during the year?	16a		^						
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h								
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		l						
17	List the states with which a copy of this Form 990 is required to be filed ►NY, AL, AK, AR, CA, CT, FL, GA, HI	TT.	KS	ΚV						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3):									
10	for public inspection. Indicate how you made these available. Check all that apply.	orny)	avanak	210						
	X Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial							
.5	statements available to the public during the tax year.	10110								
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
_0	ZHI HEN LI - 646-783-2202									
	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		(C)					Sate	T T		(E)
(A)	(B)			Pos	ران itior	1		(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than dis both		Reportable compensation	Reportable compensation	Estimated amount of
	week					or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	r dire				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	altru	onal tı		oloyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CARTER LUKE	1.00	트	Ë	J0	ᇂ	± 5	요			
BOARD CHAIR	0.00	Х		Х				0.	0.	0.
(2) J. THOMAS JONES	1.00	25				\vdash		•	•	•
DIRECTOR	0.00	x		х				0.	0.	0.
(3) KEVIN GEESON	2.00	1							•	
TREASURER/INTERNATIONAL CO	40.00	Х		Х				0.	146,427.	9,713.
(4) MAGGIE RUBEY LYNCH	1.00									-
DIRECTOR	0.00	Х						0.	0.	0.
(5) STEPHEN CORRI	1.00									
SECRETARY	40.00	Х		Х				0.	105,596.	6,627.
(6) ALESIA SOLTANPANAH	40.00	1								
EXECUTIVE DIRECTOR	0.00			Х		<u> </u>		149,545.	0.	29,472.
(7) DENNIS M. FOX	40.00	1								
FINANCE DIRECTOR	0.00			Х	<u> </u>			23,077.	0.	433.
(8) JOSEY KITSON	6.00	1							405 000	
EXECUTIVE DIRECTOR (OUTGOING)	40.00	<u> </u>		Х		_		0.	135,832.	2,935.
(9) JULIA HARTSHORN	40.00	4						65.006	•	10.460
ASSISTANT SECRETARY (OUTGOING)	0.00	<u> </u>	-	Х		_		65,096.	0.	12,469.
(10) NEAL C. KATZ	40.00	4		37				42 000	0	1 222
FINANCE MANAGER (OUTGOING)	0.00		-	Х	-	\vdash		43,888.	0.	1,332.
		-								
			<u> </u>		-	-				
		1								
						\vdash				
		1								
		1								
		L	L	L	L					
]								
										- 000 (004.0

832007 12-31-18 Form **990** (2018)

Section A. Officers, Directors, Trus	<u>tees, Key Em</u>	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		Es	timate	:d
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	on	am	ount o	of
	week		cer an	id a di	irecto	or/trus	tee)	from	from related		,	other	
	(list any	ector						the	organization			pensa	
	hours for	or dir	l e			ated		organization	(W-2/1099-MI	SC)		om the	
	related organizations	ıstee	trust		eo	bens		(W-2/1099-MISC)				anizati	
	below	ual tn	ional		ploye	t com	١.					d relate Inizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Urga	ıııızatı	JI 15
		=	=	0	×	Ξ 0	ъ.						
						_							
		-											
						_							
		-											
		-											
1b Sub-total	<u> </u>							281,606.	387,8	55.	62	2,98	31.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								281,606.	387,8	55.	62	2,98	<u>31.</u>
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	е			_
compensation from the organization											$\overline{}$	Yes	1 No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or a							elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes." con Section B. Independent Contractors	nplete Schedule	e J f	or su	ıch r	oers	on					5		Х
Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of com	pensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
(A) Name and business	address							(B) Description of s	ervices	С	(C omper		า
ALL SCOPE DIRECT LLC													
462 SEVENTH AVENUE, NEW Y	ORK, NY	1	00	<u> 18</u>			_	TELEVISION M	EDIA		275	5,98	<u> </u>
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	nited	to t	thos 1		ted	above) who received mo	ore than				
, ,												aan "	

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		Check if Schedule O conta	ains a resnonse i	or note to any lin	e in this Part VIII			
		Officer if Schedule O conta	airis a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	I Revenuè excluded
						exempt function	business	from tax under sections 512 - 514
Щ,						revenue	revenue	512 - 514
ts ts	1 a	Federated campaigns	1a					
irar	b	Membership dues	1b					
e, E	С	Fundraising events	1c					
ifts ar A		Related organizations		253,222.				
nik Bik		Government grants (contributi		-				
Sir		All other contributions, gifts, gran						
uţi Je	•	similar amounts not included above		505,692.				
등 등 환					-			
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines	•		4,758,914.			
<u>ပ</u> စ	n	Total. Add lines 1a-1f						
				Business Code				
Se	2 a	· .						
e Z	b	·						
S Z	С	:						
am	d	l						
Program Service Revenue	е							
Pro	f	All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
	3	other similar amounts)			51,439.			51,439.
					31,433.			31,437.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents			-			
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	27,711.	, ,				
	h	Less: cost or other basis						
	-	and sales expenses	26,760.					
	_	Gain or (loss)						
					951.			951.
		Net gain or (loss)			751.			751.
<u>e</u>	8 a	Gross income from fundraising						
en		including \$						
Other Revenu		contributions reported on line						
ΡF		Part IV, line 18	a		4			
Ě	b	Less: direct expenses	b					
٥	С	Net income or (loss) from fund	Iraising events					
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses						
		Net income or (loss) from gam		>				
		Gross sales of inventory, less						
	.o u	and allowances						
					-			
		Less: cost of goods sold						
	С	Net income or (loss) from sales		<u>-</u>				
		Miscellaneous Revenue		Business Code		2 000		
	11 a	OTHER REVENUE F	KOM PAR	900099	3,288.	3,288.		
	b	·						
	С	·						
	d	All other revenue						
	е	Total. Add lines 11a-11d		>	3,288.			
	10	Total revenue See instructions			4 814 592.	3 288.	0.	52 390.

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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 respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	and domestic governments. See Part IV, line 21	5,000.	5,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,065,618.	1,065,618.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	315,743.	216,937.	27,185.	71,621
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	937,733.	707,457.	50,040.	180,236.
8	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)	42,038.	30,139.	2,539.	9,360.
9	Other employee benefits	142,010.	116,879.	2,539. 2,009.	9,360. 23,122.
10	Payroll taxes	95,924.	68,850.	5,851.	21,223.
11	Fees for services (non-employees):	, -	,	- ,	,
	Management	236,006.	230,231.	2,859.	2,916.
	Legal				
	Accounting	35,000.		35,000.	
	Lobbying	52,500.	52,500.	2370001	
	Professional fundraising services. See Part IV, line 17	45,355.	32,3001		45,355.
f	Investment management fees	2,055.		2,055.	137333
		2,033.		2,033.	
g	column (A) amount, list line 11g expenses on Sch 0.)	25,091.	22,166.	1,169.	1,756.
40	· · · · · · · · · · · · · · · · · · ·	25,051.	22,100.	1,100.	1,750
12	Advertising and promotion	311,005.	142,327.	7,160.	161,518.
13	Office expenses	104,263.	59,832.	2,776.	41,655.
14	Information technology	104,203.	39,032.	2,110.	41,000
15	Royalties	283,700.	206,900.	20,115.	56,685.
16	Occupancy	59,396.	43,789.	9,021.	6,586.
17	Travel	39,390.	43,709.	9,021.	0,300.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7 000			7 000
20	Interest	7,899.			7,899.
21	Payments to affiliates	46 E00	24 011	2 261	0 210
22	Depreciation, depletion, and amortization	46,590. 19,167.	34,011. 13,992.	3,261.	9,318. 3,833.
23	Insurance	19,16/.	13,992.	1,344.	3,833.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	054 206	E07 4E0	222	256 622
a		854,306.	597,450.	223.	256,633.
b	REPAIRS AND MAINTENANCE	19,324.	15,646.	946.	2,732.
С	MEMBERSHIP AND SPONSORS	8,522.	6,350.	27.	2,145.
d	MISCELLANEOUS	5,227.	2,559.	1,689.	979.
	All other expenses	4 710 470	2 (20 (22	185 068	005 550
25	Total functional expenses. Add lines 1 through 24e	4,719,472.	3,638,633.	175,267.	905,572.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	0.54 5.5	400 515	250 656	_
	Check here if following SOP 98-2 (ASC 958-720)	861,640.	489,610.	372,030.	<u> </u>

