

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

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

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>SAN DIEGO HUMANE SOCIETY &amp; SPCA</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5500 GAINES STREET</b> City or town, state or country, and ZIP + 4 <b>SAN DIEGO, CA 92110-2572</b>	<b>D</b> Employer identification number <b>95-1661688</b>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <b>DR. JUDITH MUNOZ</b> <b>5500 GAINES STREET, SAN DIEGO, CA 92110-2572</b>	<b>E</b> Telephone number <b>(619) 299-7012</b> <b>G</b> Gross receipts \$ <b>121,708,547.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.SDHUMANE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1880</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO INSPIRE AND ENGAGE THE COMMUNITY TO END ANIMAL SUFFERING</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) <b>245</b> <b>6</b> Total number of volunteers (estimate if necessary) <b>1100</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>0.</b>																																																	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>10,428,562.</b> <b>9</b> Program service revenue (Part VIII, line 2g) <b>22,943,331.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>1,898,027.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e) <b>1,000,463.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>248,249.</b> <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>13,428,557.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>27,326,352.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>0.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,901,744.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>5,087,593.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>7,543,554.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>12,711,473.</b> <b>20</b> Total assets (Part X, line 16) <b>717,084.</b> <b>21</b> Total liabilities (Part X, line 26) <b>9,660,392.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>44,422,084.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b></td> <td>10,428,562.</td> <td>22,943,331.</td> </tr> <tr> <td><b>9</b></td> <td>1,898,027.</td> <td>2,673,410.</td> </tr> <tr> <td><b>10</b></td> <td>1,000,463.</td> <td>1,461,362.</td> </tr> <tr> <td><b>11</b></td> <td>101,505.</td> <td>248,249.</td> </tr> <tr> <td><b>12</b></td> <td>13,428,557.</td> <td>27,326,352.</td> </tr> <tr> <td><b>13</b></td> <td>0.</td> <td>0.</td> </tr> <tr> <td><b>14</b></td> <td>0.</td> <td>0.</td> </tr> <tr> <td><b>15</b></td> <td>7,623,880.</td> <td>10,122,406.</td> </tr> <tr> <td><b>16a</b></td> <td>0.</td> <td>0.</td> </tr> <tr> <td><b>17</b></td> <td>5,087,593.</td> <td>7,543,554.</td> </tr> <tr> <td><b>18</b></td> <td>12,711,473.</td> <td>17,665,960.</td> </tr> <tr> <td><b>19</b></td> <td>717,084.</td> <td>9,660,392.</td> </tr> <tr> <td><b>20</b></td> <td>46,645,574.</td> <td>60,092,035.</td> </tr> <tr> <td><b>21</b></td> <td>2,223,490.</td> <td>2,510,793.</td> </tr> <tr> <td><b>22</b></td> <td>44,422,084.</td> <td>57,581,242.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b>	10,428,562.	22,943,331.	<b>9</b>	1,898,027.	2,673,410.	<b>10</b>	1,000,463.	1,461,362.	<b>11</b>	101,505.	248,249.	<b>12</b>	13,428,557.	27,326,352.	<b>13</b>	0.	0.	<b>14</b>	0.	0.	<b>15</b>	7,623,880.	10,122,406.	<b>16a</b>	0.	0.	<b>17</b>	5,087,593.	7,543,554.	<b>18</b>	12,711,473.	17,665,960.	<b>19</b>	717,084.	9,660,392.	<b>20</b>	46,645,574.	60,092,035.	<b>21</b>	2,223,490.	2,510,793.	<b>22</b>	44,422,084.	57,581,242.
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>DR. JUDITH MUNOZ, INTERIM PRESIDENT AND CEO</b> Type or print name and title	Date <b>5-10-11</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PATRICIA J. MAYER</b> Firm's name ▶ <b>MOSS ADAMS LLP</b> Firm's address ▶ <b>9665 GRANITE RIDGE DRIVE, SUITE 600</b> <b>SAN DIEGO, CA 92123</b>	Preparer's signature _____ Date _____ Check if self-employed <input type="checkbox"/> PTIN _____ Firm's EIN ▶ _____ Phone no. <b>858-627-1400</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

