

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**SAN DIEGO HUMANE SOCIETY & SPCA**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**5500 GAINES STREET**

Room/suite

City or town, state or country, and ZIP + 4

**SAN DIEGO, CA 92110-2572**

**F** Name and address of principal officer: **GARY L. WEITZMAN**

**5500 GAINES STREET, SAN DIEGO, CA 92110-2572**

**D** Employer identification number

**95-1661688**

**E** Telephone number

**(619) 299-7012**

**G** Gross receipts \$ **82,975,034.**

**H(a)** Is this a group return

for affiliates? ☐ Yes ☒ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: **WWW.SDHUMANE.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: **1880** **M** State of legal domicile: **CA**

## Part I Summary

Activities & Governance	<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>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>303</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1076</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>4,913.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>3,913.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>22,943,331.</b>	<b>13,725,255.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,673,410.</b>	<b>2,615,606.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,461,362.</b>	<b>1,392,494.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>248,249.</b>	<b>43,379.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>27,326,352.</b>	<b>17,776,734.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>10,122,406.</b>	<b>12,607,438.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,743,379.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,543,554.</b>	<b>6,671,340.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>17,665,960.</b>	<b>19,278,778.</b>	
Expenses	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>9,660,392.</b>	<b>-1,502,044.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>60,092,035.</b>	<b>55,682,796.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,510,793.</b>	<b>1,361,998.</b>
Net Assets or Fund Balances	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>57,581,242.</b>	<b>54,320,798.</b>

## 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.

Sign Here

Signature of officer

**GARY L. WEITZMAN, PRESIDENT & CEO**

Type or print name and title

Date

**12/17/12**

Paid

Print/Type preparer's name

**PATRICIA J. MAYER**

Preparer's signature

Date

Check if self-employed

PTIN

**P00188643**

Preparer

Firm's name

**MOSS ADAMS LLP**

Firm's EIN

**91-0189318**

Use Only

Firm's address

**9665 GRANITE RIDGE DRIVE, SUITE 600  
SAN DIEGO, CA 92123**

Phone no.

**858-627-1400**

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

☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 13,286,398. including grants of \$ ) (Revenue \$ 748,467.)  
ANIMAL SERVICES AND OPERATIONS

DEPARTMENTS: ANIMAL CARE, ADMISSIONS, ADOPTIONS, VETERINARY MEDICINE,  
PAWS TO SUCCESS KITTEN NURSERY, BEHAVIOR AND TRAINING, FOSTER CARE,  
MOBILE ADOPTIONS

ANIMAL CARE-ONE OF THE STRONGEST AND DEEPLY-ROOTED PARTS OF OUR  
OPERATION COMES FROM OUR ANIMAL CARE DEPARTMENT. ON AVERAGE, WE HOUSE  
BETWEEN 800-1,100 ANIMALS DAILY, AND WE TAKE GREAT PRIDE IN NURTURING  
AND SUSTAINING THESE ANIMALS. EVERY DAY, OUR HARD WORKING AND DEVOTED  
STAFF ENSURE THAT THE ANIMALS ARE FED, WALKED, GROOMED, SOCIALIZED, AND  
PERHAPS MOST IMPORTANTLY, LOVED.

4b (Code: ) (Expenses \$ 1,391,163. including grants of \$ ) (Revenue \$ 1,633,219.)  
HUMANE LAW ENFORCEMENT

INVESTIGATION AND FIELD SERVICES

OUR HUMANE LAW ENFORCEMENT DEPARTMENT PURSUES CASES OF ANIMAL CRUELTY  
AND NEGLECT, ENFORCES LAWS, EDUCATES THE PUBLIC ON PROPER CARE FOR  
THEIR ANIMALS, AND RESCUES ANIMALS FROM EMERGENCY SITUATIONS. SERVING  
AS THE VOICE FOR THE VOICELESS, THIS DEPARTMENT HAS MADE A SIGNIFICANT  
IMPACT ON THE LIVES OF ANIMALS. IN FISCAL 2011-12, TWELVE CASES WERE  
PROSECUTED, BUT THOUSANDS MORE WERE RESOLVED TO ENSURE THE WELFARE OF  
THE INNOCENT ANIMALS INVOLVED. A SIZABLE CASE INVOLVED 117 ANIMALS THAT  
WERE SEIZED FROM A PET STORE, HELD IN OUR PROTECTIVE CUSTODY FOR THREE

4c (Code: ) (Expenses \$ 991,873. including grants of \$ ) (Revenue \$ 233,920.)  
COMMUNITY OUTREACH

COMMUNITY PROGRAMS AND HUMANE EDUCATION

THE GOAL OF OUR COMMUNITY PROGRAMS AND HUMANE EDUCATION DEPARTMENT IS  
TO BRANCH OUT ACROSS THE COMMUNITY, IMPACTING MORE PEOPLE AND PROVIDING  
MORE EDUCATION AND INFORMATION TO HELP SPREAD SEEDS OF COMPASSION  
ACROSS THE COMMUNITY. IN THE PAST FISCAL YEAR, THE HUMANE EDUCATION  
DEPARTMENT REACHED 37,411 YOUTH AND ADULTS THROUGH ITS MANY PROGRAMS.  
SOME EXAMPLES INCLUDE THE ANIMAL ADVENTURE CAMP HELD EACH YEAR IN THE  
SPRING AND SUMMER, SPECIAL LECTURES OFFERING TIPS AND USEFUL  
INFORMATION FOR PET OWNERS, AND FUN GATHERINGS WHERE PEOPLE CAN ENJOY