Form 990 (2018)
Part X | Balance Sheet

Fai	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			668,290.	1	409,859.
	2	Savings and temporary cash investments			2,065,088.	2	2,064,794.
	3	Pledges and grants receivable, net			500,092.	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)((3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7			
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			155,662.	9	218,772.
	10a	Land, buildings, and equipment: cost or other		254 552			
		basis. Complete Part VI of Schedule D	10a	374,558.			26 4 7 2
	b	Less: accumulated depreciation		338,385.	75,557.	10c	36,173. 1,271,483.
	11	Investments - publicly traded securities	1,367,243.	11	1,271,483.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14	240 410	
	15	Other assets. See Part IV, line 11			0.	15	248,419.
	16	Total assets. Add lines 1 through 15 (must equa		4,831,932. 183,188.	16	4,249,500.	
	17	Accounts payable and accrued expenses	103,100.	17	314,906.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20 21	Tax-exempt bond liabilities				20	
	22	Escrow or custodial account liability. Complete F Loans and other payables to current and former				21	
ijes	22	key employees, highest compensated employee					
Liabilities			•	· · · ·		22	
E.	23	Secured mortgages and notes payable to unrela		I parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, par					
		parties, and other liabilities not included on lines					
		Schedule D	-	· .	754,482.	25	62,007.
	26	Total liabilities. Add lines 17 through 25			937,670.	26	62,007. 376,913.
		Organizations that follow SFAS 117 (ASC 958)), check	here X and			
ဟု		complete lines 27 through 29, and lines 33 and					
JC	27	Unrestricted net assets			2,195,007.	27	2,751,012.
ala	28			657,680.	28	80,000.	
ф	29	Permanently restricted net assets			1,041,575.	29	1,041,575.
-un		Organizations that do not follow SFAS 117 (AS	SC 958)	, check here 🕨 🗌			
ō		and complete lines 30 through 34.		L			
ets	30	Capital stock or trust principal, or current funds				30	
\SS(31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			2 221 252	32	2 252 525
Z	33	Total net assets or fund balances			3,894,262.	33	3,872,587.
	34	Total liabilities and net assets/fund balances			4,831,932.	34	4,249,500.

Pa	rt 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	4,81					
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,719,472					
3	Revenue less expenses. Subtract line 2 from line 1	3		95,120.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,89 -10	3,894,262.				
5	Net unrealized gains (losses) on investments							
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	-1:	2,8	<u>89.</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,							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		х				
review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?		. 3a		_X_			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
or audits, explain why in Schedule O and describe any steps taken to undergo such audits								

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018
Open to Public

Inspection

Name of the organization

WORLD ANIMAL PROTECTION

Employer identification number

-*8182

Pa	rt I	Reason for Public C	Charity Status //	Il organizatione must co	mnlete thi	is nart \ Sc	e instructions	0102					
							e instructions.						
	organı ┌──	zation is not a private found					W A Ves						
1	\vdash	A church, convention of chu)(A)(i).						
2	\vdash	A school described in secti		•			-						
3	Щ	A hospital or a cooperative					•						
4		A medical research organiza	ation operated in cor	ijunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
		city, and state:											
5		An organization operated for	r the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in					
		section 170(b)(1)(A)(iv). (C	complete Part II.)										
6	Ш	A federal, state, or local gov	ernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental ı	unit or from the general p	oublic described in					
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8	Ш	A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	n section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college					
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of the college	or					
		university:											
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from c	contribution	ns, membership fees, an	d gross receipts from					
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support f	rom gross investment					
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	ifter June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)										
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	9(a)(4).						
12		An organization organized a	and operated exclusive	vely for the benefit of, to	perform the	he functior	ns of, or to carry out the	purposes of one or					
		more publicly supported org	ganizations described	d in section 509(a)(1) o	r 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 comp	plete lines	12e, 12f, and 12g.						
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving					
		the supported organization	on(s) the power to reg	jularly appoint or elect a	majority o	of the direc	tors or trustees of the su	pporting					
		organization. You must c	omplete Part IV, Se	ctions A and B.									
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by have	ring					
		control or management of	f the supporting orga	nization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)					
		that is not functionally into	-		•			/eness					
	_	requirement (see instructi	ons). You must con	plete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga					Type I, Type II, Type III						
		functionally integrated, or	* *	ally integrated supporting	ng organiz	ation.							
f		r the number of supported o	•										
g		ide the following information Name of supported	i about the supported	d organization(s). (iii) Type of organization	(iv) Is the orga		(v) Amount of monetary	(vi) Amount of other					
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)					
				above (see instructions))	163	140							

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

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

Sec	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,	·	,			_
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3570351.	5136345.	4960934.	6201689.	4758914.	24628233.
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	2552254	5406045	4060004	6001600	4550014	0.4.6.0.0.0.0
	Total. Add lines 1 through 3	3570351.	5136345.	4960934.	6201689.	4758914.	24628233.
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,						2000631
	column (f)						3092631.
	Public support. Subtract line 5 from line 4.						21535602.
		(=) 001.4	(h) 0015	(-) 0010	(4) 0017	(=) 0010	(6) Tabal
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2014 3570351.	(b) 2015 5136345.	(c) 2016 4960934.	(d) 2017 6201689.	(e) 2018 4758914	(f) Total 24628233.
	Gross income from interest,	3370331.	3130343.	4700734.	0201007.	4/30714.	24020233.
0	•						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	13,521.	28,309.	28,518.	32,761.	51,439.	154,548.
۵	Net income from unrelated business	13,321	20,3031	20,3101	32,7011	31,1331	131/3101
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	15,354.		10,681.	4,816.	3,288.	34,139.
11	Total support. Add lines 7 through 10						24816920.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	•
13	First five years. If the Form 990 is for	•				501(c)(3)	_
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (l	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	86.78 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	90.07 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	· ·					•
	and if the organization meets the "fac					~	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						e
	organization meets the "facts-and-circ						>
<u> 18</u>	Private foundation. If the organization	n did not check a	<u>box on line 13, 16a</u>	a, 16b, 1/a, or 17b	<u>, cneck this box a</u>	<u>na see instructions</u>	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.)

Section A. Public Support	ow, picase comp	olete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	(a) 2014	(6) 2010	(6) 2010	(a) 2017	(6) 2010	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2018 (lin	ne 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Invest	ment Income	e Percentage			_	
17 Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 2	017 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	organization did r				33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box and	d stop here. The	organization qual	ifies as a publicly s	upported organiza	ation	
b 33 1/3% support tests - 2017. If the cline 18 is not more than 33 1/3%, chec	•			•	ore than 33 1/3%, a	ind
20 Private foundation. If the organization		-	•		-	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
4.		
9b		
^-		
9с		
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		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	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		
Sec	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			
	aon or type it capper and organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	, <u>.</u>		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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Tost Anguary (a) and (b) below	uctions)		No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See in					
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
_4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
_ 7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting oras	anization (see	
	instructions).	, ,		,	

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section 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.)	
CHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHER INCOME	
2014 AMOUNT: \$ 15,354.	
2016 AMOUNT: \$ 10,681.	
2017 AMOUNT: \$ 4,816.	
2018 AMOUNT: \$ 3,288.	