- 1 Briefly describe the organization's mission:  
**TO PROMOTE THE HUMANE TREATMENT OF ANIMALS, PREVENT CRUELTY TO ANIMALS AND PROVIDE EDUCATION TO ENHANCE THE HUMAN-ANIMAL BOND.**
- 
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code: ) (Expenses \$ **11,345,055.** including grants of \$ ) (Revenue \$ **796,218.**)  
**ANIMAL SERVICES AND OPERATIONS**  
**DEPARTMENTS: ANIMAL CARE, INTAKE, ADOPTIONS, VETERINARY MEDICINE, PAWS TO SUCCESS, BEHAVIOR AND TRAINING**
- TOTAL ANIMALS IMPACTED 37,653\***  
**TOTAL PEOPLE IMPACTED 144,329\***  
**STAFF 244**  
**VOLUNTEERS 1,124**  
**STAFF TO VOLUNTEER RATIO 1:54**  
**\*INCLUDES CUSTOMER SERVICE DEPARTMENT CONTACTS**
- ANIMALS RECEIVED**
- 4b (Code: ) (Expenses \$ **1,196,625.** including grants of \$ ) (Revenue \$ **1,615,704.**)  
**INVESTIGATIONS & ANIMAL CRUELTY**  
**HUMANE LAW ENFORCEMENT - A VOICE FOR THE VOICELESS**  
**INVESTIGATIONS AND ANIMAL CRUELTY DIRECTOR OF HUMANE LAW ENFORCEMENT, RANDALL LAWRENCE, OVERSEES BOTH THE HUMANE INVESTIGATIONS TEAM AND THE FIELD SERVICES TEAM. THE INVESTIGATIONS TEAM PURSUES CASES OF ANIMAL CRUELTY AND NEGLECT, ENFORCES LAWS, EDUCATES THE PUBLIC ON THE PROPER CARE OF THEIR ANIMALS AND RESCUES ANIMALS FROM EMERGENCY SITUATIONS. THE DEPARTMENT ALSO SUPERVISES THE ANIMAL RESCUE RESERVE, A GROUP OF SPECIALLY-TRAINED VOLUNTEERS EQUIPPED TO RESCUE ANIMALS THREATENED BY NATURAL AND MAN-MADE DISASTERS AND OTHER EMERGENCY SITUATIONS. CRUELTY AND NEGLECT REPORTS RESPONDED TO 1,926**  
**ANIMALS SEEN IN THE FIELD 4,551**
- 4c (Code: ) (Expenses \$ **804,454.** including grants of \$ ) (Revenue \$ **261,488.**)  
**COMMUNITY OUTREACH**  
**COMMUNITY PROGRAMS**  
**WHETHER A CHILD IS LEARNING HOW TO APPROPRIATELY PET A DOG FOR THE FIRST TIME OR WHAT IT MEANS TO BE A HUMANE INVESTIGATIONS OFFICER, OUR HUMANE EDUCATION DEPARTMENT PROVIDES COUNTLESS LITTLE LEARNING EXPERIENCES YIELDING BIG RESULTS. LAST YEAR, 18,841 CHILDREN PARTICIPATED IN HUMANE EDUCATION, A 44% INCREASE FROM 2009-10.**
- ADULTS ALSO BENEFIT FROM OUR VARIOUS HUMANE EDUCATION PROGRAMS, SUCH AS PROJECT KEPPT (KEEPING EVERY PERSON AND PET TOGETHER). ON THE FIRST SUNDAY OF EACH MONTH, THE SAN DIEGO HUMANE SOCIETY OFFERS A VACCINATION CLINIC, PET FOOD BANK, LICENSING, MICRO-CHIPPING, BEHAVIOR AND TRAINING**
- 4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )
- 4e **Total program service expenses** **13,346,134.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 <b>Section 501(c)(3) organizations.</b> 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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c 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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f 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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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	X	
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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	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 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
25b			
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28a			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b			
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
28c			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
29			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
33			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
34			
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
35			
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
37			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	
38			

**Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 93		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 11		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 245		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	11a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
<b>c</b> Enter the amount of reserves on hand	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2010)