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

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

4e Total program service expenses 15,669,434.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b> X	
<b>3</b> 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	<b>3</b>	X
<b>4</b> <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	<b>4</b>	X
<b>5</b> 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	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	X
<b>7</b> 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	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	X
<b>9</b> 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	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> X	
<b>b</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	<b>11b</b>	X
<b>c</b> 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	<b>11c</b>	X
<b>d</b> 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	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b>	X
<b>f</b> 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	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>12a</b> X	
<b>b</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	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	X
<b>15</b> 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	<b>15</b>	X
<b>16</b> 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	<b>16</b>	X
<b>17</b> 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	<b>17</b> X	
<b>18</b> 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	<b>18</b> X	
<b>19</b> 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	<b>19</b> X	
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <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? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

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**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 82		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 8		
<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 303		
<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	X	
<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		

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

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		18												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										X				
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?															X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X												
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done							X								
13 Did the organization have a written whistleblower policy?							X								
14 Did the organization have a written document retention and destruction policy?							X								
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official										X					
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).															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?															X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?															

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) FRED BARANOWSKI CHAIRPERSON	1.00	X						0.	0.	0.
(2) DAVID HICKEY VICE CHAIRPERSON - FINANCE COMMITTEE	1.00	X						0.	0.	0.
(3) DIANE GILABERT VICE CHAIRPERSON - BOARD GOV & NOMIN	1.00	X						0.	0.	0.
(4) BEVERLY OSTER ORNELAS SECRETARY	1.00	X		X				0.	0.	0.
(5) SANDY ARLEDGE TRUSTEE	1.00	X						0.	0.	0.
(6) ALLEN BLACKMORE TRUSTEE	1.00	X						0.	0.	0.
(7) ROBERT BROWN, ED.D. TRUSTEE	1.00	X						0.	0.	0.
(8) GEORGE COLES TRUSTEE	1.00	X						0.	0.	0.
(9) LEE COLLINS TRUSTEE	1.00	X						0.	0.	0.
(10) SUSAN DAVIS TRUSTEE	1.00	X						0.	0.	0.
(11) DANA DI FERDINANDO TRUSTEE	1.00	X						0.	0.	0.
(12) DIANE GLOW, ED.D. TRUSTEE	1.00	X						0.	0.	0.
(13) DAVE MASON TRUSTEE	1.00	X						0.	0.	0.
(14) DAVID MITTLEMAN TRUSTEE	1.00	X						0.	0.	0.
(15) ANN PERRY TRUSTEE	1.00	X						0.	0.	0.
(16) DAVID SEAR TRUSTEE	1.00	X						0.	0.	0.
(17) JUDITH MUNOZ, PH.D. 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) DEBRA PATTERSON TRUSTEE	1.00	X						0.	0.	0.
(19) MARK GOLDSTEIN, DVM PRESIDENT & CEO	40.00			X				143,187.	0.	12,873.
(20) GARY L. WEITZMAN PRESIDENT & CEO	40.00			X				0.	0.	0.
(21) KELLY A. RISELY CFO	40.00			X				117,936.	0.	12,449.
(22) CHARLOTTE R. HARRIS EXECUTIVE VICE PRESIDENT	40.00					X		141,758.	0.	13,968.
(23) PETRA MERTENS BEHAVIORIST	40.00					X		176,846.	0.	6,200.
(24) CYNTHIA MITCHELL, DVM SR. VETERINARIAN	40.00					X		113,820.	0.	8,818.
(25) KIM SHANNON SVP/COO	40.00					X		134,021.	0.	13,407.
(26) MICHELE L. STUART SVP/CHIEF DEVELOPMENT OFFICER	40.00					X		137,550.	0.	13,626.
<b>1b Sub-total</b>								965,118.	0.	81,341.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								965,118.	0.	81,341.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

	Yes	No
3		X
4	X	
5		X

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

**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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
VICTOR OCANAS, DBA GRAND OAKS LANDSCAPING P.O. BOX 2434, NATIONAL CITY, CA 91951	CONSTRUCTION/LANDSCAPING SERVICES	145,220.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**



**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>	49,641.					
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	773,134.					
	<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>	12902480.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		328,991.					
	<b>h Total.</b> Add lines 1a-1f			13725255.				
<b>Program Service Revenue</b>	<b>2 a</b> FIELD SERVICE & LICENS	Business Code	900099	1,633,219.	1,633,219.			
	<b>b</b> ADOPTIONS AND ANIMAL C		900099	403,393.	403,393.			
	<b>c</b> VETERINARY HEALTH SERV		900099	345,074.	345,074.			
	<b>d</b> EDUCATIONAL PROGRAM &		900099	233,920.	233,920.			
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			2,615,606.				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			748,768.			748,768.
<b>4</b> Income from investment of tax-exempt bond proceeds								
<b>5</b> Royalties								
<b>6 a</b> Gross rents		(i) Real	16,155.					
<b>b</b> Less: rental expenses		(ii) Personal	0.					
<b>c</b> Rental income or (loss)			16,155.					
<b>d</b> Net rental income or (loss)				16,155.			16,155.	
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	64884753	(ii) Other	2,483.			
<b>b</b> Less: cost or other basis and sales expenses			64243510		0.			
<b>c</b> Gain or (loss)			641,243.		2,483.			
<b>d</b> Net gain or (loss)					643,726.		643,726.	
<b>8 a</b> Gross income from fundraising events (not including \$ 773,134. of contributions reported on line 1c). See Part IV, line 18								
<b>b</b> Less: direct expenses								
<b>c</b> Net income or (loss) from fundraising events					-240,808.		-240,808.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19								
<b>b</b> Less: direct expenses								
<b>c</b> Net income or (loss) from gaming activities					21,750.		21,750.	
<b>10 a</b> Gross sales of inventory, less returns and allowances								
<b>b</b> Less: cost of goods sold								
<b>c</b> Net income or (loss) from sales of inventory				239,042.		239,042.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> SPONSORSHIP	Business Code	900099	4,913.		4,913.		
	<b>b</b> OTHER REVENUE		900099	2,327.			2,327.	
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d				7,240.			
	<b>12 Total revenue.</b> See instructions.				17776734.	2,615,606.	4,913.	1430960.