Schedule B

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

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** **-***8182

WORLD ANIMAL PROTECTION

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For 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 Rules X 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. 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. 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 ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

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>1,256,696.</u>	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
2		\$\$	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.)

Name of organization Employer identification number

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 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 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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
823453 11-08-			990 990-F7 or 990-PF\/2018\

Name of organization **Employer identification number** **-***8182 WORLD ANIMAL PROTECTION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year

con Us	m any one contributor. Complete columns (a) the pleting Part III, enter the total of exclusively religious, charled the copies of Part III if additional specifies.	aritable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gir	ft Relationship of transferor to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -		(e) Transfer of gi	ft
	Transferee's name, address, and		Relationship of transferor to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
o. 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Inspection

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

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Гах)	(see separate instructions), then	-		•	
• 5	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nam	ne of organization			Emp	loyer identification number
	WORLD A	NIMAL PROTECTION			**-***8182
Pa	rt I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	S
Pa	rt I-B Complete if the org	janization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	> 9	\$
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		=2.//		1/8
Pa	rt I-C Complete if the org	janization is exempt und	er section 501(c),	· · · · · · · · · · · · · · · · · · ·	· · ·
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt funct	tion activities	\$
2	Enter the amount of the filing organ		•		
	exempt function activities				
3	Total exempt function expenditures		•		
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and en		•		
	made payments. For each organization contributions received that were pro-	•	0 0		· ·
	political action committee (PAC). If			'	e segregated fund of a
	(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
					1

Schedule C (Form 990 or 990-EZ) 2018	WORLD ANIM	MAL PROTECTIO	N		***8182 Page 2
Part II-A Complete if the org	ganization is ex	empt under sectio	n 501(c)(3) and file		
	ation belongs to an	affiliated group (and list i	n Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and sha					
B Check ▶ ☐ if the filing organization	ation checked box A	A and "limited control" pr	ovisions apply.		
Lim	its on Lobbying Ex ditures" means an	penditures nounts paid or incurred.	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence public opinio	on (grass roots lobbying)			
b Total lobbying expenditures to infl	luence a legislative l	body (direct lobbying)			
c Total lobbying expenditures (add l	lines 1a and 1b)				
d Other exempt purpose expenditur	es				
e Total exempt purpose expenditure	es (add lines 1c and	1d)			
f Lobbying nontaxable amount. Ent	er the amount from	the following table in both	th columns.		
If the amount on line 1e, column (a)	or (b) is: The	lobbying nontaxable an	nount is:		
Not over \$500,000	20%	of the amount on line 1e).		
Over \$500,000 but not over \$1,00	0,000 \$100	0,000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175	5,000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225	5,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,0	00,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If ze	ro or less, enter -0-				
i Subtract line 1f from line 1c. If zer	o or less, enter -0-				
j If there is an amount other than ze	ero on either line 1h	or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	that made a section	Averaging Period Unde n 501(h) election do not parate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
(10070 of mile Ea, colairm(e))					
c Total lobbying expenditures					
C Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

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)	(k	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	77	2	2,500.
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?	X	X	E (000
	Grants to other organizations for lobbying purposes?		х	50	0,000.
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		X		
			Λ	5.2	2,500.
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	32	1,500.
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No," OR	(b) Part	III-A, line	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).		-		
	Current year				
	Carryover from last year				
c	Total		١ ۵		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the arganization agree to correct to the responsible estimate of pendeductible leablying and pendeductible leably and pendedu				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year?	JiiliCai	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par			5		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lines 1 a	nd 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	, ,	(555	
	HEDULE C, PART II-B, LINE 1C				
WOE	RLD ANIMAL PROTECTION SENT DIRECT MAILINGS TO CONSIT	UENTS	IN CA	LIFORN	ΙA
TO	SUPPORT PROPOSITION 12 AND TO CONSTITUENTS IN IOWA	SUPPOR	RTING A	AN	
INI	TIATIVE TO REQUIRE GROCERY STORES TO CARRY NON-CAGE	FREE	EGGS.		
SCI	HEDULE C, PART II-B, LINE 1F				
TATO T	OID ANTMAI DEOMECHTON ENCACED IN LORDVING AC A CUIDDO	DMTMC	ODCAN	T 7 3 M T 0	.a.

Schedule C (Form 990 or 990-EZ) 2018 WORLD ANIMAL PROTECTION	**-***8182	Page 4
Part IV Supplemental Information (continued)		
OF PREVENT CRUELTY CALIFORNIA, A HUMANE SOCIETY OF AMERICAN	COMMITTEE	
ADVOCATING IN FAVOR OF THE PASSAGE OF PROPOSITION 12, A STAT	'EWIDE,	
CALLIFORNIA BALLOT REFERENDUM. THE REFERENDUM WAS AFFIRMATI	VELY PASSED	вч
VOTERS IN NOVEMBER 2018.		

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 **-***8182

Pai	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, lin	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 v	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	
Date			
Pai	To this to the time of time of time of the time of tim		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		corically 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 qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
_	year ▶		
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation easements during the year
_	Assessment of consequences in a constitution in a continuous format in the continuous format in		Manager and a state of the stat
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
•		ti-f. the meaning and of continue 170/	L)(4)(D)(i)
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's imancial statements that describes	the organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar Assets
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (AS		nent and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exh	•	
	the text of the footnote to its financial statements that describ		nice of public service, provide, in Fait Alli,
h	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:	deation, or research in fartherance of par	one service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical trea	asures or other similar assets for financia	
_	the following amounts required to be reported under SFAS 1:		. ga, provido
а	Revenue included on Form 990, Part VIII, line 1		> \$
	A		• • • • • • • • • • • • • • • • • • •
			··········· 🚩 Ψ

Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(continued)			
3	Using the organization's acquisition, accession	n, and other records	s, check any of the fo	ollowing that are a	significant ı	use of its c	ollection items			
	(check all that apply):									
а	Public exhibition	d	Loan or exch	nange programs						
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further the	e organization's ex	empt purpo	se in Part	XIII.			
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	lection?			Yes No			
Par	rt IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "Yes"	on Form 990	0, Part IV,	ine 9, or			
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets no	t included					
	on Form 990, Part X?						Yes No			
b	If "Yes," explain the arrangement in Part XIII a									
							Amount			
С	Beginning balance				1c					
	Additions during the year									
	Distributions during the year									
f	Ending balance				1f					
2a	Did the organization include an amount on Fo				oility?		Yes No			
	If "Yes," explain the arrangement in Part XIII.				•					
Par	rt V Endowment Funds. Complete it	the organization ans	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four years back			
1a	Beginning of year balance	1,048,399.	1,045,178.	1,044,408	. 1,0	045,048.	1,106,212.			
	Contributions									
	Net investment earnings, gains, and losses	-2,505.	6,824.	3,603		-640.	116.			
	d Grants or scholarships 4,319. 3,603. 2,833.									
е	e Other expenditures for facilities									
	and programs 61,2									
f	f Administrative expenses									
g	End of year balance	044,408.	1,045,048.							
2										
а	Board designated or quasi-endowment %									
b	Permanent endowment 100.00 %									
С	Temporarily restricted endowment %									
	The percentages on lines 2a, 2b, and 2c should equal 100%.									
За	Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by: Yes No									
	(i) unrelated organizations X									
	(ii) related organizations 3a(ii)									
b	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) 3b									
4	4 Describe in Part XIII the intended uses of the organization's endowment funds.									
Par	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	l "Yes" on Form 990	Part IV, line 11a. Se	ee Form 990, Part	X, line 10.					
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumulat	ed	(d) Book value			
		basis (investm	nent) basis ((other)	depreciation	1				
1a	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment		37	4,558.	338,3	85.	36,173.			
	Other									
Γotal	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part)	Column (B) line 10	Oc.)		•	36,173.			