**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 to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	15	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	15	
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **CA**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KELLY RISELEY - (619) 299-7012**  
**5500 GAINES STREET, SAN DIEGO, CA 92110-2572**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE GILBERT VICE CHAIRPERSON-GOVERNANC	1.00	X						0.	0.	0.
FRED BARANOWSKI CHAIRPERSON	1.00	X						0.	0.	0.
BEVERLY OSTER ORNELAS SECRETARY	1.00	X		X				0.	0.	0.
ALYCE LYNN TRUSTEE	1.00	X						0.	0.	0.
DANA DIFERDINANDO MEMBER AT LARGE	1.00	X						0.	0.	0.
ROBERT BROWN, ED.D. TRUSTEE	1.00	X						0.	0.	0.
GEORGE COLES TRUSTEE	1.00	X						0.	0.	0.
HON. EVE GODFREY TRUSTEE	1.00	X						0.	0.	0.
SANDY ARLEDGE TRUSTEE	1.00	X						0.	0.	0.
ALLEN BLACKMORE TRUSTEE	1.00	X						0.	0.	0.
LEE COLLINS TRUSTEE	1.00	X						0.	0.	0.
DAVID HICKEY VICE CHAIRPERSON-FINANCE	1.00	X						0.	0.	0.
DAVE MASON TRUSTEE	1.00	X						0.	0.	0.
SUSAN DAVIS TRUSTEE	1.00	X						0.	0.	0.
DIANE GLOW, ED.D. TRUSTEE	1.00	X						0.	0.	0.
ANNE PERRY TRUSTEE	1.00	X						0.	0.	0.
DAVID SEAR TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK MEAD TRUSTEE	1.00	X						0.	0.	0.
DAVID MITTLEMAN TRUSTEE	1.00	X						0.	0.	0.
MARK GOLDSTEIN, D.V.M. PRESIDENT	40.00			X				215,281.	0.	23,874.
KELLY RISELEY CFO	40.00			X				110,887.	0.	11,539.
KIM SHANNON S.V.P. AND C.O.O.	40.00					X		120,667.	0.	12,355.
RENEE HARRIS E.V.P. ANIMAL SVCS	40.00					X		136,846.	0.	13,126.
MICHELE STUART S.V.P. OF DEVELOPMENT AND EDUCATION	40.00					X		118,061.	0.	11,976.
<b>1b Sub-total</b>								701,742.	0.	72,870.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								701,742.	0.	72,870.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	53,290.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	398,716.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above						
		<b>1f</b>	22491325.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		350,146.				
<b>h Total.</b> Add lines 1a-1f			22943331.				
<b>Program Service Revenue</b>	<b>2 a</b> FIELD SERVICE & LICENS	Business Code	900099	1,610,966.	1,610,966.		
	<b>b</b> VETERINARY HEALTH SERV		900099	401,672.	401,672.		
	<b>c</b> ADOPTIONS AND ANIMAL C		900099	398,113.	398,113.		
	<b>d</b> EDUCATIONAL PROGRAM &		900099	262,659.	262,659.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			2,673,410.			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			507,429.			507,429.
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>Other Revenue</b>	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
		11,969.					
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)	11,969.					
	<b>d</b> Net rental income or (loss)			11,969.			11,969.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		94463477					
	<b>b</b> Less: cost or other basis and sales expenses	93509544					
	<b>c</b> Gain or (loss)	953,933.					
	<b>d</b> Net gain or (loss)			953,933.			953,933.
	<b>8 a</b> Gross income from fundraising events (not including \$ 398,716. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	601,233.				
	<b>b</b> Less: direct expenses	<b>b</b>	600,805.				
	<b>c</b> Net income or (loss) from fundraising events			428.			428.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	16,930.				
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities			16,930.			16,930.
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	477,665.				
	<b>b</b> Less: cost of goods sold	<b>b</b>	271,846.				
<b>c</b> Net income or (loss) from sales of inventory			205,819.			205,819.	
<b>Miscellaneous Revenue</b>	Business Code						
<b>11 a</b> OTHER REVENUE	900099	13,103.				13,103.	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			13,103.				
<b>12 Total revenue.</b> See instructions.			27326352.	2,673,410.	0.	1709611.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	396,728.		396,728.	
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	7,994,924.	6,758,422.	338,581.	897,921.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	312,096.	267,265.	11,640.	33,191.
9 Other employee benefits	684,512.	581,923.	40,254.	62,335.
10 Payroll taxes	734,146.	606,900.	48,716.	78,530.
11 Fees for services (non-employees):				
a Management				
b Legal	164,811.	18,298.	97,381.	49,132.
c Accounting	91,832.		91,832.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	124,864.		124,864.	
g Other	556,946.	375,499.	114,372.	67,075.
12 Advertising and promotion	50,496.	39,935.	11.	10,550.
13 Office expenses	97,224.	60,492.	10,616.	26,116.
14 Information technology	182,408.	154,129.	17,467.	10,812.
15 Royalties				
16 Occupancy	981,943.	926,985.	25,341.	29,617.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	247,511.	203,601.	26,405.	17,505.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	795,555.	728,091.	25,490.	41,974.
23 Insurance	305,815.	271,291.	23,657.	10,867.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>BAD DEBT</b>	1,077,142.		2,142.	1,075,000.
b <b>VETERINARY MEDICINE AND</b>	982,937.	982,937.		
c <b>ANIMAL FEED AND SUPPLIE</b>	660,976.	660,976.		
d <b>DIRECT MAILING EXPENSE</b>	310,768.			310,768.
e <b>PROGRAM SUPPLIES AND UN</b>	299,939.	299,718.		221.
f All other expenses	612,387.	409,672.	22,585.	180,130.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	17,665,960.	13,346,134.	1,418,082.	2,901,744.
26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	148,868.	98,852.	1,567.	48,449.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	2,117,638.	1	1,817,542.
	2 Savings and temporary cash investments .....	8,370,033.	2	13,306,716.
	3 Pledges and grants receivable, net .....	8,021,420.	3	6,335,661.
	4 Accounts receivable, net .....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	81,894.	8	100,083.
	9 Prepaid expenses and deferred charges .....	149,388.	9	190,454.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 20,730,225.		
	b Less: accumulated depreciation .....	10b 7,684,592.		
		12,167,563.	10c	13,045,633.
	11 Investments - publicly traded securities .....	15,250,853.	11	24,716,822.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....	486,785.	15	579,124.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	46,645,574.	16	60,092,035.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	1,098,538.	17	1,706,656.
	18 Grants payable .....		18	
	19 Deferred revenue .....	540,887.	19	219,619.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	584,065.	25	584,518.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	2,223,490.	26	2,510,793.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	40,445,195.	27	52,234,726.
	28 Temporarily restricted net assets .....	3,466,046.	28	3,743,336.
	29 Permanently restricted net assets .....	510,843.	29	1,603,180.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	44,422,084.	33	57,581,242.
	34 <b>Total liabilities and net assets/fund balances</b> .....	46,645,574.	34	60,092,035.

