PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 1353

Form **990**

Return of Organization Exempt From Income Tax

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

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

2017
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

~ ·	OI LIN	e 2017 Calendar year, or tax year beginning	enung						
B C	heck if oplicabl	C Name of organization		D Employer identifi	cation number				
	Addre								
	Name chang	e Doing business as		23-0	341990				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe					
]Final return		204	(215)887-0816				
	termin ated			G Gross receipts \$	20,624,062.				
	Amen return	UENKINIOWN, PA 19040		H(a) Is this a group re					
	Application pendi			for subordinates	? Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)				
		te: > WWW.AAVS.ORG		H(c) Group exemption					
	orm of	organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1883 I	M State of legal domicile; PA				
	_	Briefly describe the organization's mission or most significant activities: AAVS	WORKS	TO END					
e S		EXPERIMENTATION ON ANIMALS IN RESEARCH, T			TON. AAVS				
Activities & Governance		Check this box if the organization discontinued its operations or dispose							
veri				3	7				
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			6				
∞ ∞		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			17				
ties				_	10				
ξį		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
Ac		Net unrelated business taxable income from Form 990-T, line 34			0.				
		The difference backings taxable mount of the cool, into or		Prior Year	Current Year				
_	8	Contributions and grants (Part VIII, line 1h)		1,250,980.	1,545,130.				
Revenue		Program service revenue (Part VIII, line 2g)		83,575.	95,758.				
e e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,251,597.	924,718.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		200.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,586,352.	2,565,606.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		343,330.	394,661.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		708,540.	708,298.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
be		Total fundraising expenses (Part IX, column (D), line 25) 234,6	28.						
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		888,827.	941,045.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,940,697.	2,044,004.				
	19	Revenue less expenses. Subtract line 18 from line 12		645,655.	521,602.				
Net Assets or - -und Balances			Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		24,266,733.	26,461,653.				
it As	21	Total liabilities (Part X, line 26)		1,521,827.	1,484,618.				
		Net assets or fund balances. Subtract line 21 from line 20		22,744,906.	24,977,035.				
	rt II	Signature Block							
	-	Ilties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is				
true,	correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of what is a complete.	iich preparer	nas any knowledge.					
O:		Signature of officer		I Date					
Sigr Her		SUE A. LEARY, PRESIDENT		Duto					
Her	Е	Type or print name and title							
		Print/Type preparer's name Preparer's signature	T	Date Check [X PTIN				
Paid		JULIUS GREEN, CPA		if self-employ					
	arer	Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP		Firm's EIN	39-0859910				
Use Only Firm's address 1650 MARKET STREET, SUITE 4500									
		PHILADELPHIA, PA 19103		Phone no. (2	15) 972-0701				
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No				

	990 (2017) AMERICAN ANTI-VIVISECTION SOCIETY INC. 23-0341990 Page 2 t III Statement of Program Service Accomplishments
ı aı	
1	Briefly describe the organization's mission: SINCE OUR FOUNDING IN 1883, THE MISSION OF AAVS HAS BEEN TO
	UNEQUIVOCALLY OPPOSE AND WORK TO END THE USE OF ANIMALS IN SCIENCE AND
	TO OPPOSE ALL FORMS OF CRUELTY TO ANIMALS. WE ACHIEVE OUR MISSION BY
	MONITORING AND INVESTIGATING SCIENTIFIC USES OF ANIMALS, EXPOSING THE
	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	1 072 014 204 661
4 a	(Code:) (Expenses \$I, 0/3, 814. including grants of \$394, 061.) (Revenue \$ ACTIVITIES INCLUDE PUBLIC OUTREACH, INVESTIGATIONS, AND CAMPAIGNS TO
	END EXPERIMENTS ON ANIMALS THROUGH EDUCATION AND ADVOCACY. A SPECIAL
	ISSUE OF THE AV MAGAZINE HIGHLIGHTED THE 50TH ANNIVERSARY OF THE ANIMAL
	WELFARE ACT WITH ARTICLES BY EXPERTS IN ANIMAL PROTECTION. A 4-PAGE
	BI-MONTHLY NEWSLETTER AND A MONTHLY ONLINE NEWSLETTER ENGAGE AND
	EDUCATE OVER 25,000 MEMBERS AND SUPPORTERS. AAVS PLACES ADS IN NATIONAL
	MEDIA TO RAISE AWARENESS AND ALSO PROVIDES INFORMATION DIRECTLY TO
	LAWMAKERS AND GOVERNMENT AGENCIES ABOUT THE NEED TO USE ALTERNATIVE,
	NON-ANIMAL METHODS. IN ADDITION, GRANTS ARE PROVIDED TO SANCTUARIES FOR
	CARE OF ANIMALS, ESPECIALLY CHIMPANZEES AND OTHER PRIMATES RELEASED
	FROM LABORATORIES.
4b	(Code:) (Expenses \$ 196,512 • including grants of \$ 0 •) (Revenue \$ \$
	THE ANIMALEARN PROGRAM WORKS TO END VIVISECTION AND DISSECTION IN THE
	CLASSROOM, ADVOCATING AND PROMOTING HUMANE SCIENCE EDUCATION POLICY.
	ITS FREE LENDING LIBRARY, THE SCIENCE BANK, PROVIDES EFFECTIVE,
	NON-ANIMAL ALTERNATIVES FOR ALL GRADES, FROM ELEMENTARY SCHOOL THROUGH
	ADVANCED TRAINING FOR HEALTH PROFESSIONALS. ANIMALEARN SUPPLIES UNIQUE
	EDUCATIONAL MATERIALS TO TEACHERS AND STUDENTS ALL AROUND THE COUNTRY.
	STAFF PRESENT HOW-TO WORKSHOPS AND PROVIDE ONE-ON-ONE SUPPORT FOR
	EDUCATORS AND STUDENTS WHO SEEK TO IMPLEMENT ALTERNATIVES IN THEIR
	SCHOOLS. ANIMALEARN PRESENTS THE HUMANE STUDENT AND HUMANE EDUCATOR OF
	THE YEAR AWARDS IN DECEMBER, RECOGNIZING EXCEPTIONAL YOUNG PEOPLE AND
	THEIR TEACHERS WHO HELP ANIMALS BY ADVANCING HUMANE SCIENCE EDUCATION.
	100 756
4c	(Code:) (Expenses \$ 182,756. including grants of \$ 0.) (Revenue \$ 95,758.
	THE COALITION FOR CONSUMER INFORMATION ON COSMETICS' (CCIC) LEAPING
	BUNNY PROGRAM PROVIDES A SERVICE FOR COMPASSIONATE CONSUMERS WHO WISH TO AVOID PRODUCTS TESTED ON ANIMALS. THE PROGRAM ADMINISTERS THE
	HIGHEST CRUELTY-FREE STANDARD AND THE INTERNATIONALLY RECOGNIZED
	LEAPING BUNNY LOGO, IN ORDER TO CERTIFY COMPANIES PRODUCING CRUELTY-FREE COSMETIC, PERSONAL CARE, AND HOUSEHOLD PRODUCTS. THE LIST
	CRUELTY-FREE COSMETIC, PERSONAL CARE, AND HOUSEHOLD PRODUCTS. THE LIST OF OVER 1,000 CERTIFIED COMPANIES IS AVAILABLE ON LEAPINGBUNNY.ORG AND
	IN APPS FOR SMARTPHONES. IN 2017, AAVS'S LEAPING BUNNY DEPARTMENT
	RENEWED COMPANIES THROUGH A 'RECOMMITMENT' PROCESS AND PERFORMED AUDITS
	ON SELECTED COMPANIES TO ENSURE CONTINUED COMPLIANCE WITH THE STANDARD.
	CONSUMERS ARE INFORMED THROUGH VERY ACTIVE AND ENGAGING SOCIAL MEDIA,
	AND A POPULAR MONTHLY ONLINE NEWSLETTER. PROGRAM STAFF REGULARLY SERVE
	AND A FORGULAR MONITULE ONLINE NEWSLELLER. PROGRAM STAFF REGULARLY SERVE