**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).

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

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	178,656.	12,981.	165,675.	
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	10,143,142.	8,484,162.	834,411.	824,569.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	432,671.	356,323.	40,188.	36,160.
9 Other employee benefits	964,950.	836,132.	60,480.	68,338.
10 Payroll taxes	888,019.	739,389.	81,387.	67,243.
11 Fees for services (non-employees):				
a Management				
b Legal	211,674.	19,611.	133,300.	58,763.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	166,935.		166,935.	
g Other	338,955.	285,347.	31,213.	22,395.
12 Advertising and promotion	49,120.	19,888.	29,045.	187.
13 Office expenses	125,686.	72,262.	16,716.	36,708.
14 Information technology	172,894.	130,733.	18,887.	23,274.
15 Royalties				
16 Occupancy	1,349,932.	1,273,345.	42,937.	33,650.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	189,948.	146,741.	30,704.	12,503.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	788,845.	730,308.	30,905.	27,632.
23 Insurance	345,150.	304,346.	32,635.	8,169.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VETERINARY MEDICINE AND	944,545.	944,545.		
b ANIMAL FEED AND SUPPLIE	624,015.	624,015.		
c PROGRAM SUPPLIES AND UN	358,544.	337,851.	12,079.	8,614.
d DIRECT MAILING EXPENSE	345,866.			345,866.
e All other expenses	659,231.	351,455.	138,468.	169,308.
25 Total functional expenses. Add lines 1 through 24e	19,278,778.	15,669,434.	1,865,965.	1,743,379.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	139,998.	91,266.	2,795.	45,937.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	1,817,542.	1	37,797.
	2 Savings and temporary cash investments	13,306,716.	2	2,798,818.
	3 Pledges and grants receivable, net	6,335,661.	3	9,145,290.
	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	100,083.	8	127,315.
	9 Prepaid expenses and deferred charges	190,454.	9	149,494.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,408,448.		
	b Less: accumulated depreciation	10b 8,473,437.	10c	12,935,011.
	11 Investments - publicly traded securities	24,716,822.	11	29,898,503.
	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	579,124.	15	590,568.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	60,092,035.	16	55,682,796.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,706,656.	17	1,158,691.
	18 Grants payable		18	
	19 Deferred revenue	219,619.	19	203,307.
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	584,518.	25	0.
	26 <b>Total liabilities.</b> Add lines 17 through 25	2,510,793.	26	1,361,998.
	<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		52,234,726.	27	47,907,818.
28 Temporarily restricted net assets		3,743,336.	28	4,798,355.
29 Permanently restricted net assets		1,603,180.	29	1,614,625.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
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 Total net assets or fund balances		57,581,242.	33	54,320,798.
34 Total liabilities and net assets/fund balances		60,092,035.	34	55,682,796.

Form 990 (2011)

**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	17,776,734.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,278,778.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,502,044.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,581,242.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,758,400.
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	54,320,798.

**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 (2011)

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.

OMB No. 1545-0047

2011

**Open to Public Inspection**

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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 of 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).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7519053.	10493027.	10577884.	22943331.	13725255.	65258550.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	7519053.	10493027.	10577884.	22943331.	13725255.	65258550.
<b>5</b> 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)						14872660.
<b>6 Public support.</b> Subtract line 5 from line 4.						50385890.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	7519053.	10493027.	10577884.	22943331.	13725255.	65258550.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	949,349.	650,675.	549,953.	519,398.	764,923.	3434298.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						68692848.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	17,588,296.
<b>13 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**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	73.35 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	73.47 %
<b>16a 33 1/3% support test - 2011.</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 - 2010.</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"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</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 - 2010.</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"/>		
<b>18 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) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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.)						
<b>14 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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

# 2011

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, total 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 total 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 Part I, 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) (2011)

Name of organization

Employer identification number

SAN DIEGO HUMANE SOCIETY &amp; SPCA

95-1661688

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 805,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 461,799.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,790,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 432,269.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 740,000.	Person <input checked="" 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 & SPCA	95-1661688

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 570,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 380,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 464,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 374,577.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 342,143.	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). Use duplicate copies of Part II if additional space is needed.