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,326,352.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,665,960.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,660,392.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,422,084.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,498,766.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	57,581,242.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public Inspection**

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number	95-1661688
--------------------------------	------------

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
--------	---

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention, churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h ☐ Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12117388.	7519053.	10493027.	10577884.	22943331.	63650683.
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3	12117388.	7519053.	10493027.	10577884.	22943331.	63650683.
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)						13973555.
6 <b>Public support.</b> Subtract line 5 from line 4.						49677128.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	12117388.	7519053.	10493027.	10577884.	22943331.	63650683.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1293574.	949,349.	650,675.	549,953.	519,398.	3962949.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						67613632.
12 Gross receipts from related activities, etc. (see instructions)					12	16,923,756.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	73.47 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	88.50 %
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2010**

Name of the organization

**SAN DIEGO HUMANE SOCIETY & SPCA**

Employer identification number

**95-1661688**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not 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) (2010).**



Name of organization	Employer identification number
SAN DIEGO HUMANE SOCIETY & SPCA	95-1661688

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 974,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 14,055,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 881,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 620,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SAN DIEGO HUMANE SOCIETY &amp; SPCA

95-1661688

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

SAN DIEGO HUMANE SOCIETY &amp; SPCA

95-1661688

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,048,265.	112,670.	112,670.		
b Contributions	1,000,000.	1,751,081.			
c Net investment earnings, gains, and losses	475,891.	209,274.	6,198.		
d Grants or scholarships					
e Other expenditures for facilities and programs		24,760.	6,198.		
f Administrative expenses					
g End of year balance	3,524,156.	2,048,265.	112,670.		

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☒ 69.00 %

b Permanent endowment ☒ 28.00 %

c Term endowment ☒ 3.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,018,940.		4,018,940.
b Buildings		9,865,211.	1,890,166.	7,975,045.
c Leasehold improvements		1,171,118.	891,288.	279,830.
d Equipment		225,145.	190,568.	34,577.
e Other		5,449,811.	4,712,570.	737,241.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,045,633.

Schedule D (Form 990) 2010

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO CITY OF SAN DIEGO	584,518.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	
584,518.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	27,326,352.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,665,960.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	9,660,392.
4	Net unrealized gains (losses) on investments	4	3,495,877.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	2,889.
9	Total adjustments (net). Add lines 4 through 8	9	3,498,766.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	13,159,158.

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

1	Total revenue, gains, and other support per audited financial statements	1	30,700,254.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,495,877.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-121,975.
e	Add lines 2a through 2d	2e	3,373,902.
3	Subtract line 2e from line 1	3	27,326,352.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	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	27,326,352.

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

1	Total expenses and losses per audited financial statements	1	17,541,096.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-124,864.
e	Add lines 2a through 2d	2e	-124,864.
3	Subtract line 2e from line 1	3	17,665,960.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,665,960.

**Part XIV Supplemental Information**

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

**PART V, LINE 4: THE TERM ENDOWMENT IS MANAGED IN ACCORDANCE WITH THE**

**DONOR'D INSTRUCTIONS WITH REGARD TO MANAGEMENT OF THE INVESTMENTS. THE**

**EARNINGS ARE RESTRICTED TO ANIMAL CARE EXPENDITURES FOR THE TERM OF THE**

**ENDOWMENT. THE CURRENT YEAR CONTRIBUTION IS A PERMANENT ENDOWMENT, WITH**

**THE EARNINGS RESTRICTED TO THE SDHS ANIMAL ADVENTURE CAMP FOR CHILDREN.**

**THE SOCIETY IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE**

**INTERNAL REVENUE CODE ("IRC") AND SECTION 23701(D) OF THE CALIFORNIA**

**Part XIV** Supplemental Information (continued)

REVENUE AND TAXATION CODE, EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. THE SOCIETY FOLLOWS THE PROVISIONS OF ASC 740-10, INCOME TAXES, RELATED TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THE SOCIETY DOES NOT HAVE ANY UNCERTAIN INCOME TAX POSITIONS. THE SOCIETY FILES AN EXEMPT ORGANIZATION RETURN IN THE UNITED STATES FEDERAL JURISDICTION AND WITH THE FRANCHISE TAX BOARD IN THE STATE OF CALIFORNIA. THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2007 FOR ITS FEDERAL FILINGS AND FOR YEARS BEFORE 2006 FOR ITS STATE FILINGS.