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

(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ► 1,453,082.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		х
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			
8	Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ا ا		
10		10	х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	22	
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha	- 21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_		11e	Х	- 21
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	- 21	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	115	х	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza		40-		Х
	Schedule D, Parts XI and XII	12a		- 22
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
46	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			v
	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,			77
	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			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			**
	complete Schedule G. Part III	19		X

Form 990 (2017) AMERICAN ANTI-VIVISECTION SOCIETY INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٦,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			₩.
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
250	Part V, line 1	35a	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Joa	-23	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		х
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		-23
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		-23
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	57		
50	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	11010 7 m 1 0 m 1	1 00		

Form 990 (2017) AMERICAN ANTI-VIVISECTION SOCIETY INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b cross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 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. 13b 15c 15c 16 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 15c 15c 15c 16 Enter the amount of reserves on hand 17c 17c 18d 18d 19d 19d 19d 19d 19d 19d 19d 19d 19d 19		Check if Schedule O contains a response or note to any line in this Part V					
be Enter the number of Forms W-SQ included in line 1a, Enter-0+ in not applicable 1						Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Either the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return 1 If all seat one is reported on line 2e, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has it filed a Form 990-T for this year? If "No," to file 8b, provide an explanation in Schedule O 3b A 4 tany time during the calendary vair, dit the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ★■ 5a Was the organization are party to a prohibited tax sheller transaction at any time during the lax year? 5b Was the organization aparty to a prohibited tax sheller transaction at any time during the lax year? 5c If "Yes," to line 5a or 5b, did the organization file Form 8980:T? 5c Did any taxoline party notify the organization file Form 8980:T? 5c Did set the organization have amountaglors receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the organization have included with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive a doubtled with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization state may receive deductible contributions under section 170(c). 8 If If "Yes," if due organization forly the dono or the value of the goods or services provided? 8 If the organization receive an orithity the dono or the value of the good of severices provided? 9 If the organization relieved a c	1a		1a	9			
(agambling) winnings to prize winners? Each Enter the number of emptoyees reported on Form W.3. Transmittal of Wage and Tax Statements. Filed for the calendar year ending with or within the year covered by this return It at least one is reported on line 2a, did the organization file all required feeleral employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Lif Yes', has if tide a form 990 77 for this year? "I "No,* to file 8b, provide an explanation in Schedule O 4c Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See I share the seem of the foreign country. See I share the name of the foreign see I share the name of the sh							
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lited for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) 3a	С						
field for the calendary year ending with or within the year covered by this return If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (See Instructions) By the organization have unrelated business gross income of \$1,000 or more during the year? By If Y'es', has it title all porm 990 or the title and you will be a summary to the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a shark account, scurities account, or other financial accounts? 4a X X If Y'es, enter the name of the foreign country. 5b If Y'es, and the organization are an analysis of the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year? 5b If Yes, and the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions or gifts were not tax deductibles and shartable contributions or gifts were not tax deductibles and shartable contributions or gifts were not tax deductibles and shartable contributions or gifts were not tax deductibles and shartable contributions or gifts were not tax deductibles and shartable contributions or gifts were not tax deductibles and shartable contributions or gifts were not tax deductibles and shartable contributions or gifts were not tax deductibles and shartable contributions or gifts were not tax deductibles and shartable contributions or gifts were not tax deductibles and shartable contributions or gifts were not tax deductibles and shartable contributions or gifts were not tax deductibles and shartable contributions or gifts and the properties			 I	 I	1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a_nile_(see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, * has it filed a Form 990-T for this year? # Yes, * to line 3b, provide an explanation in Schedule O. 4b At any time during the calendary year, did the organization have uninterest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c ell Yes, * to line fe organization and party to a prohibited tax shalter transaction or different financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shalter transaction? 5c Was the organization aparty to a prohibited tax shalter transaction? 5c Uf Yes, * to line 5a or 5b, did the organization file Form 8886 17? 5c Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that the were not tax deductible? 6c Dess the organization neceive a payment in excess of \$15 mode party as a contributions? 6d VY Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170c). 7d Did the organization sell, exchange, or otherwise dispose of transple personal property for which it was required? 7d If Yes,* did the organization notify the donor of the value of the goods or services provided? 7d VX 7d If Yes,* did the organization mode and personal property for which it was required? 7d VX 7d If the organization sell, exchange, or otherwise dispose of transple personal property for which it was required? 7d If the organization sell, exchange, or therevise dispose of transple personal prope	2a			1 7			
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>'</u>								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.									
b	Enter the number of voting members included in line 1a, above, who are independent	5								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
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	Х							
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	Х							
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	Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
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		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	(File Coulding Frequency and Association Country and A		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	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	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b	Х							
	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									
	taxable entity during the year?	16a		х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CO, KS, KY, ME, MD, MA	, NM	, NC	OR						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a									
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial							
	statements available to the public during the tax year.	Idi 10								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	SUE LEARY, PRESIDENT - (215) 887-0816									
	801 OLD YORK RD, SUITE 204, JENKINTOWN, PA 19046									