Part VII Investments - Other Securities.	on Form 000. Dort IV. liv	no 11h Soo Form 000 Dort	V line 12
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	on Form 990, Part IV, III (b) Book value		x, line 12. ion: Cost or end-of-year market value
(1) Financial derivatives	,		,
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuat	ion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	5 000 Det IV II	14 1 0 - F 000 Dest	
Complete if the organization answered "Yes" o	on Form 990, Part IV, III Description	ne 11d. See Form 990, Paπ /	X, line 15. (b) Book value
CECUDIEU DEDOCIEC	Jescription		
TO A CORPUTED THE COLUMN	45,106. 3,876.		
	2,286.		
	197,151.		
	101,1010		
(9)			
	451		248,419.
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir		, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		22.000	
(2) DEFERRED RENT		23,880.	
(3) PROVISION FOR CHARITABLE G	;IFT	20 107	
(4) ANNUITIES		38,127.	
(5)			

(6) (7) (8) (9) 62,007. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright

^{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

	dule D (Form 990) 2018 WORLD ANIMAL PROTECTION				***8182 Pa	age '
Par	t XI Reconciliation of Revenue per Audited Financial Staten		Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				4,975,93	2 1
1				1	4,313,3.	<u>) T (</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	102 006			
а	Net unrealized gains (losses) on investments		-103,906. 267,300.	-		
b	Donated services and use of facilities		207,300.	-		
С	Recoveries of prior year grants	l l		-		
d	Other (Describe in Part XIII.)	2d			162 20	Λ <i>4</i>
е	Add lines 2a through 2d			2e	163,39 4,812,53	
3	Subtract line 2e from line 1			3	4,814,5	<u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	2 055			
а	Investment expenses not included on Form 990, Part VIII, line 7b		2,055.	-		
b	Other (Describe in Part XIII.)				2 01	
С	Add lines 4a and 4b			4c	2,05	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		Evnences ner l	5	4,814,59	94.
Par	T XII Reconciliation of Expenses per Audited Financial State		Expenses per i	Return	l.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		1 1	4 000 6	
1	Total expenses and losses per audited financial statements			1	4,997,60	J6.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	065 200			
а	Donated services and use of facilities		267,300.	-		
b	Prior year adjustments	2b		-		
С	Other losses		10.000	-		
d	Other (Describe in Part XIII.)	2d	12,889.		000 1	~ ~
е	Add lines 2a through 2d			2e	280,18	
3	Subtract line 2e from line 1			3	4,717,43	<u> 17</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b		2,055.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	2,05	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	4,719,4	<u> 72</u>
Par	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			l; Part X	, line 2; Part XI,	
PAF	RT X, LINE 2:					
WOE	RLD ANIMAL PROTECTION BELIEVES IT HAS NO	IINCERTAI	N TAX POST	тток	IS AS OF	
DEC	CEMBER 31, 2018 AND 2017 IN ACCORDANCE WI	TH ACCOU	INTING STAN	DARI)S	
COI	DIFICATION ("ASC") TOPIC 740, INCOME TAXE	s which	PROVIDES S	TANE	ARDS FOR	
EST	TABLISHING AND CLASSIFYING ANY TAX PROVIS	ION FOR	UNCERTAIN	TAX		
D∩ C	SITIONS.					
FOR	TITONS.					
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
NON	N DEDUCTABLE TRANSPORTATION BENEFITS				12,889	

FORM 990 SCHEDULE D, PART V

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	VORLD	ANIMAL PRO				**-***81	
the grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance. MX Yes No 2. For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of Grifices in the region in the regio	Part I	General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered	'Yes" on
the grantese' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?		Form 990, Part IV	/, line 14b.				
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region in the regi	1 For	grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra		
Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region offices in the region in th	the	grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region offices in the region in th	2 For	grantmakers. Desc	ribe in Part V the	organization's r	procedures for monitoring the use of its	s grants and other assistance out	side the
(a) Region (b) Number of offices offices and provided in the region in t				organization of	sreedadies ist mermering the dec of the	granto ana otror acciotante cat	
(a) Region (b) Number of offices offices and provided in the region in t	3 Act	ivities per Region. (Th	ne following Part	I, line 3 table ca	ın be duplicated if additional space is n	eeded.)	
agents, and in the region in t		(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activity listed in (d)	
IN THE region independent contractors in the region in the				agents, and			
IN THE REGION IN THE REGION O SRANTMAKING ANIMAL MELPARE PROGRAMS 1,065,618. SA SUBTOTAL O 0 1,065,618. Total from continuation sheets to Part I 0 0 0 0. Totals (add lines 3a 0 0.)			in the region	independent			
3 a Subtotal 0 0 0 1,055,618. b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a				in the region	recipients located in the region)	of service(s) in the region	in the region
3 a Subtotal 0 0 0 1,055,618. b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
3 a Subtotal 0 0 0 1,055,618. b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
3 a Subtotal 0 0 0 1,055,618. b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a	UROPE		0	0	GRANTMAKING	ANIMAL WELFARE PROGRAMS	1,065,618.
b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0. c Totals (add lines 3a							
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			0	0			1,065,618.

Schedule	Schedule F (Form 990) 2018	WORLD	WORLD ANIMAL	PROTECTION	**-**8182
PartII	Grants and Other Assis	tance to Orga	anizations or	Entities Outside the United States. (Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II car	ore than \$5,0	000. Part II can	an be duplicated if additional space is needed.	eeded.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
		EUROPE	ANIMAL WELFARE	1065618.	WIRE	.0		PMV
2 Enter total number of by the IRS, or for which	recipient organization	ns listed above that are rasel nasel has provided a sect	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	foreign country, 1	recognized as tax-exe	ampt 🔻		
3 Enter total number of other organizations or entities	other organizations or	r entities				A		

-*8182

Schedule F (Form 990) 2018 **-**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.

,r) 					2018
(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2018
(bc (bc appr					dule F (Fc
in of					Schec
(g) Description of noncash assistance					
(a)					
(f) Amount of noncash assistance					
(f) Ame none assist					-
(e) Manner of cash disbursement					
(e) M cash dis					
(d) Amount of cash grant					
of (d) A					
(c) Number of recipients					
(9)					
(b) Region					
(q)					
a) Loe					
pe of grant or assistance (b) Region					
of grant c					
(a) Type of grant or assistance					

Page 4

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Part V Supplemental Information

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

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
SCHEDULE F, PART 1, LINE 2
PROCUDURE 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 ORGANIATION BEST ABLE TO
REALIZE OUR VISION OF A WORLD WHERE ANIMALS LIVE FREE FROM CUELTY 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 instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

WORLD ANIMAL PROTECTION

Employer identification number

-*8182

Part I Fundraising Activities. required to complete this par	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais X Mail solicitations	sed funds through any of the followin	•		Check all that apply.		
b X Internet and email solicitations				nment grants		
c X Phone solicitations			_	•		
	g Special	tunara	ising (events		
d X In-person solicitations						
2 a Did the organization have a written of						
	art VII) or entity in connection with p			-	X Yes	
b If "Yes," list the 10 highest paid indi-	viduals or entities (fundraisers) pursu	ant to a	agreer	ments under which th	ne fundraiser is to be	
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual	(ii) Activity	(iii) fundr have cu or con	aiser	(iv) Gross receipts	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by)
or entity (fundraiser)		or con contribu	trol of itions?	from activity	listed in col. (i)	organization
SD&A TELEMARKETING - 5757		Yes	No			
WEST CENTURY BOULEVARD SUITE	TELEMARKETING/ SOLICITING		X	25,555.	27,678.	-2,123.
ACD DIRECT - 1353 N 1075 W						
SUITE 6, FARMINGTON, UT	TELEMARKETING/ SOLICITING		X	20,217.	3,516.	16,701.
GLOBALFACES DIRECT CORP - 25						
LESMIL ROAD #9, NORTH YORK,	TELEMARKETING/ SOLICITING		X	4,725.	14,161.	-9,436.
	<u> </u>					
Fatal				50,497.	45,355.	5,142.
Total				· · · · · · · · · · · · · · · · · · ·	,	· · · · · · · · · · · · · · · · · · ·
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contribu	utions	or has been notified	it is exempt from rec	gistration
	DE EL CA UT ID II	TNT T	7 T2	C VV TA ME	MD MA MT I	MINT MC MO
AL,AK,AZ,AR,CA,CO,CT, MT,NE,NV,NH,NJ,NM,NY,						
MT, NE, NV, NH, NO, NM, NY, DC	NC, ND, OH, OK, OK, PA, I	XI, D	C,S	D, IN, IX, UI	, V1 , VA , WA , I	NV,WI,WI