## SCHEDULE D, PART XI, LINE 8, RECONCILIATION OF CHANGE IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST CRT	\$2,889
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## SCHEDULE D, PART XII, LINE 2D, RECONCILIATION OF REVENUE:

CHANGE IN BENEFICIAL INTEREST CRT	\$2,889
INVESTMENT EXPENSE	\$-124,864
TOTAL	\$-121,975

## SCHEDULE D, PART XIII, LINE 2D, RECONCILIATION OF EXPENSE:

INVESTMENT EXPENSE	\$-124,864
--------------------	------------



Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2010

**Open To Public Inspection**

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number  
95-1661688

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

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

- b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHARITABLE AUTO RESOURCES, INC. - 4669 MURPHY CANYON	SALE OF DONATED AUTOS	X		145,400.	56,979.	88,421.
<b>Total</b>				145,400.	56,979.	88,421.

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

CA

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	FUR BALL (event type)	WALK FOR ANIMALS (event type)	2 (total number)	
<b>Revenue</b>				
1 Gross receipts .....	443,571.	307,530.	452,064.	1,203,165.
2 Less: Charitable contributions .....	94,071.	304,645.		398,716.
3 Gross income (line 1 minus line 2) .....	349,500.	2,885.	452,064.	804,449.
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes .....		29,755.		29,755.
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....	346,031.	70,199.	358,036.	774,266.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 804,021.)
11 Net income summary. Combine line 3, column (d), and line 10 .....				428.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue .....			16,930.	16,930.
<b>Direct Expenses</b>				
2 Cash prizes .....				
3 Noncash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....				
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8 Net gaming income summary. Combine line 1, column d, and line 7 .....				16,930.

9 Enter the state(s) in which the organization operates gaming activities: CAa Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |              |
|-------------------------------|--------------|
| a The organization's facility | 13a 100.00 % |
| b An outside facility         | 13b %        |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► **KELLY RISELEY, CFO**Address ► **5500 GAINES STREET - SAN DIEGO, CA 92110**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☒
- No

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

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

## 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

## 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ Nob Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ **16,930.****Part IV** **Supplemental information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**(I) NAME OF FUNDRAISER: **CHARITABLE AUTO RESOURCES, INC.**

(I) ADDRESS OF FUNDRAISER:

**4669 MURPHY CANYON RD., SUITE 100, SAN DIEGO, CA 92123**

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**SAN DIEGO HUMANE SOCIETY & SPCA**

Employer identification number

**95-1661688**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2010

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK GOLDSTEIN, D.V.M.	(i) 205,281.	(ii) 10,000.	(iii) 0.	13,381.	10,493.	239,155.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Schedule J (Form 990) 2010

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 7: DISCRETIONARY BONUS PAID TO THE PRESIDENT IS BASED ON  
MEETING GOALS SET BY THE BOARD OF DIRECTORS.

Blank lines for supplemental information.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

**SAN DIEGO HUMANE SOCIETY & SPCA**

Employer identification number

**95-1661688**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( AUCTION ITEMS )	X	242	188,854.	FAIR VALUE
26 Other ► ( ANIMAL FOOD/S )	X	1,846	133,843.	FAIR VALUE
27 Other ► ( TELETHON ITEM )	X	9	11,477.	FAIR VALUE
28 Other ► ( OFFICE SUPPLI )	X	74	5,363.	FAIR VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2010)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information.**PART I, OTHER TYPES OF PROPERTY:****ANIMAL MEDICAL SUPPLIES**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 70

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5054.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE

**WALK FOR ANIMALS EVENT**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 6

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2885.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE

**PROGRAM EQUIPMENT**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 37

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2670.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE

SCHEDULE M, LINE 32B: CHARITABLE AUTO RESOURCES, INC. PERFORMS

COMPREHENSIVE VEHICLE DONATION SERVICES FOR SAN DIEGO HUMANE SOCIETY

AND SPCA.



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

SAN DIEGO HUMANE SOCIETY & SPCA

Employer identification number

95-1661688

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OWNER RELINQUISHMENTS 989

STRAY ANIMALS ADMITTED 4770

TRANSFERRED FROM OTHER AGENCIES TO THE HUMANE SOCIETY 140

ANIMALS RESCUED FOR THEIR PROTECTION 138

ADOPTION RETURNS 186

TOTAL INTAKE 6,223

ANIMALS GOING HOME

DOGS 1,489

CATS 2,289

SMALL ANIMALS & HORSES 251

ANIMALS RETURNED TO OWNERS 902

TOTAL ANIMALS GOING HOME 4,931

OTHER OUTCOMES

ANIMALS TRANSFERRED TO OTHER AGENCIES 194

ANIMALS EUTHANIZED\* 989

ANIMALS THAT DIED OF NATURAL CAUSES WHILE IN OUR CARE 97

TOTAL OTHER OUTCOMES\*\* 1,280

\*OF THE ANIMALS EUTHANIZED, NONE WERE CONSIDERED "HEALTHY",

"TREATABLE", OR "REHABILITATABLE". ALL ANIMALS EUTHANIZED WERE

CONSIDERED "UNHEALTHY" OR "UNTREATABLE" DUE TO SERIOUS MEDICAL OR

BEHAVIORAL ISSUES.