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	organization compensate					sate	ted any current officer, director, or trustee.					
(A)	(B)	((C)			(D)	(E)	(F)		
Name and Title	Average	(do	Position (do not check more box, unless person i officer and a directo			more than one rson is both an		Reportable	Reportable	Estimated		
	hours per	box						compensation	compensation	amount of		
	week	-	Cer ai	lu a u	recic	Tritus	lee)	from	from related	other		
	(list any	irecto						the	organizations	compensation		
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	ruste	l trusi		ee Ge	ubeu		(88-2/1099-181130)		and related		
	below	dual t	rtiona	L	nplo,	st cor	-			organizations		
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Forme					
(1) JOSEPH LUDWIG	1.00											
VICE-PRESIDENT	1.00	Х		Х				0.	0.	0.		
(2) AARON MCINTYRE	1.00											
TREASURER	1.00	Х		Х				0.	0.	0.		
(3) DENISE COWIE	1.00											
SECRETARY	1.00	Х		Х				0.	0.	0.		
(4) DOUGLAS R. BARR, SR.	0.50							_	_	_		
BOARD MEMBER	0.50	X				<u> </u>		0.	0.	0.		
(5) FRANCIS KRAFCHIK	0.50	l										
BOARD MEMBER	0.50	Х						0.	0.	0.		
(6) SUE A. LEARY	35.00							46.062	00 000	15 650		
PRESIDENT, CEO		Х		Х		├		46,963.	20,000.	17,650.		
(7) ROBERT FINN	0.50	٠,							_			
BOARD MEMBER	0.50	X				┢		0.	0.	0.		
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Form **990** (2017)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	<u>iH t</u>	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)	(F))
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estima	
	hours per	box	, unle	ss per	rson i	is botl	h an	compensation	compensation	amour	
	week		cer ar	nd a di	irecto	or/trus	stee)	from	from related	oth	er
	(list any	ector						the	organizations	compen	sation
	hours for	Individual trustee or director	ao			rted		organization	(W-2/1099-MISC)	from	
	related	stee	ruste			bensa		(W-2/1099-MISC)		organiz	
	organizations below	al tru	onal t		loyee	le s				and re	
	line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organiza	ations
	iiiie)	Ĕ	Ë	₩	, Xe	<u>Ę, p</u>	요			+	
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			\vdash			-	_			+	
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		1									
dh Cub total		l					\vdash	46,963.	20,000	17	650.
1b Sub-total c Total from continuation sheets to Part VI								0.	20,000		0.00.
d Total (add lines 1b and 1c)								46,963.	20,000		650.
Total number of individuals (including but r							no re	· · · · · · · · · · · · · · · · · · ·			050.
compensation from the organization	ot illilited to th	1030	11310	u ac	JOVC	<i>)</i> wi	10 10	secived more than \$100,	ood of reportable		0
										Ye	s No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee,	, or I	highest compensated er	mployee 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 reportab	le co	mpe	ensa	tion	and	doth	ner compensation from t	he organization		
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual		4	X
5 Did any person listed on line 1a receive or a	accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	dual for services		
rendered to the organization? If "Yes." con	plete Schedul	e J f	or su	ıch <u>ı</u>	oers	son				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	· ·	-							•	ation from	
the organization. Report compensation for (A)	the calendar ye	ear e	enair	ig w	ith c	or wi	ITNIN	the organization's tax y	ear.	(C)	
ام) Name and business	address	NO	ONE	3				Description of s	services	Compensat	tion
							_				
							\dashv				
2 Total number of independent contractors (i		ot lir	nited	d to		_	sted	above) who received mo	ore than		
\$100,000 of compensation from the organi	zation >				()				- 000	0 (0017)

Form 990 (2017) AMERICA
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			<u></u>	<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
- S &	1 a	Federated campaigns	1a	12,093.				
ant	b	Membership dues		218,081.				
عَ جَ	С	Fundraising events		·				
ifts r A	d	Related organizations						
3, E	е	Government grants (contributi						
S. S.	f	All other contributions, gifts, gran						
e E		similar amounts not included above		1,314,956.				
<u></u>	g	Noncash contributions included in lines	•					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			1,545,130.			
				Business Code				
ø	2 a	COALITION FOR CONSUMER	INFORM.	541700	95,758.	95,758.		
Program Service Revenue	b							
Se	С							
am eve	d	L <u></u>						
og R	е							
4	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			95,758.			
	3	Investment income (including						
		other similar amounts)			396,986.			396,986.
	4	Income from investment of tax						
	5	Royalties	1					
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	18,586,188.					
	D	Less: cost or other basis	18,058,456.					
	_	and sales expenses						
		Gain or (loss)		•	527,732.			527,732.
		Gross income from fundraising			327,732.			327,732.
ine	оа	including \$						
Ver		contributions reported on line						
Other Revenu		Part IV, line 18	•					
her	b	Less: direct expenses						
δ		Net income or (loss) from func		>				
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ning activities .					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory .	>				
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d			0 565 606	05 550	•	004 543
	12	Total revenue. See instructions.			2,565,606.	95,758.	0.	924,718.

