

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

**2012**

Open to Public Inspection

**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="border: 1px solid black; padding: 2px;">SAN DIEGO HUMANE SOCIETY &amp; SPCA</div> Doing Business As <div style="border: 1px solid black; padding: 2px;">5500 GAINES STREET</div> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">SAN DIEGO, CA 92110-2572</div> City, town, or post office, state, and ZIP code <b>F</b> Name and address of principal officer: <b>GARY L. WEITZMAN</b> <div style="border: 1px solid black; padding: 2px;">5500 GAINES STREET, SAN DIEGO, CA 92110-2572</div>	<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">95-1661688</div> <b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">(619) 299-7012</div> <b>G</b> Gross receipts \$ <b>65,028,578.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ►
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ► <b>WWW.SDHUMANE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L</b> Year of formation: <b>1880</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO INSPIRE AND ENGAGE THE COMMUNITY TO END ANIMAL SUFFERING.</b>															
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.															
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>17</b>														
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>17</b>														
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>315</b>														
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>18</b>														
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>19,117.</b>														
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>17,771.</b>														
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td align="right">13,725,255.</td> <td align="right">10,940,615.</td> </tr> <tr> <td align="right">2,615,606.</td> <td align="right">2,735,962.</td> </tr> <tr> <td align="right">1,392,494.</td> <td align="right">1,132,159.</td> </tr> <tr> <td align="right">43,379.</td> <td align="right">117,950.</td> </tr> <tr> <td align="right"><b>17,776,734.</b></td> <td align="right"><b>14,926,686.</b></td> </tr> </tbody> </table>	Prior Year	Current Year	13,725,255.	10,940,615.	2,615,606.	2,735,962.	1,392,494.	1,132,159.	43,379.	117,950.	<b>17,776,734.</b>	<b>14,926,686.</b>		
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43,379.	117,950.															
<b>17,776,734.</b>	<b>14,926,686.</b>															
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ► <b>2,000,061.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td align="right">12,607,438.</td> <td align="right">12,905,754.</td> </tr> <tr> <td align="right">0.</td> <td align="right">21,372.</td> </tr> <tr> <td align="right">6,671,340.</td> <td align="right">6,322,080.</td> </tr> <tr> <td align="right">19,278,778.</td> <td align="right">19,249,206.</td> </tr> <tr> <td align="right"><b>-1,502,044.</b></td> <td align="right"><b>-4,322,520.</b></td> </tr> </tbody> </table>	0.	0.	0.	0.	12,607,438.	12,905,754.	0.	21,372.	6,671,340.	6,322,080.	19,278,778.	19,249,206.	<b>-1,502,044.</b>	<b>-4,322,520.</b>
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<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> </thead> <tbody> <tr> <td align="right">55,682,796.</td> <td align="right">54,092,754.</td> </tr> <tr> <td align="right">1,361,998.</td> <td align="right">1,676,218.</td> </tr> <tr> <td align="right"><b>54,320,798.</b></td> <td align="right"><b>52,416,536.</b></td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	55,682,796.	54,092,754.	1,361,998.	1,676,218.	<b>54,320,798.</b>	<b>52,416,536.</b>						
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <div style="border: 1px solid black; padding: 2px; font-family: cursive;">GARY L. WEITZMAN, PRESIDENT &amp; CEO</div> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PATRICIA J. MAYER</b>	
	Preparer's signature <div style="border: 1px solid black; padding: 2px;">MOSS ADAMS LLP</div>	Date
	Firm's name <b>9665 GRANITE RIDGE DRIVE, SUITE 600</b> <b>SAN DIEGO, CA 92123</b>	Firm's EIN <b>91-0189318</b>
	Phone no. <b>858-627-1400</b>	

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

**Part III** Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:  
**TO PROMOTE THE HUMANE TREATMENT OF ANIMALS, PREVENT CRUELTY TO ANIMALS AND PROVIDE EDUCATION TO ENHANCE THE HUMAN-ANIMAL BOND.**

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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 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 \$ **13,093,417.** including grants of \$ ) (Revenue \$ **785,451.**)  
**ANIMAL SERVICES AND OPERATIONS**  
**DEPARTMENTS: ANIMAL CARE, ADMISSIONS, ADOPTIONS, VETERINARY MEDICINE, PAWS KITTEN NURSERY, BEHAVIOR AND TRAINING, FOSTER CARE, MOBILE ADOPTIONS**  
**PRESIDENT'S MESSAGE**  
**"ADOPT LOVE" THAT'S OUR NEW CALL TO ACTION. WE LOVE ANIMALS. WE ALSO LOVE THE PEOPLE WHO CARE SO MUCH ABOUT THEM. IN OUR 2012-13 FISCAL YEAR, WE WERE ABLE TO "SHARE THIS LOVE" MORE THAN EVER BEFORE AND WE'VE PAVED THE WAY FOR NEW PROGRAMS AND POLICIES TO IMPACT ANIMAL WELFARE. AS THESE NEW EFFORTS EXPAND, THEY'LL RESULT IN EVEN MORE ANIMALS GETTING THE SECOND CHANCE THEY DESERVE. SOME HIGHLIGHTS FROM THE PAST YEAR INCLUDE: INCREASING ADOPTIONS SO WE CAN TAKE IN MORE ANIMALS THAN**