\*\*DOES NOT INCLUDE THE DIFFERENCE BETWEEN BEGINNING SHELTER COUNT AND

ENDING SHELTER COUNT OF 12.

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

PLACEMENT RATE FOR HEALTHY ANIMALS 100%

PLACEMENT RATE FOR TREATABLE/REHABILITATABLE ANIMALS 100%

## VETERINARY CARE

THE VETERINARY MEDICINE DEPARTMENT CONSISTS OF HIGHLY SKILLED VETERINARIANS AND VETERINARY TECHNICIANS WHO WORK TOGETHER TO PROVIDE LIFE-SAVING SPECIALIZED SURGERIES, LONG-TERM REHABILITATION AND PROGRESSIVE TREATMENTS TO THOUSANDS OF ANIMALS EVERY YEAR. BETWEEN TWO VETERINARY HOSPITALS IN SAN DIEGO AND OCEANSIDE, AND WITH THE HELP OF OUR LOCAL MEDICAL PARTNERS, THE SAN DIEGO HUMANE SOCIETY IS ABLE TO PROVIDE COMPREHENSIVE CARE TO EVERY TREATABLE ANIMAL IN NEED, REGARDLESS OF THE SEVERITY OF INJURY.

## BASIC VETERINARY CARE

TOTAL ANIMALS EXAMINED BY A VETERINARIAN 10,120

SPAY/NEUTER SURGERIES FOR HUMANE SOCIETY ANIMALS 3,241

SPAY/NEUTER SURGERIES FOR DEPARTMENT OF ANIMAL SERVICES ANIMALS 3,834

PARENT ANIMALS SPAYED/NEUTERED THROUGH THE LITTER ABATEMENT PROGRAM 543

VETERINARY PRE- AND POST- CONSULTATIONS PROVIDED 439

WHEN A LITTER OF KITTENS OR PUPPIES IS RELINQUISHED TO THE SAN DIEGO HUMANE SOCIETY FOR ADOPTION, WE OFFER TO SPAY OR NEUTER THE PARENT ANIMAL(S) AT NO COST AND RETURN THEM TO THEIR OWNERS.

## ADVANCED SHELTER MEDICINE

DENTAL PROCEDURES 265

LABORATORY PROCEDURES (I.E. BLOOD WORK, BIOPSIES AND OTHER DIAGNOSTICS)

032212  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

3,225

RADIOGRAPHS 742

ORTHOPEDIC SURGERIES 96

OTHER SURGERIES (I.E. MASS REMOVAL, EXPLORATORY SURGERY, EYE/EAR  
SURGERY, ABSCESS DRAINAGE) 315

OUTSOURCED SPECIALTY SURGERIES 239

OUTSOURCED TREATMENT EXPENSE INCURRED BY THE HUMANE SOCIETY6 \$379,711

INCLUDES SPECIALTY SURGERIES, DIAGNOSTICS, CRITICAL CARE AND PROCEDURES  
THAT CANNOT BE PERFORMED IN-HOUSE. FOR FY 10-11, A SIGNIFICANT PORTION  
OF THIS AMOUNT WAS FOR SDHS SPAY/NEUTER SURGERIES.

PAWS TO SUCCESS

TOTAL KITTENS ADMITTED 1,830

KITTEN ADOPTIONS 1,454

LIVE RELEASE RATE\* 88%

\*LIVE RELEASE RATE ALSO INCLUDES KITTENS STILL IN OUR CARE.

BEHAVIOR &amp; TRAINING

IN 2010, THE SAN DIEGO HUMANE SOCIETY ADDED A DISTINGUISHED EXPERT TO  
ITS STAFF OF PROFESSIONALS, DR. PETRA MERTENS, A CERTIFIED APPLIED  
ANIMAL BEHAVIORIST. DR. MERTENS IS A MEMBER DIPLOMAT OF THE AMERICAN  
COLLEGE OF VETERINARY BEHAVIORISTS AND A MEMBER OF THE EUROPEAN COLLEGE  
OF VETERINARY BEHAVIORAL MEDICINE COMPANION ANIMALS, MAKING HER ONE OF  
ONLY THREE PEOPLE IN THE WORLD TO HOLD BOTH DISTINCTIONS.

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

DR. MERTENS LEADS A SPECIALIZED TEAM WHICH TOUCHED THOUSANDS OF ANIMAL LIVES LAST YEAR. THE BEHAVIOR AND TRAINING STAFF INCORPORATES POSITIVE REINFORCEMENT TECHNIQUES AND DEVELOPS INDIVIDUALIZED TRAINING PROGRAMS FOR EACH ANIMAL. AS A RESULT, ANIMALS ARE HAPPIER AND HEALTHIER IN THE SHELTER ENVIRONMENT AND ARE MORE LIKELY TO FIND A HOME FASTER. THEY ARE ALSO MORE LIKELY TO BUILD A LIFELONG, TRUSTING RELATIONSHIP WITH THEIR NEW FAMILY.