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

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 that total 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.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

SAN DIEGO HUMANE SOCIETY & 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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other \_\_\_\_\_

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

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	3,524,156.	2,048,265.	112,760.	112,670.	
b Contributions		1,000,000.	1,751,081.		
c Net investment earnings, gains, and losses	-46,111.	475,981.	209,274.	6,198.	
d Grants or scholarships					
e Other expenditures for facilities and programs	8,241.		24,760.	6,198.	
f Administrative expenses					
g End of year balance	3,469,804.	3,524,246.	2,048,355.	112,670.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☒ 66.00 %

b Permanent endowment ☒ 29.00 %

c Temporarily restricted endowment ☒ 5.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,028,940.		4,028,940.
b Buildings		10,960,268.	3,900,471.	7,059,797.
c Leasehold improvements		494,796.	55,979.	438,817.
d Equipment		5,924,444.	4,516,987.	1,407,457.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				12,935,011.

Schedule D (Form 990) 2011



**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) Book value
(1) Federal income taxes .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 46 (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 46 (ASC 740).

132053  
01-23-12

**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	17,776,734.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,278,778.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,502,044.
4	Net unrealized gains (losses) on investments	4	-1,894,381.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	135,981.
9	Total adjustments (net). Add lines 4 through 8	9	-1,758,400.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-3,260,444.

**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	16,037,024.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,894,381.
b	Donated services and use of facilities	2b	185,625.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-30,954.
e	Add lines 2a through 2d	2e	-1,739,710.
3	Subtract line 2e from line 1	3	17,776,734.
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	17,776,734.

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

1	Total expenses and losses per audited financial statements	1	19,297,468.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	185,625.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-166,935.
e	Add lines 2a through 2d	2e	18,690.
3	Subtract line 2e from line 1	3	19,278,778.
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	19,278,778.

**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: BOARD DESIGNATED FUNDS ARE USED TO PROVIDE CAPITAL**

**MAINTENANCE TO THE SAN DIEGO HUMANE SOCIETY'S GAINES STREET CAMPUS.**

**PERMANENTLY RESTRICTED ENDOWMENT PRODUCES INVESTMENT RETURNS TO SUPPORT**

**THE SAN DIEGO HUMANE SOCIETY AND SPCA ANIMAL ADVENTURE CAMP.**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**BENEFICIAL INTEREST CRT**

135,981.

**Part XIV** Supplemental Information (continued)

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 REVENUE AND TAXATION CODE, EXCEPT TO THE EXTENT OF UNRELATED 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 2008 FOR ITS FEDERAL FILINGS AND FOR YEARS BEFORE 2007 FOR ITS STATE FILINGS.

## SCHEDULE D, PART XII, LINE 2D, RECONCILIATION OF REVENUE:

CHANGE IN BENEFICIAL INTEREST CRT	\$135,981
INVESTMENT EXPENSE	-\$166,935
TOTAL	-\$30,954

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

INVESTMENT EXPENSE	-\$166,935
--------------------	------------

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2011

**Open To Public Inspection**

**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.**

Name of the organization

SAN DIEGO HUMANE SOCIETY & 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	AUTOMOBILE DONATION PROGRAM	X		182,840.	70,376.	112,464.
<b>Total</b>				182,840.	70,376.	112,464.

**Total**

182,840.	70,376.	112,464.
----------	---------	----------

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.

 $\overline{CA}$ 

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

Schedule G (Form 990 or 990-EZ) 2011

SEE PART IV FOR CONTINUATIONS

132081 01-23-12

26

17221214 145847 34044

2011.05020 SAN DIEGO HUMANE SOCIETY & 340441

**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>FUR BALL</b>	(b) Event #2 <b>WALK FOR ANIMALS</b>	(c) Other events <b>3</b>	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts .....	501,392.	365,439.	287,079.	1,153,910.
2 Less: Charitable contributions .....	212,211.	341,877.	219,046.	773,134.
3 Gross income (line 1 minus line 2) .....	289,181.	23,562.	68,033.	380,776.
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....	301,686.	134,466.	185,432.	621,584.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				621,584.
11 Net income summary. Combine line 3, column (d), and line 10 .....				-240,808.

**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 .....			21,750.	21,750.
<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 .....				21,750.

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, CFOAddress ▶ 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 ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 21,750.

**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 ROAD, 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

**2011**

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |  |   |
|--|---|
| <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?

**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

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2011



**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK GOLDSTEIN, DVM	(i) 112,502.	(ii) 30,100.	(iii) 585.	8,844.	4,029.	156,060.	0.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
2 CHARLOTTE R. HARRIS	(i) 141,758.	(ii) 0.	(iii) 0.	8,553.	5,415.	155,726.	0.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
3 PETRA MERTENS	(i) 176,846.	(ii) 0.	(iii) 0.	1,326.	4,874.	183,046.	0.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
4 MICHELE L. STUART	(i) 137,550.	(ii) 0.	(iii) 0.	8,273.	5,353.	151,176.	0.
	(ii) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7: DISCRETIONARY BONUS PAID TO THE PRESIDENT IS BASED ON

MEETING GOALS SET BY THE BOARD OF TRUSTEES.

**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

**2011**

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 ► (ANIMAL FOOD/S)	X	2,080	174,915.	FAIR VALUE
26 Other ► (AUCTION ITEMS)	X	311	115,881.	FAIR VALUE
27 Other ► (FACILITY SUPP)	X	15	11,598.	FAIR VALUE
28 Other ► (HUMANE LAW EN)	X	15	6,119.	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?