Schedule G (Form 990 or 990-EZ) 2018	WORLD	\mathtt{ANIMAL}	PROTECTION
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Part II

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

Sch	nedule G (Form 990 or 990-EZ) 2018 WORLD ANIMAL PROTECTION **-	***8182	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		
40	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:	10-1	0/
	a The organization's facility		<u>%</u> %
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	ISD	70
'-			
	Name ▶Address ▶		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
t	of services was and the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\sum_{\text{s}} = \frac{1}{2} f"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	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	N
	retain the state gaming license?	L Yes	∟ No
ľ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$\bigsim \text{\$\text{Supplemental Information.}} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III lines 9 (2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	S:	
(I) NAME OF FUNDRAISER: SD&A TELEMARKETING		
(I) ADDRESS OF FUNDRAISER:		
<u> </u>	/ ADDRESS OF FUNDRAISER.		
<u>57</u>	57 WEST CENTURY BOULEVARD SUITE 300, LOS ANGELES, CA 90045		
<u>(I</u>) NAME OF FUNDRAISER: ACD DIRECT		
<u>(I</u>) ADDRESS OF FUNDRAISER: 1353 N 1075 W SUITE 6, FARMINGTON, UT	84025	

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.

► 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

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
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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		X
	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
	Any related organization?	6b		X
	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			
	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			
	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)2	a		

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

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC 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	(Q)-(j)(B)	in column (B) reported as deferred on prior Form 990
(1) KEVIN GEESON	(i)	0	0	0	0	0	0	0
TREASURER/INTERNATIONAL CO	€	146,42	0	0.		9,713.	156,140.	0
(2) ALESIA SOLTANPANAH	(E)	149	0	506.	0	0	149,545.	
EXECUTIVE DIRECTOR	(ii)	0	0.	0	0	29,472.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	(E)							
	(
	Ξ							
	(ii)							
	(E)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
823112 10.36.18							Schedu	Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Inspection **Employer identification number**

	WORLD ANIMAL	PROTE	CTION		**_*	**82	182	
Pai					•			
	•	(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	termini	_	8
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	390	25,069.	FAIR MARKET	VAI	JUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other • ()							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.		·					

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

Schedule M (Form 990) 2018

LHA

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

WORLD ANIMAL PROTECTION

Employer identification number **-***8182

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, DESCRIPTION OF PROGRAM SERVICE:
IN 2018, WORLD ANIMAL PROTECTION IN THE U.S., IN COLLABORATION WITH
WORLD ANIMAL PROTECTION OFFICES AROUND THE WORLD, IMPROVED THE LIVES OF
OVER 3.6 BILLION ANIMALS AROUND THE 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 SOLUTIONS
TO PROTECT ANIMALS AT SCALE.
IN THE WILD:
WE WORK AROUND THE GLOBE TO PROTECT AND SAVE WILDLIFE AND TO KEEP WILD
ANIMALS IN THE WILD, WHERE THEY BELONG.
BEARS ARE STILL HELD CAPTIVE IN PARTS OF THE WORLD FOR INHUMANE
ENTERTAINMENT ACTIVITIES LIKE BEAR BAITING AND DANCING. THEIR SHORT
LIVES ARE PLAGUED BY FEAR, INJURY AND DEPRIVATION. 13 BEARS RESCUED
FROM BAITING AND DANCING WERE BROUGHT TO OUR PAKISTAN PARTNER
SANCTUARY, BRC IN 2018, GIVING THEM NEW LIVES WORTH LIVING. BRC IS ALSO
CONSTRUCTING AN EXPANSION TO ITS SANCTUARY, TO BE COMPLETED IN 2019,
WHICH WILL ENABLE THEM TO CARE FOR 30-40 MORE BEARS.

5 RESCUED BEARS JOINED THE SANCTUARY WE FUND IN ZARNESTI, ROMANIA,

BRINGING THE TOTAL NUMBER OF BEARS CARED FOR TO101. THE BEARS RESCUED

IN 2018 INCLUDE 24-YEAR OLD ANCA, FREED AFTER MORE THAN 20 YEARS OF

CONFINEMENT FROM A CONCRETE CAGE IN PIATRA NEAMT, ROMANIA, WHERE SHE

SHOWED CLEAR SIGNS OF PSYCHOLOGICAL DISTRESS. ANCA NOW APPEARS TO BE IN

GOOD PHYSICAL HEALTH AND IS LIVING FREELY WITH THE OTHER RESIDENT BEARS

IN THE BEAUTIFUL FOREST SANCTUARY.

WILD ANIMALS AROUND THE WORLD ARE CRUELLY EXPLOITED FOR USE IN UNPROVEN

TRADITIONAL ASIAN MEDICINE. OUR UNDERCOVER INVESTIGATIONS IN 2018

EXPOSED THE SUFFERING IN THIS CRUEL TRADE. IN SEPTEMBER, WORLD ANIMAL

PROTECTION RELEASED ALARMING NEW EVIDENCE REVEALING A DEADLY TRADE OF

JAGUAR BODY PARTS BEING TRAFFICKED ILLEGALLY FROM SURINAME. OUR

INVESTIGATION UNCOVERED A HIGHLY SECRETIVE HUNTING CHAIN INVOLVING

CONSIDERABLE CRUELTY, IN WHICH THESE BIG CATS ARE STALKED FOR HOURS OR

DAYS AND SHOT NUMEROUS TIMES. ONCE KILLED, THEIR BODIES ARE BOILED DOWN

UNTIL THEY TURN INTO A GLUE OR TREACLE-LIKE PASTE, WHICH IS SOLD ON THE

BLACK MARKET IN TUBS. WE RELEASED OUR FINDINGS TO THE MEDIA AND PUBLIC,

AND ARE WORKING WITH THE GOVERNMENT OF SURINAME TO STOP THIS TRADE.

IN DECEMBER, WE RELEASED SHOCKING UNDERCOVER FOOTAGE OF THE POACHING OF
THE WORLD'S MOST TRAFFICKED MAMMAL THE PANGOLIN. THE FOOTAGE, CAPTURED
BY WORLD ANIMAL PROTECTION AND WILDCRU (WILDLIFE CONSERVATION RESEARCH
UNIT, UNIVERSITY OF OXFORD), SHOWS THE CAPTURE AND BRUTAL KILLING OF A
TERRIFIED PANGOLIN. OUR EVIDENCE SHOWED THAT THESE GENTLE CREATURES ARE
SMOKED OUT OF TREES, BLUDGEONED WITH MACHETES AND THEN THROWN,
SOMETIMES ALIVE, INTO BOILING WATER TO REMOVE THEIR SCALES. THE

Name of the organization WORLD ANIMAL PROTECTION

Employer identification number **-**8182

HARROWING CLIP IS PART OF A TWO-YEAR STUDY BY RESEARCHERS FROM WORLD

ANIMAL PROTECTION AND THE UNIVERSITY OF OXFORD INTO TRADITIONAL HUNTING

PRACTICES IN THE STATE OF ASSAM, INDIA. PANGOLIN SCALES ARE USED IN

TRADITIONAL MEDICINE, PARTICULARLY IN CHINA AND VIETNAM; THE ANIMALS

ARE CONSIDERED TO BE AT HIGH RISK OF EXTINCTION AS A RESULT OF ILLEGAL

POACHING. ALTHOUGH IT IS WELL DOCUMENTED THAT PANGOLINS ARE HUNTED AND

TRAFFICKED, THE IMMENSE SUFFERING AND CRUELTY THAT THESE ANIMALS ENDURE

WHEN THEY ARE HUNTED HAD REMAINED RELATIVELY OVERLOOKED BEFORE OUR

INVESTIGATION.