HUMANE SOCIETY DOGS AND CATS RECEIVING SPECIALIZED TRAINING\* 1,736

PRE- AND POST- ADOPTION CONSULTATIONS PROVIDED 334

ADOPTION FOLLOW-UP CALLS COMPLETED 3,751

BEHAVIOR HELPLINE CALLS/EMAILS RECEIVED AND ANSWERED 562

BEHAVIOR TRAINING CLASSES OFFERED TO THE PUBLIC 245

REGISTRANTS INSTRUCTED THROUGH PUBLIC TRAINING CLASSES/ WORKSHOPS

1,391

PRIVATE CONSULTATIONS AND TRAINING SESSIONS FOR OWNED ANIMALS 194

\*THIS CUSTOMIZED TRAINING IS IN ADDITION TO THE BASIC TRAINING PROVIDED TO MOST ANIMALS AVAILABLE FOR ADOPTION AT THE HUMANE SOCIETY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ANIMALS TAKEN INTO CUSTODY (RELINQUISHED AND SEIZED) 138

NOTICES OF VIOLATION 510

PRE- AND POST- SEIZURE HEARINGS 12

PET SHOP, STABLE/FEED STORE, RODEO, CIRCUS, FOSTER AND OTHER

INSPECTIONS 104

EDUCATIONAL SPEAKING ENGAGEMENTS 56

CASES RESOLVED 1,852

032212  
01-24-11

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

## ANIMAL FIELD SERVICES

WORKING IN PARTNERSHIP WITH MUNICIPAL AUTHORITIES AND LAW ENFORCEMENT, THE FIELD SERVICES OFFICERS PICK UP AND CARE FOR STRAY OR INJURED DOMESTIC ANIMALS, RESPOND TO DOG BITE REPORTS, RE-UNITE LOST ANIMALS WITH THEIR OWNERS, AND ENFORCE OTHER ANIMAL RELATED LAWS IN THE COMMUNITIES OF VISTA AND OCEANSIDE.

ANIMAL BITE QUARANTINES 515

NUMBER OF FIELD SERVICES COMPLAINTS (IE. RUNNING AT LARGE, ETC.) 6,237

## ANIMAL RESCUE RESERVE

HOURS OF ARR VOLUNTEER TRAINING 5,877

HOURS SPENT EXECUTING RESCUE 683

ANIMALS ASSISTED IN EMERGENCY SITUATIONS 45

## FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ADVICE, PET-FRIENDLY HOUSING REFERRALS AND MORE AT OUR AIRPORT ROAD LOCATION IN OCEANSIDE. THIS SPECIAL PROGRAM PROVIDES VITAL SUPPORT FOR THOSE IN THE COMMUNITY WHO NEED ASSISTANCE IN KEEPING AND CARING FOR THEIR COMPANION ANIMAL.

## ADULT PROGRAMS

DOGGIE CAFE 419

HAPPY HOUR LECTURES 248

PET LOSS SUPPORT GROUP 115

PET FIRST AID CLASSES 53

ON SITE ADULT PARTICIPATION 835

032212  
01-24-11

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

INFO BOOTHS 10,023

SPEAKING ENGAGEMENTS 208

OFF-SITE ADULT PARTICIPATION 10,231

TOTAL ADULT PARTICIPANTS 11,066

## YOUTH PROGRAMS

ANIMAL ADVENTURE CAMP (SPRING AND SUMMER) 583

BIRTHDAY PARTIES 863

STORYTIMES 339

HOME-SCHOOL PROGRAMS 130

SCOUT PROGRAMS 983

GENERAL TOURS 197

ON-SITE YOUTH PARTICIPANTS 3,095

SCHOOL OUTREACH 15,391

LISTENING E.A.R.S. 355

OFF-SITE YOUTH PARTICIPANTS 15,746

TOTAL YOUTH PARTICIPANTS 18,841

TOTAL ADULTS AND YOUTHS REACHED 29,907

## PET-ASSISTED THERAPY

PET-ASSISTED THERAPY (P-AT)

THE SAN DIEGO HUMANE SOCIETY AND SPCA RECOGNIZES THAT SOMETIMES WHAT AN

032212  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

ANIMAL CAN GIVE AND TEACH IS A POWERFUL SOURCE OF HEALING AND PERSONAL CONNECTION. ANIMALS PROVIDE UNCONDITIONAL LOVE AND EMOTIONAL SUPPORT. WITHOUT LONG TO-DO LISTS OR WORRIES BLOCKING THEM FROM THE PRESENT MOMENT, THEY LIVE IN THE HERE AND NOW AND FILL IT WITH COMPASSION. THE SAN DIEGO HUMANE SOCIETY'S PET-ASSISTED THERAPY PROGRAM TOUCHED THE LIVES OF NEARLY 11,000 PEOPLE LAST YEAR, AS VOLUNTEERS BROUGHT DOGS, RABBITS, GUINEA PIGS AND RATS TO PATIENTS AT CONVALESCENT HOMES, HOSPITALS, MENTAL HEALTH CENTERS, ABUSED CHILDREN'S HOMES, JUVENILE DETENTION CENTERS AND MORE. SHARING LOVE, SPREADING JOY, AND BOOSTING SPIRITS IS THE AMAZING WORK OF OUR PET-ASSISTED THERAPY TEAM.