4b (Code: ) (Expenses \$ **1,377,117.** including grants of \$ ) (Revenue \$ **1,713,921.**)  
**HUMANE LAW ENFORCEMENT**  
**INVESTIGATIONS, FIELD SERVICES, AND ANIMAL RESCUE RESERVE**  
**HUMANE LAW ENFORCEMENT PURSUES CASES OF ANIMAL CRUELTY AND NEGLECT, ENFORCES STATE ANIMAL WELFARE LAWS, EDUCATES THE PUBLIC ON PROPER CARE FOR THEIR ANIMALS AND RESCUES ANIMALS FROM EMERGENCY SITUATIONS. HUMANE OFFICERS CAN EXERCISE THE POWERS OF A PEACE OFFICER WHILE INVESTIGATING ANIMAL-RELATED CRIMES. THEY BRING HOPE TO ANIMALS WHO ARE THE VICTIMS OF CRUELTY AND NEGLECT AND PROVIDE A VOICE TO THOSE WHO CANNOT SPEAK FOR THEMSELVES.**  
**FIELD SERVICES**  
**WORKING IN PARTNERSHIP WITH MUNICIPAL AUTHORITIES AND LAW ENFORCEMENT IN THE CITIES OF OCEANSIDE AND VISTA, OUR FIELD SERVICES OFFICERS PICK**

4c (Code: ) (Expenses \$ **981,859.** including grants of \$ ) (Revenue \$ **245,479.**)  
**COMMUNITY ENGAGEMENT, PROGRAMS, AND VOLUNTEER ENGAGEMENT**  
**THE PURPOSE OF COMMUNITY ENGAGEMENT IS TO INSPIRE OUR COMMUNITY TO BE THE BEST PET OWNERS THEY CAN BE, AND GIVE THEM THE TOOLS, EDUCATION, SUPPORT AND CARE TO MAKE THAT POSSIBLE. WHETHER IT'S THROUGH YOUTH OR ADULT EDUCATION, OR BY PROVIDING FOOD AND EMERGENCY MEDICAL CARE TO PET OWNERS TO ALLOW THEM TO KEEP THEIR ANIMALS THROUGH PROGRAMS LIKE PROJECT KEPPT, THIS DEPARTMENT HELPS EXTEND EDUCATION, COMPASSION AND ASSISTANCE TO CREATE A BETTER COMMUNITY.**  
**VOLUNTEERS -VOLUNTEERS PLAY A SIGNIFICANT ROLE AT THE SAN DIEGO HUMANE SOCIETY AND ARE CRITICAL IN OUR ABILITY TO IMPACT THE ANIMALS OF OUR COMMUNITY. MORE THAN 1,500 PEOPLE DEDICATE MORE THAN 134,000 HOURS OF THEIR PRECIOUS TIME, AND UNIQUE TALENTS FOR THE SAKE OF THE ANIMALS.**

4d Other program services (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

4e **Total program service expenses** **15,452,393.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 and XII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

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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, highest 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, Part II, III, or IV, and Part 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> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<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 11b and 19?	X	

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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	<b>1a</b> 45		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 6		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	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	<b>2a</b> 315		
<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)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	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)?	<b>4a</b>		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?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<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 as charitable contributions?	<b>6a</b>	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?	<b>6b</b>	X	
<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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	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?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	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?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<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.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<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.	<b>13a</b>		
<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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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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**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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.	17	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	17	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b> 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?		<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>b</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    ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and 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 (list any hours for related organizations below line)	(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) WAYNE L. HANSON MEMBER AT LARGE - EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(2) EVE BENTSON TRUSTEE	1.00	X						0.	0.	0.
(3) DIANE GILABERT, CPA CHAIRPERSON - BOARD OF TRUSTEES	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) COLLEEN BLACKMORE REILY TRUSTEE	1.00	X						0.	0.	0.
(8) GEORGE COLES TRUSTEE	1.00	X						0.	0.	0.
(9) WILLIAM LAFLEUR TRUSTEE	1.00	X						0.	0.	0.
(10) SUSAN DAVIS MEMBER AT LARGE - EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(11) LISA MILLER, MD TRUSTEE	1.00	X						0.	0.	0.
(12) DIANE GLOW, ED.D TRUSTEE	1.00	X						0.	0.	0.
(13) MATTHEW O'CONNELL, PHD TRUSTEE	1.00	X						0.	0.	0.
(14) ROBIN MUCK TRUSTEE	1.00	X						0.	0.	0.
(15) DAVID SEAR TRUSTEE	1.00	X						0.	0.	0.
(16) DR. JUDITH T. MUNOZ 2ND VICE CHAIR - BOARD OF GOVERNANCE	1.00	X						0.	0.	0.
(17) DEBRA PATTERSON, CFP 1ST VICE CHAIR - CHAIR OF FINANCE CO	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 (list any hours for related organizations below line)	(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) GARY L. WEITZMAN, DVM, MPH, CAW PRESIDENT & CEO	40.00			X				151,537.	0.	14,222.
(19) KELLY A. RISELY CFO/SENIOR VICE PRESIDENT	40.00			X				116,981.	0.	12,192.
(20) CHARLOTTE R. HARRIS EXECUTIVE VICE PRESIDENT	40.00				X			142,256.	0.	13,708.
(21) PETRA MERTENS DIRECTOR OF BEHAVIOR	40.00				X			149,993.	0.	13,466.
(22) CYNTHIA MITCHELL, DVM DIRECTOR OF VETERINARY MEDICINE	40.00				X			115,625.	0.	11,404.
(23) KIM SHANNON COO/SENIOR VICE PRESIDENT	40.00				X			132,584.	0.	12,421.
(24) MICHELE L. STUART CHIEF DEVELOPMENT OFFICER/SVP	40.00				X			130,756.	0.	13,018.
<b>1b Sub-total</b>								939,732.	0.	90,431.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								939,732.	0.	90,431.