Form 990 (2017) AMERICAN ANTI-VIVISEO Part IX | Statement of Functional Expenses

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 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 70,981. 54,683. 11,853. 4,44. 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal C Accounting 4 Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 30,187. 25,612. 40,225. 40,225. 14 Information technology 55,380. 45,581. 9,75 16 Occupancy 10 Cot page 20,373. 8,593. 5,33	<u>Sect</u>	ion 501(c)(3) and 501(c)(4) organizations must comp				
Total expenses				(B)		(D)
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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, line 21 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons grant and other selaries and wages 497,766. 385,714. 81,492. 30,51 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 28,003. 21,699. 4,585. 1,77 9 Other employee benefits 70,981. 54,683. 11,853. 4,4 10 Payroll taxes 46,936. 36,400. 7,662. 2,8 11 Fees for services (non-employees): a Management b Legal 14,846. 14,488. 358. c Accounting 75,841. 75,841. d Lobbying 18,119. 18,119. e Professional fundraising services. See Part IV, line 17 f Investment management fees 151,029. 151,029. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 24 Advertising and promotion 30,187. 25,612. 4,245. 88 14 Information technology 55,380. 45,581. 9,71 15 Royalties 6 Occupancy 106,337, 92,373. 8,593. 5,33			Total expenses	Program service	Management and	Fundraising
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Porter employee benefits To 4, 936. 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 I Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. 0.) 12 Advertising and promotion 30, 187. 25, 612. 40, 225. 60 Cocupancy 106, 337. 92, 373. 8, 593. 5, 3	1	Grants and other assistance to domestic organizations				
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 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and 403(f) employer contributions (include section 4958(f)(1) and 403(f) employer contributions (in	-	_	394,661.	394,661.		
individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in tincluded above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 70,981. 54,683. 11,853. 4,4* 10 Payroll taxes Accounting Management b Legal Legal 14,846. 14,488. 358. c Accounting 4 Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Gother. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 30,187. 25,612. 40,225. 10,000 p. 7. Advertising and promotion 5 Compensation of current officers, and foreign individuals. See Part IV, line 17 for possible and promotion and promo	2	· · · · · · · · · · · · · · · · · · ·	,	, , , ,		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 17 O 1981. 54,683. 11,853. 4,44. 10 Payroll taxes 10 Accounting 21 Accounting 11 A 1846. 14,488. 358. 22 Accounting 23 Accounting 44 P7,766. 385,714. 81,492. 30,50. 28,003. 21,699. 4,585. 1,77. 70,981. 54,683. 11,853. 4,44. 46,936. 36,400. 7,662. 2,8. 11 Fees for services (non-employees): 28 Ananagement 29 Accounting 40 Lobbying 20 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 40,225. 40,225. 20,28. 12 Advertising and promotion 30,187. 25,612. 4,245. 8. 13 Office expenses 54,845. 49,727. 4,245. 8. 14 Information technology 15 Royatties 10 Occupancy 10 Against in the free free free free free free free fr	_					
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individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 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 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 70,981. 54,683. 11,853. 4,44. 10 Payroll taxes 46,936. 36,400. 7,662. 2,8* 11 Fees for services (non-employees): a Management b Legal 41,846. 14,488. 358. c Accounting 4 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 10 Office expenses 54,845. 49,727. 4,245. 81 11 Information technology 55,380. 45,581. 92,373. 8,593. 5,33	Ū	-				
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5 Compensation of current officers, directors, trustees, and key employees 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 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal 12 Accounting 13 Lobbying 14 Professional fundraising services. See Part IV, line 17 If Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 40 Advertising and promotion 40 Advertising and promotion 50 Cocupancy 40 Advertising 51 Agola Cocupancy 51 Agola Cocupancy 52 Agola Coupancy 54 Agola Cocupancy 55 Agola Cocupancy	4					
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persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 10 Possional fundraising services 10 Possional fundraising services. See Part IV, line 17 a Defice expenses 10 Possional fundraising services. See Part IV, line 17 b Legal 11 Fees for services (non-employees): 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Possional fundraising services 10 Possional fundraising services. See Part IV, line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Possional fundraising services 16 Occupancy 10 Possional fundraising services. See Part IV, line 17 17 Investment management fees 15	6		04,012.	45,500.	10,030.	3,300.
persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 70,981. 54,683. 11,853. 4,44 10 Payroll taxes 46,936. 36,400. 7,662. 2,8 11 Fees for services (non-employees): a Management b Legal 14,846. 14,488. 358. c Accounting 75,841. 75,841. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 40,225. 40,225. 12 Advertising and promotion 30,187. 25,612. 4,245. 8 14 Information technology 55,380. 45,581. 9,77 15 Royalties 16 Occupancy 106,337. 92,373. 8,593. 5,3	0					
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10 Payroll taxes 46,936. 36,400. 7,662. 2,8° 11 Fees for services (non-employees): a Management 358. b Legal 14,846. 14,488. 358. c Accounting 75,841. 75,841. d Lobbying 18,119. 18,119. e Professional fundraising services. See Part IV, line 17 Investment management fees 151,029. 151,029. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 40,225. 40,225. 12 Advertising and promotion 30,187. 25,612. 4,5° 13 Office expenses 54,845. 49,727. 4,245. 8° 14 Information technology 55,380. 45,581. 9,7° 15 Royalties 106,337. 92,373. 8,593. 5,3° 16 Occupancy 106,337. 92,373. 8,593. 5,3°	_	``````````````````````````````````````	70 001	51 CO2	11 052	1,719. 4,445.
11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 151,029. 140,225. 151,029. 15				34,003.	7 662	4,443.
a Management b Legal			40,930.	30,400.	1,002.	4,8/4.
b Legal 14,846. 14,488. 358. c Accounting 75,841. 75,841. d Lobbying 18,119. 18,119. e Professional fundraising services. See Part IV, line 17 Investment management fees 151,029. g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 30,187. 25,612. 4,245. 8 13 Office expenses 54,845. 49,727. 4,245. 8 14 Information technology 55,380. 45,581. 9,79 15 Royalties 106,337. 92,373. 8,593. 5,3		` ' '				
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g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 1 Other. (If line 11g amount exceeds 10% of line 25, 40, 225. 40, 225. 40, 225. 40, 225. 40, 225. 40, 225. 40, 225. 40, 225. 40, 50.	е		151 000		151 000	
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14 Information technology 55,380. 45,581. 9,79 15 Royalties 106,337. 92,373. 8,593. 5,39 16 Occupancy 201,707. 201,707. 8,593. 5,39	12		30,187.	25,612.	4 0 4 5	4,575.
15 Royalties 16 Occupancy 106,337. 92,373. 8,593. 5,3	13	Office expenses	54,845.		4,245.	873.
16 Occupancy 106,337. 92,373. 8,593. 5,3°	14	Information technology	55,380.	45,581.		9,799.
04 505 04 505	15		101.00			
47 Travel 21 707. 21 707.	16	Occupancy			8,593.	5,371.
	17	Travel	21,707.	21,707.		
18 Payments of travel or entertainment expenses	18	Payments of travel or entertainment expenses				
for any federal, state, or local public officials		for any federal, state, or local public officials				
19 Conferences, conventions, and meetings 26,439. 26,350.	19	Conferences, conventions, and meetings	26,439.	26,350.		89.
20 Interest	20					
21 Payments to affiliates	21		12.5			
Depreciation, depletion, and amortization 12,642.	22	Depreciation, depletion, and amortization				
23 Insurance 7,802. 7,802.	23		7,802.	7,802.		
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	24	above. (List miscellaneous expenses in line 24e. If line				
amount, list line 24e expenses on Schedule O.)		amount, list line 24e expenses on Schedule 0.)				
	а			140,869.		36,077.
	b		134,168.			134,168.
c RESEARCH & INFORMATION 11,108. 11,108.	С	RESEARCH & INFORMATION	11,108.			
d DESIGN 3,424. 3,334.	d	DESIGN	3,424.	3,334.		90.
e All other expenses	е	All other expenses				
25 Total functional expenses. Add lines 1 through 24e 2,044,004. 1,453,082. 356,294. 234,65	25	Total functional expenses. Add lines 1 through 24e	2,044,004.	1,453,082.	356,294.	234,628.
26 Joint costs. Complete this line only if the organization	26	Joint costs. Complete this line only if the organization			T	
reported in column (B) joint costs from a combined		reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.		educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720) if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X Balance Sheet

Pal	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			2,418,814.	1	1,948,426.
	2	Savings and temporary cash investments			78,254.	2	78,316.
	3	Pledges and grants receivable, net			166,383.	3	474,335.
	4	Accounts receivable, net			•	4	43,374.
	5	Loans and other receivables from current and fo					·
		trustees, key employees, and highest compensa		<i>'</i> '			
		Part II of Schedule L		-		5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			11,184.	8	5,880.
	9	B			35,955.	9	35,042.
		Land, buildings, and equipment: cost or other			,		•
		basis. Complete Part VI of Schedule D	10a	528,719.			
	b	Less: accumulated depreciation		528,719. 521,760.	16,580.	10c	6,959.
	11	Investments - publicly traded securities			20,407,214.	11	6,959. 22,662,502.
	12	Investments - other securities. See Part IV, line 1			, ,	12	, ,
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,132,349.	15	1,206,819.		
	16	Total assets. Add lines 1 through 15 (must equa			24,266,733.	16	26,461,653.
	17	Accounts payable and accrued expenses			78,990.	17	56,068.
	18	Grants payable	1,203,048.	18	1,189,063.		
	19	Deferred revenue		135,640.	19	137,387.	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
ý	22	Loans and other payables to current and former	officers	s, directors, trustees,			
<u>i</u>		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	oarties		24	
	25	Other liabilities (including federal income tax, page	yables t	to related third			
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D			104,149. 1,521,827.	25	102,100. 1,484,618.
	26	Total liabilities. Add lines 17 through 25			1,521,827.	26	1,484,618.
		Organizations that follow SFAS 117 (ASC 958)), checl	k here ▶ X and			
S		complete lines 27 through 29, and lines 33 and	d 34.				
Š	27	Unrestricted net assets			20,987,370.	27	23,101,366.
sala	28	Temporarily restricted net assets			144,292.	28	175,551.
힏	29				1,613,244.	29	1,700,118.
Ξ		Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 📖 📗			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
ASS	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			00 5/4 005	32	04 055 005
Z	33	Total net assets or fund balances			22,744,906.	33	24,977,035.
	34	Total liabilities and net assets/fund balances			24,266,733.	34	26,461,653.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2017)

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

2017

Open to Public Inspection

Employer identification number Name of the organization AMERICAN ANTI-VIVISECTION SOCIETY INC. 23-0341990 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2017 AMERICAN ANTI-VIVISECTION SOCIETY INC. 23-0341990 Page 2