IN 2018, WE BEGAN TO SHINE A SPOTLIGHT ON THE SUFFERING OF EXOTIC PETS

AND GAVE SEVERAL WILD ANIMALS CAUGHT UP IN THIS TRADE A BETTER LIFE. IN

JULY, TOGETHER WITH THE NY STATE DEPARTMENT OF ENVIRONMENTAL

CONSERVATION (DEC), WE RESCUED FOUR SERVALS AND TWO CARACALS, ALL

APPROXIMATELY 2-6 MONTHS OLD. NATIVE TO AFRICA, THE SERVALS AND

CARACALS WERE BEING KEPT BY AN INDIVIDUAL WHO ALLEGEDLY INTENDED TO

SELL THEM AS PETS. BOTH SERVALS AND CARACALS ARE ILLEGAL TO POSSESS AND

SELL AS PETS IN NEW YORK, AND THE CATS WE RESCUED WERE IN POOR

CONDITION. WE ARRANGED EMERGENCY VETERINARY CARE FOR THE RESCUED

ANIMALS, FOLLOWED BY THE ANIMALS' SAFE TRANSPORT TO NEW PERMANENT HOMES

AT ACCREDITED WILDLIFE SANCTUARIES IN ARKANSAS AND NEVADA.

THROUGH OUR WILDLIFE. NOT ENTERTAINERS CAMPAIGN, WHICH WORKS TO END THE

CRUEL USE OF CAPTIVE WILD ANIMALS IN TOURISM, WE ALSO ACCOMPLISHED

SEVERAL VICTORIES FOR ANIMALS IN 2018. 32 ADDITIONAL TRAVEL COMPANIES

COMMITTED TO STOP SELLING ELEPHANT RIDES AND SHOWS, BRINGING THE TOTAL

NUMBER OF COMPANIES WHO'VE SIGNED OUR ELEPHANT-FRIENDLY TRAVEL PLEDGE

Name of the organization WORLD ANIMAL PROTECTION Employer identification number **-**8182

IN THE U.S., WE WORKED WITH EDUCATION FIRST (EF), THE WORLD LEADER IN

INTERNATIONAL EDUCATION, TO DEVELOP A NEW ANIMAL WELFARE POLICY AND

IMPLEMENT ANIMAL WELFARE GUIDELINES THROUGHOUT THE COMPANY'S

EDUCATIONAL TRAVEL PROGRAMS. EF ALSO SIGNED OUR ELEPHANT-FRIENDLY

PLEDGE. AS A GLOBAL LEADER IN EDUCATING YOUNG TRAVELERS, EF IS NOW

POISED TO HELP TRANSITION THE TOURISM INDUSTRY TO A TRULY

ANIMAL-FRIENDLY FUTURE.

WE EXPOSED THE SUFFERING OF CAPTIVE WILD ANIMALS USED FOR ENTERTAINMENT

IN BALI, WITH OUR NEW REPORT WILDLIFE ABUSEMENT PARKS, EXAMINING

WILDLIFE ENTERTAINMENT TOURISM IN BALI, LOMBOK AND GILI TRAWANGAN. WE

FOUND THAT ALL WILDLIFE TOURISM ENTERTAINMENT VENUES IN BALI WITH

CAPTIVE ELEPHANTS, TIGERS, DOLPHINS OR CIVET CATS FAIL TO MEET EVEN THE

BASIC NEEDS OF WILD ANIMALS IN CAPTIVITY. THE REPORT WAS AN IMPORTANT

LOBBYING TOOL AND HELPED CONVINCE AUSTRALIAN TRAVEL BRANDS QUANTAS,

FLIGHTCENTRE, AND HELLOWORLD TO REMOVE THE VENUES WE IDENTIFIED AS

CRUEL FROM THEIR WEBSITES.

WE ALSO HELPED TO CREATE NEW HOMES FOR ELEPHANTS IN THE TOURISM

INDUSTRY IN THAILAND AND FRANCE. WITH OUR SUPPORT, HAPPY ELEPHANT CARE

VALLEY IN CHIANG MAI, THAILAND, IS EMBARKING ON A LANDMARK TRANSITION

TO BECOME A TRULY ELEPHANT-FRIENDLY VENUE. THIS MOVE WILL END ALL

DIRECT CONTACT BETWEEN TOURISTS AND ELEPHANTS AT THE CAMP, TO MEET THE

GROWING DEMAND FOR RESPONSIBLE ELEPHANT EXPERIENCES. WHEN THE

TRANSITION IS COMPLETE, HAPPY ELEPHANT CARE VALLEY (NOW RENAMED

CHANGCHILL) WILL SERVE AS AN EXAMPLE OF A HUMANE TOURIST ATTRACTION

WHERE VISITORS CAN SEE ELEPHANTS SOCIALIZING AND ROAMING FREELY.

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** **-***8182 WORLD ANIMAL PROTECTION IN FRANCE, WE PARTNERED WITH ELEPHANT HAVEN TO SUPPORT EUROPE'S VERY FIRST SANCTUARY FOR RESCUED CIRCUS ELEPHANTS. SET IN A BEAUTIFUL 70-ACRE LOCATION, ELEPHANT HAVEN WILL PROVIDE A PEACEFUL NEW HOME FOR LIBERATED ELEPHANTS. WE PROVIDED PARTIAL FUNDING FOR A BARN THAT WILL PROTECT THEM FROM THE COLD DURING WINTER MONTHS. WE ALSO MADE GREAT STRIDES FOR MARINE ANIMALS. WORLD ANIMAL PROTECTION FOUNDED THE GLOBAL GHOST GEAR INITIATIVE (GGGI) IN 2015 TO RAISE AWARENESS OF THE CATASTROPHIC THREAT TO SEA LIFE CAUSED BY ABANDONED FISHING GEAR (GHOST GEAR). THE GGGI BRINGS TOGETHER GLOBAL PARTNERS TO REDUCE THE VOLUME OF GHOST GEAR IN OUR OCEANS. IN 2018, 35 NEW MEMBERS JOINED THE GGGI, INCLUDING NESTL, BUMBLE BEE FOODS, AND THE GOVERNMENT OF CANADA, BRINGING THE GGGI UP TO 95 PARTICIPANTS. CANADA HAS THE LONGEST COASTLINES IN THE WORLD, MAKING THIS COMMITMENT A GAME-CHANGER FOR THE WORLD'S OCEANS. IN THE U.S., WE COMPLETED A GHOST GEAR REMOVAL PROJECT IN THE GULF OF MAINE TOGETHER WITH THE GULF OF MAINE LOBSTER FOUNDATION, REMOVING 1.76 TONS OF GEAR, THE LARGEST MASS OF GEAR EVER RECORDED IN THE STATE. THE GEAR WE REMOVED INCLUDED TYPES OF FISHING EQUIPMENT THAT HAVEN'T BEEN USED IN DECADES, ILLUSTRATING THE ACCUMULATION OF MARINE DEBRIS OVER FOR SEA CHANGE, WE RECYCLED 70 TONS OF FISHING GEAR FROM ALASKA, TIME. SAVING AN ESTIMATED 7,726,374 ANIMALS IN THE U.S THAT COULD HAVE BEEN HARMED BY THIS GEAR HAD IT ENTERED THE WATER.