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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2011)

**Part II**

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

**PART I, OTHER TYPES OF PROPERTY:****OFFICE SUPPLIES**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 42

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5915.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE

**ANIMAL MEDICAL SUPPLIES**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 22

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5795.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE

**TELETHON ITEMS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 5

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5182.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE

**EDUCATION/VOLUNTEER SUPPLIES**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 23

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1859.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE

**WALK FOR ANIMALS EVENT**

(A) CHECK IF APPLICABLE = X

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

(B) NUMBER OF CONTRIBUTORS = 6

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1727.

(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

**2011**

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:**

ADOPTIONS-AT THE ROOT OF ALL THAT WE DO IS A DESIRE TO STRENGTHEN THE  
HUMAN-ANIMAL BOND. THROUGH OUR DEVOTED AND PASSIONATE ADOPTIONS STAFF,  
OUR COMMITMENT TO THE ANIMALS IS EVIDENT EVERY DAY. OUR ADOPTION  
COUNSELORS, EACH WITH MORE THAN 100 HOURS OF SPECIALIZED TRAINING, WORK  
DILIGENTLY TO ENSURE POTENTIAL ADOPTERS AND DESERVING HOMELESS ANIMALS  
ARE BEST SUITED FOR ONE ANOTHER. WE DELIGHT IN THE OPPORTUNITY TO HELP  
OUR GUESTS FIND THE PERFECT ANIMAL, AND LOOK FORWARD TO THE STORIES OF  
BONDING AND UNCONDITIONAL LOVE THAT INEVITABLY FOLLOW. OUR PASSION TO  
FIND THE ANIMALS A NEW HOME EXTENDS WELL BEYOND OUR SHELTERS. THROUGH  
OUR MOBILE ADOPTIONS PROGRAM, WE BRING ADOPTABLE ANIMALS TO SPECIAL  
EVENTS AND OFF-SITE LOCATIONS IN THE HOPES OF MATCHING THEM WITH NEW  
PET PARENTS, AND TO SHARE THE POSITIVE MESSAGE OF THE HUMANE SOCIETY  
WITH THOSE WHO MAY NOT HAVE THE OPPORTUNITY TO VISIT OUR ANIMAL  
CAMPUSES.

**ANIMALS GOING HOME**

DOGS ADOPTED	1,798
CATS ADOPTED	2,794
SMALL ANIMALS AND HORSES ADOPTED	290
ANIMALS RETURNED TO THEIR OWNERS	977
ANIMALS TRANSFERRED TO OTHER AGENCIES	290
TOTAL ANIMALS GOING HOME	6,016

**VETERINARY MEDICINE - THE WELLNESS OF THE ANIMALS IN OUR CARE IS ALWAYS**

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

AT THE FOREFRONT OF OUR MINDS. OUR VETERINARY MEDICINE DEPARTMENT IS  
 ABLE TO PERFORM LIFE-SAVING SURGERIES, OFFER LONG-TERM TREATMENT AND  
 REHABILITATION, AND PROVIDE COMPREHENSIVE MEDICAL CARE TO EVERY ANIMAL.  
 OUR HEALING CAPABILITIES GREW IN JUNE OF 2012 AS WE COMPLETED THE  
 CONSTRUCTION OF A NEW HOSPITAL AND SURGICAL SUITE AT OUR SHELTER ON  
 AIRPORT ROAD FOR CATS AND SMALL ANIMALS. WE ALSO REFURBISHED THE  
 SURGICAL SUITE AT OUR SHELTER ON SAN LUIS REY ROAD FOR DOGS, ALLOWING  
 US TO PROVIDE A GREATER LEVEL OF MEDICAL CARE FOR OUR SHELTER ANIMALS  
 IN NORTH COUNTY.

## BASIC VETERINARY CARE

TOTAL ANIMALS EXAMINED BY A VETERINARIAN	10,223
--	--------

SPAY/NEUTER SURGERIES FOR HUMANE SOCIETY ANIMALS	3,783
--	-------

SPAY/NEUTER SURGERIES FOR DEPARTMENT OF ANIMAL	
--	--

SERVICES ANIMALS	2,607
------------------	-------

PARENT ANIMALS SPAYED/NEUTERED THROUGH THE LITTER	
---	--

ABATEMENT PROGRAM *	47
---------------------	----

PRE- AND POST- ADOPTION CONSULTATIONS PROVIDED	485
--	-----

\* 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	437
-------------------	-----

LABORATORY PROCEDURES (I.E. BLOOD WORK, BIOPSIES)	
---	--

132212  
01-23-12

Name of the organization	SAN DIEGO HUMANE SOCIETY & SPCA	Employer identification number	95-1661688
AND OTHER DIAGNOSTICS)	3,600		
RADIOGRAPHS	975		
ORTHOPEDIC SURGERIES	135		
OTHER SURGERIES (I.E. MASS REMOVAL, EXPLORATORY SURGERY, EYE/EAR SURGERY, ABSCESS DRAINAGE)	579		
OUTSOURCED SPECIALTY SURGERIES **	403		
OUTSOURCED TREATMENT EXPENSE INCURRED			
BY THE HUMANE SOCIETY ***	\$285,403		

\*\* THESE PROCEDURES WERE A COMBINATION OF BOTH SPECIALTY SURGERIES AND OUTSOURCED SPAY AND NEUTER SURGERIES.

\*\*\* INCLUDES SPECIALTY SURGERIES, DIAGNOSTICS, CRITICAL CARE AND PROCEDURES THAT CANNOT BE PERFORMED IN-HOUSE.