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

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

Sec	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	1547090.	1712304.	1590476.	1250980.	1545130.	7645980.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	1547090.	1712304.	1590476.	1250980.	1545130.	7645980.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						2504914.					
	6 Public support. Subtract line 5 from line 4. 5141066.											
	ction B. Total Support				Т	Г						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
	Amounts from line 4	1547090.	1712304.	1590476.	1250980.	1545130.	7645980.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,	E00 001	504 560	604 006	655 500	206 206	20000					
	and income from similar sources	592,901.	724,763.	684,976.	677,599.	396,986.	3077225.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital			2 206	200		2 506					
	assets (Explain in Part VI.)			3,306.	200.		3,506.					
	Total support. Add lines 7 through 10						10726711.					
12	Gross receipts from related activities,	•	,			12	413,537.					
13	First five years. If the Form 990 is for	~			-		. —					
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage				>					
14				olumn (fl)		14	47.93 %					
15	Public support percentage from 2016					15	47.93 %					
	33 1/3% support test - 2017. If the c											
100	stop here. The organization qualifies											
r	33 1/3% support test - 2016. If the c											
~	and stop here. The organization qual						. \Box					
17a	10% -facts-and-circumstances test											
	and if the organization meets the "fac	-										
	meets the "facts-and-circumstances"				•	-						
h	10% -facts-and-circumstances test											
•	more, and if the organization meets the	_										
	organization meets the "facts-and-circ		•		•		▶ □					
_18	Private foundation. If the organization			•			▶ □					

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	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	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	•		•	•	. , . ,	·
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
198	. 33 1/3% support tests - 2017. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						`
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4 a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	C		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	401		
	10b 90 or 99	n E7	2017
. 3	JU UL 98	ハーロムト	ZU 1/

Schedule A (Form 990 or 990-EZ) 2017 AMERICAN ANTI-VIVISECTION SOCIETY INC. 23-0341990 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** 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 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

		(Form 990 or 990-EZ) 2017 AMERICAN ANTI			3-0341990	Page 7
Pai	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	Γ	
		Distributions			Current Yea	ar
1_		ints paid to supported organizations to accomplish exer				
2		ints paid to perform activity that directly furthers exemp	t purposes of supported			
		izations, in excess of income from activity				
3	_	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3		
4_		ints paid to acquire exempt-use assets				
5		ried set-aside amounts (prior IRS approval required)				
<u>6</u>		distributions (describe in Part VI). See instructions.				
7		annual distributions. Add lines 1 through 6.				
8		outions to attentive supported organizations to which the	ie organization is responsive			
_		de details in Part VI). See instructions.				
9		outable amount for 2017 from Section C, line 6				
10		3 amount divided by line 9 amount	(i)	(ii) Underdistributions	(iii) Distributab	le
ecu	ION E -	Distribution Allocations (see instructions)	Excess Distributions	Pre-2017	Amount for 2	
1	Distrib	outable amount for 2017 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2017 (reason-				
	able c	cause required- explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2017				
а						
b	From	2013				
С	From	2014				
d	From	2015				
е	From	2016				
f	Total	of lines 3a through e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2017 distributable amount				
i	Carry	over from 2012 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distrib	outions for 2017 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
		ed to 2017 distributable amount				
С		inder. Subtract lines 4a and 4b from 4.				
5		ining underdistributions for years prior to 2017, if				
	•	Subtract lines 3g and 4a from line 2. For result greater				
		zero, explain in Part VI. See instructions.				
6		ining underdistributions for 2017. Subtract lines 3h				
		b from line 1. For result greater than zero, explain in				
		/I. See instructions.				
7		ss distributions carryover to 2018. Add lines 3j				
	and 4					
8		down of line 7:				
		ss from 2013				
		ss from 2014				
		ss from 2015				
d	Exces	ss from 2016				

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 AMERICAN ANTI-VIVISECTION SOCIETY INC. 23-0341990 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part VI Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER INCOME 3,306. 2015 AMOUNT: \$ 200. 2016 AMOUNT: \$ 2017 AMOUNT: \$ 0.

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.

AMERICAN ANTI-VIVISECTION SOCIETY INC.

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

23-0341990

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

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

AMERICAN ANTI-VIVISECTION SOCIETY INC.

23-0341990

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(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
3		\$50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 46,261.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$84,874.	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
6		\$123,256.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AMERICAN ANTI-VIVISECTION SOCIETY INC.

23-0341990

(a) No. Tom Description of noncash property given (b) FMV (or estimate) (c) FMV (or estimate) (d) Date received (d) Date received (e) No. Tom Description of noncash property given (a) No. Tom Description of noncash property given (b) FMV (or estimate) (goe instructions.) (d) Date received (e) FMV (or estimate) (goe instructions.) (d) Date received (e) FMV (or estimate) (goe instructions.) (d) Date received (e) FMV (or estimate) (goe instructions.) (f) Date received (goe instructions.) (h) Date received (goe instructions.)	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
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(a) No. from Part I (b) (c) FMV (or estimate) (See instructions.) (d) Date received	No. from		FMV (or estimate)	
No. (b) from Description of noncash property given Part I			\$	
	No. from		FMV (or estimate)	
Φ Cohedula D (Form 000, 000, E7, or 000, DE) (2001)			\$	

MERICA art III	AN ANTI-VIVISECTION SO Exclusively religious, charitable, etc., con	tributions to organizations described	n section 501(c)(7), (8), or (23-0341990 (10) that total more than \$1,000 for
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 or	NING line entry. For organizations	1
) No.	Use duplicate copies of Part III if addition	al space is needed.		
art I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif		sferor to transferee
-				
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
_		(e) Transfer of gif	:	
- - -	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desci	iption of how gift is held
-		(e) Transfer of gif		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desci	iption of how gift is held
— - -		(e) Transfer of gif		
	Transferee's name, address, a			sferor 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.

2017
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

- 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.

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

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

	(see separate instructions), then	iana. Camalata Bart III			
	Section 501(c)(4), (5), or (6) organizat	lons. Complete Part III.		En	nployer identification number
	•	N ANTI-VIVISECTIO	N SOCTETY T		23-0341990
Pa		anization is exempt unde			
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			\$
Pa	art I-B Complete if the org	anization is exempt unde	er section 501(c)(3).	
1 2 3 4a b Pa 1 2 3 4	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV. Int I-C Complete if the org Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were pro-	incurred by the organization under incurred by organization manage in 4955 tax, did it file Form 4720 for anization is exempt under did by the filing organization for sectization's funds contributed to other. Add lines 1 and 2. Enter here are an anization for this year? Inployer identification number (EIN tion listed, enter the amount paid comptly and directly delivered to a	er section 4955 rs under section 4955 or this year? er section 501(c), tion 527 exempt funct er organizations for se and on Form 1120-POL, l) of all section 527 pol from the filing organiz separate political orga	except section 501 ion activities ection 527 litical organizations to wheation's funds. Also enter anization, such as a sepa	Yes No Yes No (c)(3). \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	political action committee (PAC). If	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter-	contributions received and