IN DISASTERS:

WORLD ANIMAL PROTECTION HELPED A TOTAL OF 460,111 ANIMALS AFFECTED BY

Employer identification number Name of the organization **-***8182 WORLD ANIMAL PROTECTION DISASTERS AROUND THE WORLD IN 2018. OUR DISASTER RESPONSE DIRECTLY SAVES THE LIVES OF ANIMALS AND HELPS SAFEGUARD THE LIVELIHOODS OF PEOPLE WHO DEPEND ON THEM. A FURTHER ESTIMATED 52,327,990 ANIMALS WERE INDIRECTLY HELPED IN 2018 THROUGH OUR DISASTER PREPAREDNESS WORK. SPECIFIC DISASTER INTERVENTIONS INCLUDED: FOLLOWING JANUARY'S CYCLONE AVA IN MADAGASCAR, WE PROVIDED FOOD AND VETERINARY CARE TO 8,868 WILD AND DOMESTICATED ANIMALS IN 12 VILLAGES AND THE ANDASIBE-MANTADIA NATIONAL PARK. WILDLIFE LIKE LEMURS AND PARROTS HAD BEEN LEFT EXPOSED AND HUNGRY, MAKING THEM EVEN MORE VULNERABLE TO ILLEGAL WILDLIFE TRAFFICKERS. ALONG WITH OUR DIRECT AID, WE ALSO ENGAGED WITH THE INTERNATIONAL FEDERATION OF RED CROSS (IFRC), UNIVERSITY AND LOCAL ORGANIZATIONS, TO DISCUSS HOW THEY COULD STRENGTHEN THEIR RESPONSE CAPACITY, AND DISTRIBUTED BIOSECURITY ADVICE TO WILDLIFE RESERVE WORKERS. FOLLOWING FLOODS IN BOLIVIA IN APRIL, WE PROVIDED EMERGENCY FOOD AND MINERALS TO 28,780 ANIMALS IN 98 INDIGENOUS COMMUNITIES. AFTER A DZUD IN MONGOLIA (WHEN AN EXTREMELY COLD WINTER FOLLOWS A SUMMER DROUGHT), WE PROVIDED 1,000 HOUSEHOLDS RELIANT ON ANIMALS FOR THEIR LIVELIHOODS WITH RELIEF PACKS CONTAINING VITAMINS, MINERAL BLOCKS, AND MILK REPLACEMENT POWDER, HELPING SOME 161,000 ANIMALS. WE WORKED WITH THE MONGOLIAN RED CROSS TO PROVIDE THIS AID. IN JUNE, WORLD ANIMAL PROTECTION TEAMS DEPLOYED TO GUATEMALA TO HELP THE THOUSANDS OF ANIMALS IN NEED FOLLOWING THE ERUPTION OF VOLCN DE FUEGO (VOLCANO OF FIRE), 27 MILES FROM GUATEMALA CITY. THE VOLCANO

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** **-***8182 WORLD ANIMAL PROTECTION KILLED AT LEAST 159 PEOPLE, FORCED AT LEAST 12,000 TO RELOCATE TO SHELTERS, AND LEFT THOUSANDS OF FARM ANIMALS AND PETS BEHIND TO CONTEND WITH POISONOUS ASH. WE PROVIDED FOOD, MINERALS, AND MEDICINES TO OVER 21,000 ANIMALS, WORKING CLOSELY WITH THE MINISTRY OF AGRICULTURE AND LOCAL FORCES. THE GUATEMALAN GOVERNMENT ALSO AGREED TO WORK TO INCLUDE ANIMALS IN THEIR DISASTER RESPONSE PLANNING PROTOCOLS. OVER THE SUMMER, WE PROVIDED VETERINARY CARE AND FOOD TO ANIMALS FOLLOWING FLOODS IN COSTA RICA AND THAILAND. IN COSTA RICA, OUR AID BENEFITED 16,189 ANIMALS, AND IN THAILAND, OUR AID OF FOOD AND VITAMIN POWDER WAS DELIVERED BY THE THAI RED CROSS WITH THE AIM OF REACHING 13,500 ANIMALS. AFTER A DEVASTATING TSUNAMI HIT SULAWESI, INDONESIA IN SEPTEMBER, MORE THAN 1.6 MILLION PEOPLE WERE AFFECTED AND MORE THAN 1,500 WERE KILLED. TRAGICALLY, MANY ANIMALS WERE WASHED AWAY, AND THE THOUSANDS REMAINING, INCLUDING CATTLE, PIGS, DOGS AND CATS, STRUGGLED TO SURVIVE. WE DEPLOYED TO THE SCENE IMMEDIATELY AND PROVIDED EMERGENCY MEDICINES AND TREATMENTS TO 3,000 ANIMALS. IN NOVEMBER, WE FUNDED VETERINARY TREATMENT AND CARE TO 5,337 SICK AND INJURED ANIMALS IN THE WAKE OF FLOODING IN NICARAGUA. AS PART OF OUR DISASTER PREPAREDNESS WORK, WE PRESENTED AT THE WORLD

ORGANISATION FOR ANIMAL HEALTH (OIE), FOCUSING ON DISASTER MANAGEMENT

TRAINING WITHIN VETERINARY CURRICULUMS, AND PARTICIPATED IN MANY OTHER

EVENTS AND HIGH-PROFILE FORUMS AROUND THE WORLD.

Name of the organization WORLD ANIMAL PROTECTION Employer identification number **-***8182

IN FARMING:

WE ARE LEADING THE WORLD'S FARMERS AND GLOBAL FOOD COMPANIES TO IMPROVE

THEIR ANIMAL WELFARE POLICIES AND PRACTICES. WORKING BOTH ON THE

FRONTLINES, INVESTIGATING SITUATIONS WHERE FARM ANIMALS ARE SUFFERING,

AND WITH GOVERNMENTS AND GLOBAL ORGANIZATIONS TO GIVE GREATER

PROTECTIONS TO FARM ANIMALS, WE ARE SAVING MILLIONS FROM A LIFE OF

UNNECESSARY CRUELTY.

TOGETHER WITH COMPASSION IN WORLD FARMING, WE SUPPORTED THE BUSINESS

BENCHMARK ON FARM ANIMAL WELFARE (BBFAW) REPORT, THE LEADING GLOBAL

REVIEW OF GLOBAL FOOD COMPANIES AND THEIR ANIMAL WELFARE POLICIES. YEAR

AFTER YEAR, THE BBFAW REPORT SHOWS THAT A GROWING NUMBER OF FOOD

COMPANIES ARE PRIORITIZING ANIMAL WELFARE.

CHANGE FOR CHICKENS, OUR GLOBAL CAMPAIGN TO BETTER CONDITIONS FOR

BROILER CHICKENS, DIRECTLY IMPROVED THE LIVES OF 60,695,360 CHICKENS

DIRECTLY AND 4,264,000 CHICKENS INDIRECTLY IN 2018. OVER 500,000 PEOPLE

SIGNED OUR PETITION TO KFC, CALLING ON THE COMPANY TO END THE CRUELTY

THAT MILLIONS OF CHICKENS IN THEIR SUPPLY CHAIN ENDURE EVERY DAY. WE

DELIVERED OUR PETITION TO KFC'S PARENT COMPANY, YUM! BRANDS, ON WORLD

FOOD DAY.

IN THE U.S., WE JOINED AN UNPRECEDENTED COALITION OF SIX ANIMAL

ORGANIZATIONS JOINING FORCES TO CALL ON MCDONALD'S TOGETHER TO COMMIT

TO WELFARE IMPROVEMENTS FOR THE BROILER CHICKENS IN ITS SUPPLY CHAIN.

WE TOOK PART IN A FULL-PAGE AD IN THE NEW YORK TIMES, WERE FEATURED IN

THE CHICAGO TRIBUNE, AND PROMOTED OUR CAMPAIGN ASK IN A BILLBOARD IN

TIMES SQUARE, INCREASING PUBLIC PRESSURE ON MCDONALD'S.