PAWS TO SUCCESS KITTEN NURSERY-THE FRAGILE LIVES IN OUR PAWS TO SUCCESS NURSERY REQUIRE MUCH MORE THAN FOOD AND WATER TO GROW. NURTURING LIFE DURING ITS MOST FRAGILE STAGES REQUIRES NOT ONLY TIME, RESOURCES AND DEDICATION, BUT ALSO LOVE AND COMPASSION. CREATING AN ENVIRONMENT THAT YIELDS WELLNESS AND GROWTH IS ALSO ESSENTIAL DURING THIS MOST FORMATIVE TIME. THAT IS WHY THE STAFF OF OUR KITTEN NURSERY WORK AROUND THE CLOCK TO CARE FOR THESE TINY KITTENS, NURTURING AND NOURISHING THEM AS THEY GROW STRONGER. NOW WITH TWO NURSERIES, ONE AT OUR CENTRAL CAMPUS IN SAN DIEGO AND THE OTHER AT OUR NORTH CAMPUS IN OCEANSIDE, THE PAWS TO SUCCESS PROGRAM TOOK IN AND CARED FOR 2,112 KITTENS DURING THE FISCAL YEAR, BRINGING US ONE STEP CLOSER TO ACHIEVING OUR GOAL OF HELPING TO END THE EUTHANASIA OF HEALTHY AND TREATABLE ANIMALS IN SAN DIEGO ANIMAL WELFARE COALITION SHELTERS.



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TOTAL KITTENS ADMITTED 2,112

KITTEN ADOPTIONS 1,642

LIVE RELEASE RATE \*\*\*\* 86%

\*\*\*\* LIVE RELEASE RATE INCLUDES THE QUEENS AND THEIR NURSING KITTENS,  
AS WELL AS KITTENS STILL IN OUR CARE AWAITING ADOPTION.

BEHAVIOR & TRAINING-IN THIS PAST FISCAL YEAR, OUR BEHAVIOR & TRAINING  
STAFF INCORPORATED SPECIALIZED TRAINING AND POSITIVE REINFORCEMENT  
TECHNIQUES FOR 2,106 CATS AND DOGS. AS A RESULT, THE ANIMALS ARE  
HAPPIER AND HEALTHIER IN THE SHELTER ENVIRONMENT. WE BELIEVE THIS  
ALLOWS THE ANIMALS TO FIND A HOME FASTER, AND TO BUILD A LIFE-LONG,  
TRUSTING RELATIONSHIP WITH THEIR NEW FAMILY. 2,106 ANIMALS RECEIVED  
SPECIALIZED TRAINING TO ENSURE THEIR SUCCESSFUL PLACEMENT.

HUMANE SOCIETY DOGS AND CATS RECEIVING SPECIALIZED TRAINING *****	2,106
PRE- AND POST- ADOPTION CONSULTATIONS PROVIDED	508
ADOPTION FOLLOW-UP CALLS COMPLETED	5,971
BEHAVIOR HELPLINE CALLS/EMAILS RECEIVED AND ANSWERED	819
BEHAVIOR TRAINING CLASSES OFFERED TO THE PUBLIC	155
REGISTRANTS INSTRUCTED THROUGH PUBLIC TRAINING CLASSES/WORKSHOPS	913
PRIVATE CONSULTATIONS AND TRAINING SESSIONS FOR OWNED ANIMALS	66

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

FOSTER PROGRAM-83 FOSTER VOLUNTEERS NURTURED 730 FRAGILE LIVES.

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

MONTHS, AND ULTIMATELY ADOPTED. BEYOND INVESTIGATIONS OF ANIMAL  
CRUELTY, OUR FIELD SERVICES OFFICERS PROVIDE ASSISTANCE TO THE  
MUNICIPALITIES OF OCEANSIDE AND VISTA BY RETRIEVING STRAY ANIMALS AND  
RESPONDING TO ANIMAL-RELATED CALLS AS PART OF OUR CONTRACTUAL  
RESPONSIBILITIES. 1,845 CASES OF NEGLECT, ABUSE OR REQUEST FOR  
ASSISTANCE WERE RESPONDED TO.

CRUELTY AND NEGLECT REPORTS RESPONDED TO	1,845
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CASES RESOLVED	1,817
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CASES SUBMITTED FOR PROSECUTION	12
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ANIMALS SEEN IN THE FIELD	13,305
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ANIMALS TAKEN INTO CUSTODY (RELINQUISHED AND SEIZED)	399
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NOTICES OF VIOLATION	1,269
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PRE- AND POST- SEIZURE HEARINGS	10
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PET SHOP, STABLE/FEED STORE, RODEO, CIRCUS,	
---	--

FOSTER AND OTHER INSPECTIONS	171
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EDUCATIONAL SPEAKING ENGAGEMENTS	38
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ANIMAL BITE QUARANTINES	433
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NUMBER OF FIELD SERVICES CALLS	
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TO PROVIDE ASSISTANCE *****	7,240
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\*\*\*\*\* CALLS INCLUDE REPORTS OF ANIMALS RUNNING STRAY, ANIMALS LEFT  
IN HOT CARS, CALLS FOR POLICE ASSISTANCE AND CALLS TO PERFORM ANIMAL  
WELFARE CHECKS IN OCEANSIDE AND VISTA.