Sobo	dule C (Form 990 or 990-EZ) 2017	AMED T	דאר דארי	mt 171177.CE/CM	TON COCTEMY	TNC 22.0	2/1000 D	0000
	t II-A Complete if the org	janizatio	n is exen	npt under section	1501(c)(3) and file	ed Form 5768 (ele	ction under	age Z
A C	<u></u>	ation belong	s to an affil	iated group (and list in	Part IV each affiliated	aroup member's name	address. EIN.	
	expenses, and sha					g. capese. ea	,, aaa. 555, ,,	
B C	neck if the filing organiza	ation checke	ed box A ar	nd "limited control" pro	visions apply.			
		its on Lobb ditures" me		nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated g totals	roup
1a	Total lobbying expenditures to influ	uence publi	c opinion (g	grass roots lobbying)		6,304.	6,3	04.
b	Total lobbying expenditures to influ	uence a leg	islative bod	y (direct lobbying)		11,815.	11,8	15.
С	Total lobbying expenditures (add li	ines 1a and	1b)			18,119.	18,1	
d	Other exempt purpose expenditure	es				2,025,885.	2,557,2	
е	Total exempt purpose expenditure	es (add lines	1c and 1d			2,044,004.	2,575,3	
f	Lobbying nontaxable amount. Ent	er the amou	int from the	following table in both	n columns.	252,200.	278,7	<u>70.</u>
	If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:			
	Not over \$500,000			the amount on line 1e.				
	Over \$500,000 but not over \$1,000			0 plus 15% of the exc	·			
	Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc				
	Over \$1,500,000 but not over \$17	,000,000		0 plus 5% of the exces	ss over \$1,500,000.			
	Over \$17,000,000		\$1,000,0	000.				
	Grassroots nontaxable amount (er	tor 25% of	lino 1f)			63,050.	69,6	93
_	Subtract line 1g from line 1a. If zer		,			0.	03,0	0.
	Subtract line 1f from line 1c. If zero					0.		0.
	If there is an amount other than ze			ine 1i did the organiza				
,	reporting section 4911 tax for this			, a.a ə. ga <u>-</u> .		Γ	Yes	No
			4-Year Ave	eraging Period Under	section 501(h)			
	(Some organizations t	hat made a	section 50		nave to complete all o	of the five columns be	low.	
		Lobb	ying Exper	nditures During 4-Yea	r Averaging Period			
	Calendar year (or fiscal year beginning in)	(a) 2	014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
	Lobbying nontaxable amount	246	5,439.	238,441.	247,035.	252,200.	984,1	15.
	Lobbying ceiling amount (150% of line 2a, column(e))						1,476,1	73.
c	Total lobbying expenditures	27	7,631.	35,923.	23,677.	18,119.	105,3	50.
	Grassroots nontaxable amount	61	,610.	59,610.	61,759.	63,050.	246,0	29.
е	Grassroots ceiling amount (150% of line 2d, column (e))						369,0	44.

14,732.

13,646.

5,845.

Schedule C (Form 990 or 990-EZ) 2017

40,527.

6,304.

f Grassroots lobbying expenditures

23-0341990 Page 3

Schedule C (Form 990 or 990-EZ) 2017 AMERICAN ANTI-VIVISECTION SOCIETY INC. 23-03419 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)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	')
the lobbying activity.	Yes	No	Amo	unt
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:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)), or sec	tion	
			Yes	N
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 carry lile. 4 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	e prior year? n 501(c)(5	2 3), or sec		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last 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 answered "Yes."	e prior year? n 501(c)(5 'No," OR (), or section (b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart 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 "Yes." Dues, assessments and similar amounts from members	e prior year? n 501(c)(5) 'No," OR), or section (b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart 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 "Yes." Dues, assessments and similar amounts from members	e prior year? n 501(c)(5) 'No," OR), or section (b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last 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 "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5) 'No," OR	2 3), or sec (b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last 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 answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5 'No," OR	2 3), or sec (b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart 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 answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year	e prior year? n 501(c)(5 'No," OR (2 3), or sec (b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart 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 "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	e prior year? n 501(c)(5 'No," OR (2 3), or sec (b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart 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 "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) 'No," OR	2 3), or sec (b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart 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 answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) 'No," OR (2 3), or sec (b) Part I		3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Cart 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 answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures from the exceeded the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and	e prior year? n 501(c)(5) 'No," OR (2 3 3), or sec (b) Part I		3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the 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 answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedase the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	e prior year? n 501(c)(5) 'No," OR (2 3 3), or sec (b) Part I 2a 2b 2c 3 4 5	III-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Cart 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 "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded section 162(e) dues the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	e prior year? n 501(c)(5) 'No," OR (2 3 3), or sec (b) Part I 2a 2b 2c 3 4 5	III-A, line	3, is
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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

AMERICAN ANTI-VIVISECTION SOCIETY INC.

Employer identification number 23-0341990

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised fullus	(b) I dilds 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		1.5
5	Did the organization inform all donors and donor advisors in w	_	
_	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or		
Dai	impermissible private benefit? t II Conservation Easements. Complete if the orga	usination and used lives II as Four 200	
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Y
а	Total number of conservation easements		
b	•		
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	•	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	-
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furthera	ance of public service, provide, in Part XII
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	t and balance sheet works of art, historic
	treasures, or other similar assets held for public exhibition, edu	•	
	relating to these items:	,	,, <u> </u>
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		
-	the following amounts required to be reported under SFAS 116		a. gail, provido
а	Revenue included on Form 990, Part VIII, line 1	· ·	• \$
	Assets included in Form 990, Part X		

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		528,719.	521,760.	6,959.
Total Add lines 1a through 1e (Calumn (d) must ague	-/ Farma 000 Davit V and w	(D) // 10-)	7	6 959.

Schedule D (Form 990) 2017

		TI-VIVISECT	ION SOCIETY 1	INC. 2	<u>3-0341990</u>	Page 🤄
Part	VII Investments - Other Securities.					
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form 990,	Part X, line 12.		
(a) De	SCription of Security or Category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or e	nd-of-year market v	/alue
(1) Fin:	ancial derivatives					
	sely-held equity interests					
(3) Oth						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
	VIII Investments - Program Related.	•	•			
	Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11c. See Form 990.	Part X. line 13.		
	(a) Description of investment	(b) Book value		aluation: Cost or e	nd-of-year market v	/alue
(1)					-	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part						
	Complete if the organization answered "Yes"	on Form 990 Part IV	line 11d See Form 990	Part X line 15		
		Description	<u> </u>	r art x, iiio ro.	(b) Book va	alue
(1)	()				(-,	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(0.1 (1.) (1.5 000 B 1.1/1 1/D)					
Part		,				
	Complete if the organization answered "Yes"	on Form 990, Part IV,		1 990, Part X, line 2	25.	
<u>1</u>	(a) Description of liability		(b) Book value	-		
(1)	Federal income taxes		400 400	-		
(2)	CHARITABLE GIFT ANNUITY		102,100.			
(3)						
(4)				-		
(5)				-		
(6)				-		
/ :						

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

102,100.

(8) (9)

Schedule D	(Form 990) 2017	AMERICAN	ANTI-VIVISECTION	SOCIETY	INC.	23-0341990	Page
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
_	Complete if the organiz	zation answered "	Yes" on Form 990, Part IV, line 12	a.			

rai	neconciliation of nevertide per Addited Financial Statement	2 AAIF	ii nevellue per ne	turri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,125,104.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,623,653.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	-64,155.		
е	Add lines 2a through 2d	2e	1,559,498.		
3	Subtract line 2e from line 1	3	2,565,606.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,565,606.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen	ts Wi	th Expenses per R	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,892,975.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			

d Other (Describe in Part XIII.) Add lines 2a through 2d 2e 1,892,975. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 151 029. **b** Other (Describe in Part XIII.)

c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)

151,029. 4c 2,044,004.

| Part XIII | Supplemental Information.