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** **-***8182 WORLD ANIMAL PROTECTION IN 2018, WE LAUNCHED OUR GLOBAL RAISE PIGS RIGHT CAMPAIGN, TO GIVE BETTER LIVES TO THE MILLIONS OF PIGS SUFFERING IN FACTORY FARMS AROUND IN THE WORLD. OUR GLOBAL WORK DIRECTLY IMPROVED THE LIVES OF MORE THAN THREE MILLION PIGS AND OVER 150,000 SOWS. IN THE U.S., WE SUCCESSFULLY CONVINCED KROGER, AMERICA'S LARGEST SUPERMARKET CHAIN, TO ELIMINATE GESTATION CRATES FOR SOWS FROM THEIR SUPPLY CHAIN, FOLLOWING OUR PETITION WITH MORE THAN 72,000 SIGNATURES. THIS CHANGE WILL SIGNIFICANTLY BENEFIT AN ESTIMATED 365,897 PIGS ONCE THE COMMITMENT IS FULLY IMPLEMENTED, BY 2025. WE HELPED SPUR SWEEPING NATIONAL CHANGE FOR FARM ANIMALS, AS A MEMBER OF A COALITION OF ORGANIZATIONS WORKING TO PASS CALIFORNIA BALLOT MEASURE PROPOSITION 12. THE PROPOSITION SUCCESSFULLY PASSED BY A SIGNIFICANT MARGIN, ESTABLISHING CLEAR MINIMUM SPACE REQUIREMENTS FOR LAYING HENS, MOTHER PIGS, AND VEAL CALVES TO BE IMPLEMENTED BY 2020. IN COMMUNITIES: AT WORLD ANIMAL PROTECTION, WE HELP COMMUNITIES AROUND THE WORLD HUMANELY CONTROL DOG POPULATIONS AND PREVENT THE SPREAD OF RABIES, WITHOUT RESORTING TO MASS CULLS OR OTHER CRUEL TREATMENT. WE ASSIST COMMUNITIES WITH EDUCATION AND VACCINATION PROGRAMS SO BOTH DOGS AND

THROUGH OUR WORK IN KENYA AND SIERRA LEONE AND OUR WORK WITH THE GLOBAL ALLIANCE FOR RABIES CONTROL IN 2018, OVER 97,000 DOGS WERE VACCINATED IN TOTAL THROUGH 2018. 73,743 DOGS WERE VACCINATED IN MAKUENI COUNTY,

PEOPLE CAN SAFELY AND HAPPILY CO-EXIST.

KENYA.

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** **-***8182 WORLD ANIMAL PROTECTION OVER 180 TEACHERS WERE TRAINED FROM 30 SCHOOLS IN RESPONSIBLE PET OWNERSHIP, RABIES, AND DOG BITE MANAGEMENT PREVENTION IN MAKUENI COUNTY, KENYA AND 72 TEACHERS IN SIERRA LEONE WERE TRAINED SUBSEQUENTLY USING OUR EDUCATIONAL MATERIALS. THESE TEACHERS ARE NOW EMPOWERED TO DELIVER THIS TRAINING TO THEIR PUPILS, TO MAKE SURE RESPONSIBLE DOG POPULATION MANAGEMENT WILL CONTINUE ON LONG INTO THE FUTURE. 44 VETERINARY STUDENTS WERE TRAINED IN NAIROBI; THESE STUDENTS WILL GO ON TO WORK IN GOVERNMENTS, FARMS, AGRICULTURAL, AND VETERINARY BUSINESS. IN LATIN AMERICA, WE LAUNCHED OUR NEW APP BARKYARD IN 2018 TO PROMOTE RESPONSIBLE PET OWNERSHIP. BARKYARD ALSO ALLOWS USERS TO REPORT ON THEIR OWN PROGRESS IN VACCINATING AND NEUTERING THEIR PETS; WE'VE SEEN 554 REPORTS OF VACCINATIONS AND 267 STERILIZATION REPORTS AS A RESULT, FROM 7,632 DOWNLOADS OF THE APP. 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.

Name of the organization WORLD ANIMAL PROTECTION Employer identification number **-***8182

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

ANNUAL BASIS, ARE REQUIRED TO REVIEW AND ACKNOWLEDGE HIS/HER UNDERSTANDING

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 15A:

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

Name of the organization WORLD ANIMAL PROTECTION	Employer identification number **-***8182
SALARY INCREASES ARE DOCUMENTED IN COMMITTEE MEETING MINUT	ES. AS A GENERAL
RULE, WORLD ANIMAL PROTECTION CONDUCTS MARKET COMPARISON S	TUDIES EVERY
THREE YEARS TO ENSURE THAT SALARIES ARE COMPETITIVE WITH M	ARKET 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 PUBLI	C BY PUBLISHING
ON ITS WEBSITE AT WWW.WORLDANIMALPROTECTION.US.ORG AND RET	AINING 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 MANAGEM	ENT'S
DISCRETION, IF REQUESTED.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NON DEDUCTIBLE TRANSPORTATION BENEFITS	-12,889.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR	

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.

Open to Public Inspection

Employer identification number **-***8182

2018

OMB No. 1545-0047

Name of the organization Department of the Treasury Internal Revenue Service

▶ 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.

Part I

WORLD ANIMAL PROTECTION

Direct controlling 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. 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 PartII

organizations during the tax year.							
(a)	(q)	(0)	(p)	(e)	(4)	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	5
				501(c)(3))		Yes	N N
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 FLORES					PROTECTION		
HEREDIA, COSTA RICA	ANIMAL WELFARE	COSTA RICA	N/A	N/A	INTERNATIONAL		×
	Ι-						

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

Schedule R (Form 990) 2018

WORLD ANIMAL PROTECTION

Page 2

-8182

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. Schedule R (Form 990) 2018 Part III

Percentage ownership 乏 managing partner? Seneral or Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>a</u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d) (Direct controlling entity Legal domicile (state or foreign country) Primary activity <u>a</u> Name, address, and EIN of related organization <u>a</u>

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

(a)	(q)	(c)	(p)	(ə)	(4)		(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	0 0	Section 512(b)(13) controlled entity?
		:						Yes

Schedule R (Form 990) 2018

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	٩
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?	ons with one or more re	lated organizations listed i	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	tity			1 a		×
b Gift, grant, or capital contribution to related organization(s)				1b	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
				₽		×
Loans or loan guarantees by related organization(s)				9		×
				2		
f Dividends from related organization(s)				÷		×
				10		×
Purchase of assets from related organization(s)				5		×
				÷	×	
i 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)	ganization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ganization(s)			1		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			1	×	
o Sharing of paid employees with related organization(s)				10	×	
p Reimbursement paid to related organization(s) for expenses				1	×	
				10	×	
r Other transfer of cash or property to related organization(s)				11		×
				1s		×
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.	who must complete the	is line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) WORLD ANIMAL PROTECTION INTERNATIONAL	В	1,058,794.	COST			
(2)						
(3)						
(4)						
(5)						
(9)						
832163 10-02-18			Schedule R (Form 990) 2018	R (Forn	. 990)	2018

Schedule R (Form 990) 2018 WORLD ANIMAL PROTECTION

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

bisproportionate amount in box 20 managing ownership allocations? of Schedule K-1 partner? Over No. (Form 1065) Yes No. 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. end-of-year Share of assets Share of income total (e) Are all partners sec. 501(c)(3) orgs.? Yes No Predominant income (related, unrelated, excluded from tax under sections 512-514) ত Legal domicile (state or foreign country) <u>ပ</u> Primary activity Name, address, and EIN of entity (a)

Schedule R (Form 990) 2018

832165 10-02-18 Schedule R (Form 990) 2018