ANIMAL RESCUE RESERVE (ARR)	
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ANIMALS ARE ESPECIALLY VULNERABLE DURING TIMES OF DISASTER, AND THE	
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STRENGTH OF OUR ANIMAL RESCUE RESERVE PROVIDES THE ASSISTANCE AND EXPERTISE NEEDED TO PERFORM RESCUE OPERATIONS AND SAVE LIVES. THE ANIMAL RESCUE RESERVE (ARR) CONSISTS OF A SPECIALLY TRAINED TEAM OF VOLUNTEERS EQUIPPED TO RESCUE ANIMALS THREATENED BY NATURAL DISASTERS SUCH AS FIRES, FLOODS, AND OTHER EMERGENCY SITUATIONS. FEW REALIZE THE IMPACT OF THIS MIGHTY GROUP. ARR VOLUNTEERS HAVE BEEN DISPATCHED TO HURRICANE RELIEF CENTERS, FIRE ZONES AND SOME OF THE MOST CHALLENGING ENVIRONMENTS WHERE THE LIVES OF ANIMALS HAVE BEEN THREATENED.

HOURS OF ARR VOLUNTEER TRAINING 4,519

HOURS SPENT EXECUTING RESCUE 248

ANIMALS ASSISTED IN EMERGENCY SITUATIONS 38

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

THE COMPANY OF FELLOW ANIMAL LOVERS WHILE SOCIALIZING THEIR ANIMALS.

ANOTHER UNIQUE PROGRAM IS PROJECT KEPPT (KEEPING EVERY PERSON AND PET TOGETHER), WHICH OCCURSMONTHLY AT BOTH OUR CENTRAL AND NORTH CAMPUSES.

HERE, SUPPORT IS PROVIDED TO THOSE IN THE COMMUNITY WHO NEED ASSISTANCE IN KEEPING AND CARING FOR THEIR COMPANION ANIMAL. WE OFFER A

VACCINATION CLINIC, PET FOOD BANK, LICENSING, MICRO-CHIPPING, BEHAVIOR AND TRAINING ADVICE, PET-FRIENDLY HOUSING REFERRALS AND MORE. ALSO

THROUGH THIS DEPARTMENT, WE ARE PROUD TO OFFER HUMANE EDUCATION AND USEFUL RESOURCES TO CREATE A BRIGHTER TOMORROW.

#### ADULT PROGRAM PARTICIPATION

DOGGIE CAFE 546

HAPPY HOUR LECTURES 243

PET LOSS SUPPORT GROUP 116

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PET FIRST AID CLASSES	115
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ON SITE ADULT PARTICIPATION	1,020
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INFO BOOTHS	15,537
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SPEAKING ENGAGEMENTS	261
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OFF-SITE ADULT PARTICIPATION	15,798
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TOTAL ADULT PARTICIPANTS	16,818
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## YOUTH PROGRAM PARTICIPATION

ANIMAL ADVENTURE CAMP (SPRING AND SUMMER)	435
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BIRTHDAY PARTIES	1,151
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STORYTIMES	303
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HOME-SCHOOL PROGRAMS	186
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SCOUT PROGRAMS	497
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GENERAL TOURS	990
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ON-SITE YOUTH PARTICIPANTS	3,562
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SCHOOL OUTREACH	16,842
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PROJECT TRUST *****	355
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OFF-SITE YOUTH PARTICIPANTS	17,031
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\*\*\*\*\* PROJECT TRUST (TEACHING RESPECT USING SYMPATHY AND TRAINING)

IS A THREE-WEEK LONG AFTER SCHOOL PROGRAM THAT TEACHES COMPASSION AND  
RESPECT FOR ALL LIVING THINGS IN UNDERSERVED AREAS OF THE COMMUNITY.

PET-ASSISTED THERAPY (P-AT)

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THE LOVE AND COMPANIONSHIP AN ANIMAL CAN PROVIDE IS A SPECIAL GIFT THAT EVERYONE DESERVES. BUT FOR SOME, AGE OR LIFE CIRCUMSTANCES PREVENT THE OPPORTUNITY TO ENJOY THE WAGGING TAIL OF A DOG, THE COMFORTING PURR OF A CAT OR THE FURRY SNUGGLE OF A RABBIT OR GUINEA PIG. THE SAN DIEGO HUMANE SOCIETY'S PET-ASSISTED THERAPY PROGRAM TOUCHED THE LIVES OF THOUSANDS LAST YEAR, AS VOLUNTEERS BROUGHT DOGS, RABBITS, AND GUINEA PIGS TO PATIENTS AT CONVALESCENT HOMES, HOSPITALS, MENTAL HEALTH CENTERS, ABUSED CHILDREN'S HOMES, JUVENILE DETENTION CENTERS AND MORE. SHARING THE GIFT OF LOVE, SPREADING SEEDS OF JOY, AND BOOSTING SPIRITS IS THE AMAZING WORK OF OUR PET-ASSISTED THERAPY TEAM. 12,876 PEOPLE AT 639 FACILITIES ENJOYED THE UNCONDITIONAL LOVE OF A PET-ASSISTED THERAPY ANIMAL THIS YEAR.