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

PART V, LINE 4:

THE PERMANENT ENDOWMENT CONSISTS OF THREE INDIVIDUAL FUNDS, ONE ESTABLISHED FOR THE DIRECT BENEFIT OF ANIMALS AND TWO FOR GENERAL PURPOSES.

PART X, LINE 2:

MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, THE ORGANIZATIONS DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.

EACH ORGANIZATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR 2017, 2016, AND 2015 IS SUBJECT TO EXAMINATION BY THE

Schedule D (Form 990) 2017 AMERICAN ANTI-VIVISECTION SOCIETY INC. 23-0341990 Page 5 Part XIII Supplemental Information (continued)
Supplemental information (continued)
INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THE DATE THE
RETURN WAS FILED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
UNREALIZED LOSSES IN BENEFICIAL INTERESTS OF PERPETUAL
TRUSTS 86,874.
INVESTMENT FEES -151,029.
TOTAL TO SCHEDULE D, PART XI, LINE 2D -64,155.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT FEES 151,029.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2017

OMB No. 1545-0047

Open to Public Inspection

Name of the organization AMERICAN	ANTI-VIVI	SECTION SOC	IETY INC.				Employer identification number 23-0341990
Part I General Information on Grants a							
Does the organization maintain records:	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	istance, and the select	ion
criteria used to award the grants or assis							
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	-					,	•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RYERSS FARM FOR AGED EQUINES 1710 RIDGE ROAD							DIRECT CARE FOR HORSES;
POTTSTOWN, PA 19465	23-6215037	501(C)(3)	31,613.	0.			BOTH RETIRED AND RESCUED
MINDY'S MEMORY PRIMATE SANCTUARY							ONGOING CARE AND HABITAT
P.O. BOX 134		504 (5) (0)					IMPROVEMENTS FOR MONKEYS
NEWCASTLE, OK 73065	73-1522989	501(C)(3)	50,000.	0.			FROM LABS
JUNGLE FRIENDS PRIMATE SANCTUARY 13915 N.STATE RD.							DIRECT CARE FOR NEW WORLD MONKEYS SURRENDERED BY LABORATORIES AND
GAINESVILLE, FL 32653	86-0859789	501(C)(3)	17,000.	0.			HURRICANE IRMA ASSISTANCE
GLOBAL FEDERATION OF ANIMAL SANCTUARIES - P.O. BOX 32294 - WASHINGTON, DC 20007	26-1676217	501(C)(3)	10,500.	0.			TO HELP IMPROVE CARE AT SANCTUARIES, INCLUDING THOSE WITH ANIMALS FORMERLY IN LABS
CHIMPANZEE SANCTUARY NORTHWEST P.O. BOX 952 CLE ELUM, WA 98922	68-0552915	501(C)(3)	17,500.	0.			GENERAL SUPPORT FOR CHIMPANZEES FORMERLY USED IN RESEARCH
BORN FREE USA 1122 S. STREET SACRAMENTO, CA 95822	94-6187633	501(C)(3)	15,000.	0.			BORN FREE PRIMATE SANCTUARY CARES FOR BABOONS AND OTHER MONKEYS, WHO LIVE IN

Enter total number of other organizations listed in the line 1 table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

16.

Part II Continuation of Grants and Other		vernments and Organ		ited States (Sch	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIMARILY PRIMATES							CARE FOR CHIMPANZEES
26099 DULL KNIFE TRAIL							RETIRED FROM A
SAN ANTONIO, TX 78255	74-2164756	501(C)(3)	15,000.	0.			PENNSYLVANIA LAB
			1	-			DIRECT CARE FOR
CENTER FOR GREAT APES							CHIMPANZEES AND
P.O. BOX 488							ORANGUTANS, INCLUDING
WAUCHULA, FL 33873	65-0444725	501(C)(3)	19,500.	0.			MANY WITH SPECIAL NEEDS
			,				
EQUINE ADVOCATES							CARE FOR HORSES AND THEIR
P.O. BOX 354							NOW-GROWN FOALS RESCUED
CHATHAM, NY 12037	11-3313534	501(C)(3)	15,000.	0.			FROM PREMARIN PRODUCTION
							SUPPORT FOR CHIMPANZEES,
SAVE THE CHIMPS							INCLUDING MANY REQUIRING
P.O. BOX 12220							SPECIAL CARE, RETIREES
FORT PIERCE, FL 34979	65-0789748	501(C)(3)	15,000.	0.			FROM LABS
							CONSTRUCTION FUNDS TO
CHIMP HAVEN							BUILD NEW HABITATS FOR
13600 CHIMPANZEE PLACE							100 CHIMPANZEES RELOCATED
KEITHVILLE, LA 71047	74-2766663	501(C)(3)	50,000.	0.			FROM LABS
DELCENDIE DELWAMEG GANGMUNDY							
PEACEABLE PRIMATES SANCTUARY							GIRE OF PIROONS IND
6415N 800 W	26 4445147	E01/G\/2\	15 000	0			CARE OF BABOONS AND
WINAMAC, IN 46996	36-4445147	501(C)(3)	15,000.	0.			MONKEYS RETIRED FROM LABS
PROJECT CHIMPS							SECURE OUTDOOR NATURAL
PO BOX 21401							HABITAT BUILT FOR
BLUE RIDGE, GA 30513	47-1439557	501/0\/3\	50,000.	0.			CHIMPANZEES FROM A LAB
BLOE KIDGE, GA 30313	47-1439337	501(0)(3)	30,000.	0.			FOR CHIMPANZEE RETIREMENT
NEW MEXICO COMMUNITY FOUNDATION							FUND THAT CONTRIBUTES TO
135 WEST PALACE AVE, STE 301							FIRST YEAR EXPENSES OF
SANTA FE, NM 87501	85-0311210	501 (C) (3)	15,000.	0.			CHIMPANZEES COMING TO
OIMIN FE, NH 0/301	05 0511210	501(0)(3)	13,000.	0.			NEW SANCTUARY; GRANT
PRIMATES, INCORPORATED							SUPPORT WILL ALLOW THEM
P.O. BOX 7384							TO CARE FOR PRIMATES FROM
MADISON, WI 53707	81-0632763	501(C)(3)	15,000.	0.			LABS
THE TOOM, WI SSIOI	1 01 0032/03	001(0/(3/	1 13,000.	<u> </u>		1	H1100

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ALTERNATIVES RESEARCH & DEVELOPMENT FOUNDATION - 801 OLD YORK ROAD, SUITE 316 - JENKINTOWN,							LEGAL EXPENSES FOR EFFORTS TO HAVE BIRDS				
PA 19046	23-2740843	501(C)(3)	20,000.	0.			REGULATED IN AWA				

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
GRANT RECIPIENTS ARE REQUIRED TO PH	ROVIDE PE	RIODIC REF	ORTS ON CH	ARITABLE	
ACTIVITIES AS WELL AS PHOTOGRAPHS A	AND SPECI	FIC INFORM	MATION UPON	REQUEST.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	: BORN FR	EE USA			
(H) PURPOSE OF GRANT OR ASSISTANCE	BORN FR	EE PRIMATE	E SANCTUARY	CARES	
FOR BABOONS AND OTHER MONKEYS, WHO	LIVE IN	SPACIOUS E	ENCLOSURES		

SCHEDULE 0

(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

Internal Revenue Service Name of the organization

AMERICAN ANTI-VIVISECTION SOCIETY INC.