TOTAL FACILITIES VISITED 589

TOTAL PEOPLE REACHED 10,970

PROJECT KEPPT8

TOTAL PEOPLE IMPACTED 7,565

TOTAL ANIMALS IMPACTED 6,578

PROJECT KEPPT (KEEPING EVERY PERSON AND PET TOGETHER) IS A COMMUNITY SERVICE INITIATIVE TO PROVIDE EDUCATION, RESOURCES AND SERVICES TO THOSE IN NEED TO ASSIST OUR COMMUNITY IN KEEPING THEIR COMPANION ANIMALS AND TO ENHANCE THE HUMAN-ANIMAL BOND.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S AUDIT COMMITTEE REVIEWS THE FORM 990 WITH CFO AND PRESIDENT BEFORE IT IS FILED. THE AUDIT COMMITTEE RECOMMENDS FILING OF THE FORM 990. PRIOR TO FILING THE TRUSTEES ARE PROVIDED A COPY OF THE REVIEWED TAX RETURN AT THE BOARD MEETING FOLLOWING THE AUDIT COMMITTEE MEETING.

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES, OFFICERS, SR.

MANAGEMENT, AND AND MANAGEMENT AND ALL STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY. TRUSTEES WOULD EVALUATE AND DETERMINE WHETHER A CONFLICT EXISTS FOR TRUSTEES AND/OR THE PRESIDENT (OFFICER), THE PRESIDENT WOULD EVALUATE AND DETERMINE WHETHER A CONFLICT EXISTS FOR SR. MANAGEMENT. SR. MANAGEMENT WOULD EVALUATE AND DETERMINE WHETHER A CONFLICT EXISTS FOR A MANAGER OR STAFF MEMBER. OUR POLICY IS SPECIFIC ABOUT WHAT IS A CONFLICT ARISING FROM A FAMILY OR BUSINESS RELATIONSHIP, AS WELL AS WHAT TYPE OF NOMINAL GIFTS/ENTERTAINMENT EMPLOYEES. PRESIDENT AND SR. MANAGEMENT IS RESTRICTED FROM HIRING A COMPANY VENDOR, MANAGER OR STAFF MEMBER FOR THEIR PERSONAL BUSINESS NEEDS. MANAGEMENT IS RESTRICTED FROM HIRING A COMPANY VENDOR OR STAFF MEMBER FOR THEIR PERSONAL BUSINESS NEEDS.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION APPROVAL FOR THE PRESIDENT AND OFFICERS IS MADE BY THE EXECUTIVE COMMITTEE COMPRISED OF INDEPENDENT PERSONS WHO COMPARE RELEVANT PUBLISHED DATA RELATIVE TO COMPENSATION. THIS PROCESS IS DOCUMENTED AND ALL DOCUMENTATION IS RETAINED OF THE SUBSTANTIATION, DELIBERATION AND DECISIONS MADE RELATIVE TO COMPENSATION APPROVAL. THIS PROCESS WAS LAST DONE FOR THE PRESIDENT ON MAY 12, 2011. THIS PROCESS WAS LAST DONE FOR OTHER OFFICERS AND KEY EMPLOYEES ON MARCH 1, 2011.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

032212  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

40

15280508 133148 34044

2010.05080 SAN DIEGO HUMANE SOCIETY &amp; 34044\_\_1



Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

NET UNREALIZED GAINS ON INVESTMENTS: 3,495,877.

BENEFICIAL INTEREST CRT 2,889.

TOTAL TO FORM 990, PART XI, LINE 5 3,498,766.

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.

2010

**Open to Public Inspection**

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number  
95-1661688

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

[illegible]

**Part II**

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

[illegible]

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

Schedule R (Form 990) 2010



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization		Employer identification number
	SAN DIEGO HUMANE SOCIETY & SPCA		95-1661688
	Number, street, and room or suite no. If a P.O. box, see instructions. 5500 GAINES STREET		COPY
City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92110-2572			

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

KELLY RISELEY

• The books are in the care of **5500 GAINES STREET - SAN DIEGO, CA 92110-2572**  
Telephone No. **(619) 299-7012** FAX No. **(619) 299-5398**

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2012**

5 For calendar year **JUL 1, 2010**, or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

7 State in detail why you need the extension

**THE TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO OBTAIN THE INFORMATION NECESSARY TO FILE AND COMPLETE AN ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **INTERIM PRESIDENT AND CEO** Date

Form 8868 (Rev. 1-2011)