TOTAL FACILITIES VISITED 639

TOTAL PEOPLE REACHED 12,876

## PROJECT KEPPT\*

TOTAL PEOPLE IMPACTED 10,254

TOTAL ANIMALS IMPACTED 9,441

NUMBER OF ENROLLED FAMILIES\*\* 390

NUMBER OF ENROLLED ANIMALS 878

\*PROJECT KEPPT (KEEPING EVERY PERSON AND PET TOGETHER) PROVIDES VITAL ASSISTANCE TO PET OWNERS IN NEED. PROJECT KEPPT INCULDES MONTHLY FOOD BANKS FOR ENROLLED MEMBERS, COUNTY-WIDE FOOD DISTRIBUTIONS AT EVENTS AND THROUGH NEIGHBORHOOD DRIVES AND MORE. DURING FY 11-12, PROJECT KEPPT DAY WAS HELD MONTHLY AT BOTH OUR CENTRAL AND NORTH CAMPUSES AND

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INCLUDES A FOOD BANK, A MICRO CHIP, VACCINE CLINIC, AND A RESOURCE  
FAIR.

\*\*ENROLLED FAMILIES MAY PARTICIPATE MONTHLY AT FOOD BANK EVENTS WHERE  
THEY MAY RECEIVE SUPPORT MULTIPLE TIMES THROUGHT THE YEAR. "TOTAL  
PEOPLE IMPACTED" AND "TOTAL ANIMALS IMPACTED" COUNTS EVERY INSTANCE  
PROVIDED THROUGH THIS PROGRAM.

VOLUNTEERS

WE ARE FORTUNATE TO LIVE IN A COMMUNITY THAT HAS BEEN NAMED AMONG THE  
PET-FRIENDLIEST IN THE NATION, REFLECTING THE DEEP LOVE WE HAVE FOR OUR  
ANIMALS. AS A RESULT, THE SAN DIEGO HUMANE SOCIETY IS PRIVILEGED TO  
HAVE THE SUPPORT OF MORE THAN A THOUSAND PEOPLE WHO VOLUNTEER TO ASSIST  
WITH OUR WORK. THE COMPASSIONATE HEARTS OF SO MANY SAN DIEGANS WHO  
CHOOSE TO VOLUNTEER THEIR PRECIOUS TIME IS INSPIRING. WITHOUT THE  
DEDICATED AND TALENTED VOLUNTEERS, WE SIMPLY COULD NOT DO WHAT WE DO.  
1,076 VOLUNTEERS GENEROUSLY DONATED 119,696 HOURS TO CARE FOR THE  
ANIMALS AND SUPPORT OUR WORK.

FORM 990, PART VI, SECTION A, LINE 4: THE SAN DIEGO HUMANE SOCIETY AND  
SPCA BOARD OF TRUSTEES VOTED TO AMEND THE BYLAWS TO INCREASE THE MAXIMUM  
NUMBER OF TRUSTEES TO 21. SECTION 4.22, "APPROVAL OF CERTAIN REAL PROPERTY  
TRANSACTIONS", WAS ADDED TO THE BYLAWS PER THE CERTIFICATE OF AMENDMENT OF  
BYLAWS DATED JULY 22, 2009. ADDITIONALLY, SECTION 4.15(B) WAS DELETED,  
WHICH PREVIOUSLY GOVERNED APPROVAL OF TRANSACTIONS INVOLVING ANY SINGLE  
SOCIETY ASSET WITH A FAIR MARKET VALUE IN EXCESS OF \$75,000.

FORM 990, PART VI, SECTION B, LINE 11: THE CFO REVIEWS THE TAX RETURN WITH

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THE CEO, THE FINANCE COMMITTEE, AUDIT COMMITTEE, AND BOARD PRIOR TO FILING.

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. THE 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: THE BOARD APPOINTS THE EXECUTIVE COMMITTEE OR COMPENSATION COMMITTEE TO OBTAIN RELEVANT, CONTEMPORANEOUS DATA SUCH AS NATIONAL, REGIONAL, AND LOCAL COMPENSATION SURVEYS, AND INTERVIEWS WITH INDUSTRY LEADERS. THE COMPENSATION COMMITTEE PRESENTS THEIR FINDINGS AND RECOMMENDATIONS FOR THE SALARY OF THE CEO AND ANY OTHER OFFICERS OF THE ORGANIZATION TO THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST BY THE PUBLIC. CONFLICT OF INTEREST POLICY IS POSTED ON THE SAN DIEGO HUMANE SOCIETY AND SPCA WEBSITE. THE AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE SAN DIEGO HUMANE SOCIETY AND SPCA WEBSITE.

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

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NET UNREALIZED LOSSES ON INVESTMENTS: -1,894,381.

BENEFICIAL INTEREST CRT 135,981.

TOTAL TO FORM 990, PART XI, LINE 5 -1,758,400.



## 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.

Name of the organization

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**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) 2011



**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?

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

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Sale of assets to related organization(s)

**g** Purchase of assets from related organization(s)

**h** Exchange of assets with related organization(s)

**i** Lease of facilities, equipment, or other assets to related organization(s)

**j** Lease of facilities, equipment, or other assets from related organization(s)

**k** Performance of services or membership or fundraising solicitations for related organization(s)

**l** Performance of services or membership or fundraising solicitations by related organization(s)

**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**n** Sharing of paid employees with related organization(s)

**o** Reimbursement paid to related organization(s) for expenses

**p** Reimbursement paid by related organization(s) for expenses

**q** Other transfer of cash or property to related organization(s)

**r** Other transfer of cash or property from related organization(s)

**2** If the answer to any of the above is "Yes," see the instructions for information on who must 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).

Lined area for supplemental information.