Employer identification number 23-0341990

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INFORMS THE PUBLIC ABOUT THE PROBLEMS OF USING ANIMALS IN SCIENTIFIC
EXPERIMENTS, AND ADVOCATES FOR EFFECTIVE SOLUTIONS. AAVS PROMOTES
CRUELTY-FREE PRODUCTS (NOT TESTED ON ANIMALS), HUMANE EDUCATION, AND
ALTERNATIVE, NON-ANIMAL TESTING METHODS. AAVS DIRECTLY HELPS SUPPORT
FORMER LABORATORY ANIMALS LIVING IN SANCTUARIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INHERENT CRUELTY IN ANIMAL EXPERIMENTATION. WE THEN PRESENT RELIABLE
INFORMATION AND AN INFORMED VIEWPOINT FOR ADVOCATING PUBLIC POLICY
CHANGES. WE PROVIDE RESOURCES TO STUDENTS, PARENTS, EDUCATORS, OTHER
NONPROFIT ORGANIZATIONS, THE MEDIA, POLICY MAKERS, AND MEMBERS OF THE
SCIENTIFIC COMMUNITY TO ADVANCE THE USE OF ALTERNATIVE, NON-ANIMAL
METHODS IN SCHOOLS AND LABORATORIES WORLDWIDE.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
AS A RELIABLE, RESPECTED RESOURCE FOR MEDIA, AND ARE REGULARLY
INTERVIEWED ON THE TOPIC OF ANIMAL TESTING FOR COSMETICS.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION/CORPORATION HAS MEMBERS, CALLED LIFE MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
LIFE MEMBERS ELECT ELIGIBLE CANDIDATES TO THE BOARD OF MANAGERS.

Name of the organization

AMERICAN ANTI-VIVISECTION SOCIETY INC.

Employer identification number 23-0341990

AMENDMENTS TO THE ARTICLES OF INCORPORATION ARE SUBJECT TO APPROVAL BY THE MEMBERS. MEMBERS MAY BE REQUESTED TO APPROVE AMENDMENTS TO THE BYLAWS.

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

MANAGEMENT IS HEAVILY INVOLVED WITH THE PREPARATION OF THE RETURN IN TERMS

OF SUPPLYING REQUESTED INFORMATION. MANAGEMENT REVIEWS THE INITIAL DRAFT

AND, ONCE SATISFIED WITH THE PRESENTATION OF THE RETURN, PRESENTS THE FORM

990 TO EACH BOARD MEMBER AND INVITES THEM TO REVIEW AND ASK QUESTIONS.

ONCE THE BOARD HAS BEEN GIVEN ADEQUATE TIME TO REVIEW, THE RETURN IS FILED

WITH THE INTERNAL REVENUE SERVICE.

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

THE BOARD OF MANAGERS MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF
INTEREST POLICIES. ANNUAL DISCLOSURE FORMS ARE COLLECTED FROM EACH BOARD
MEMBER AND REVIEWED BY THE PRESIDENT WHO ENSURES THAT MEMBERS RECUSE
THEMSELVES FROM VOTING ON ANY MATTERS IN WHICH THEY MAY HAVE A DUAL
INTEREST. THE BOARD OF MANAGERS ENSURES THAT THE PRESIDENT RECUSES HERSELF
IN CASE OF ANY POTENTIAL CONFLICT OF INTEREST. THE CONFLICT OF INTEREST
POLICY EXPLICITLY DEEMS FAMILY AND BUSINESS RELATIONSHIPS TO HAVE POTENTIAL
FOR CONFLICTS AND REQUESTS DETAILED INFORMATION ON ANY SUCH RELATIONSHIPS
AS PART OF THE ANNUAL CONFLICT OF INTEREST POLICY PROCESS.

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

THE FULL BOARD OF MANAGERS ANNUALLY DETERMINES THE COMPENSATION OF THE

PRESIDENT AND OTHER SELECT EMPLOYEES BY COMPARING WITH COMPENSATION OF

EQUIVALENT POSITIONS USING PUBLICLY AVAILABLE DATA. DECISIONS ARE RECORDED

IN BOARD MINUTES AND MATERIALS.

AMERICAN ANTI-VIVISECTION SOCIETY INC.	23-0341990
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL,AK,AR,CO,KS,KY,ME,MD,MA,NM,NC,OR,RI,SC,TN,UT,WV,PA,NY,N	J,VA,OH,FL,CA,IL
CT, WA, MI, DC, GA, MN, MS, NH, ND, OK, WA, WI, AZ	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE	AAVS WEBSITE;
FORM 1023 AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE	E UPON REQUEST;
ARTICLES AND BYLAWS ARE AUTOMATICALLY PROVIDED TO MEMBERS	UPON JOINING AND
AVAILABLE TO OTHERS UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED LOSSES IN BENEFICIAL INTERESTS OF PERPETUAL	
TRUSTS	86,874.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	AMERICAN ANTI-	-VIVISECTION SOCIET	Y INC.						23-03419	90	
Part I	Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	on Form 990, Part IV, line 3	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state of foreign country)	or	(d) Total inco	me	(e) End-of-year		Direct o	(f) controlling	9
		_									
Part II	Identification of Related Tax-Exempt Organiza	ations. Complete if the organization	answered "Yes" on Form 990	0, Pa	rt IV, line 34, b	ecaus	e it had one	or more	related tax-exer	mpt	
Part II	organizations during the tax year.	· ·	T			1				· ·	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) xempt Code section	(e) Public charity status (if section			(f) ct controlling entity	(g) Section 512(b)(1 controlled entity?	
-						5	01(c)(3))			Yes	No
FOUNDAT	TIVE RESEARCH AND DEVELOPMENT ION - 23-2740843, 801 OLD YORK ROAD,	ALT. RESEARCH FUNDING AND							IVISECTION		
SUITE 3	16, JENKINTOWN, PA 19046	PROMOTION	PENNSYLVANIA	501	.(C)(3)	LINE	7	SOCIET	Y, INC.	X	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	are of Dispropo		Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		Percentage ownership		tion b)(13) rolled tity?
		country)		ŕ				Yes	No
	1								
]								
]								
]								
	1								
	1								
	1								

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

р	b Giπ, grant, or capital contribution to related organization(s)				ar	Δ				
С	Gift, grant, or capital contribution from related organization(s)				1c		X			
	pans or loan guarantees to or for related organization(s)									
		oans or loan guarantees by related organization(s)								
f	f Dividends from related organization(s)				1f		X			
g	g Sale of assets to related organization(s)				1 g		X			
	h Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	k Lease of facilities, equipment, or other assets from related organization(s)									
	Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X				
0	o Sharing of paid employees with related organization(s)				10	X				
р	Reimbursement paid to related organization(s) for expenses				1 p	Х	X			
q Reimbursement paid by related organization(s) for expenses										
r	r Other transfer of cash or property to related organization(s)				1r		X			
s Other transfer of cash or property from related organization(s)										
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	lete th	s line, including covered re	elationships and transaction thresholds.						
	(a) (b) Name of related organization Transactic		(c)	(d)						
						amount involved				
	type (a-s)	5)								
1)										
2)										
3)										
4)										
5)										
6)					D /F					
32160	63 09-11-17			Schedule	K (Fori	n 990	2017			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partne	(k) Percentage ownership
									000) 004

Schedule R (Form 990) 2017