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

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

**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 **0**



**Part VIII** Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	51,888.				
	b	Membership dues	1b					
	c	Fundraising events	1c	809,435.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,079,292.				
	g	Noncash contributions included in lines 1a-1f: \$		531,079.				
	h	<b>Total.</b> Add lines 1a-1f		10,940,615.				
Program Service Revenue	2 a	FIELD SERVICE & LICENSING	Business Code	900099	1,659,995.	1,659,995.		
	b	ADOPTIONS AND ANIMAL CARE	900099	519,336.	519,336.			
	c	VETERINARY HEALTH SERVICES	900099	368,725.	368,725.			
	d	EDUCATIONAL PROGRAM & FEES	900099	187,906.	187,906.			
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		2,735,962.				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		825,320.			825,320.
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6 a		Gross rents	(i) Real	14,444.				
		b	Less: rental expenses	(ii) Personal	0.			
		c	Rental income or (loss)		14,444.			
		d	Net rental income or (loss)		14,444.		14,444.	
7 a		Gross amount from sales of assets other than inventory	(i) Securities	49,387,783.	(ii) Other	800.		
		b	Less: cost or other basis and sales expenses		49,081,744.		0.	
		c	Gain or (loss)		306,039.		800.	
		d	Net gain or (loss)		306,839.		306,839.	
8 a		Gross income from fundraising events (not including \$ 809,435. of contributions reported on line 1c). See Part IV, line 18	a	497,007.				
		b	Less: direct expenses	b	699,539.			
		c	Net income or (loss) from fundraising events		-202,532.		-202,532.	
9 a		Gross income from gaming activities. See Part IV, line 19	a	25,100.				
		b	Less: direct expenses	b	0.			
		c	Net income or (loss) from gaming activities		25,100.		25,100.	
10 a		Gross sales of inventory, less returns and allowances	a	567,659.				
	b	Less: cost of goods sold	b	320,609.				
	c	Net income or (loss) from sales of inventory		247,050.		247,050.		
Miscellaneous Revenue				Business Code				
11 a	SPONSORSHIP	900099	25,000.		19,117.	5,883.		
b	OTHER REVENUE	900099	8,888.	8,888.				
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		33,888.					
12	<b>Total revenue.</b> See instructions.		14,926,686.	2,744,850.	19,117.	1,222,104.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response 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	380,849.	125,032.	255,817.	
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	10,182,482.	8,506,345.	554,657.	1,121,480.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	536,480.	447,457.	27,751.	61,272.
9 Other employee benefits	932,988.	807,097.	43,202.	82,689.
10 Payroll taxes	872,955.	723,287.	59,809.	89,859.
11 Fees for services (non-employees):				
a Management				
b Legal	270,769.		262,967.	7,802.
c Accounting	79,944.		79,944.	
d Lobbying	1,988.		1,988.	
e Professional fundraising services. See Part IV, line 17	21,372.			21,372.
f Investment management fees	185,034.		185,034.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	101,903.	59,688.	1,211.	41,004.
12 Advertising and promotion	60,654.	18,152.		42,502.
13 Office expenses	764,918.	200,473.	171,618.	392,827.
14 Information technology	147,471.	111,242.	12,683.	23,546.
15 Royalties				
16 Occupancy	1,261,205.	1,190,319.	26,444.	44,442.
17 Travel	67,548.	38,144.	24,545.	4,859.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,042.	34,841.	13,580.	10,621.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	767,419.	711,674.	19,976.	35,769.
23 Insurance	355,995.	305,925.	38,127.	11,943.
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 ANIMAL FEED AND SUPPLIE	891,863.	891,863.		
b VETERINARY MEDICINE AND	891,156.	891,156.		
c PROGRAM SUPPLIES AND UN	129,950.	129,950.		
d AUTOMOTIVE FLEET MAINT	129,539.	129,539.		
e All other expenses	155,682.	130,209.	17,399.	8,074.
25 Total functional expenses. Add lines 1 through 24e	19,249,206.	15,452,393.	1,796,752.	2,000,061.
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)	119,099.	76,004.	3,134.	39,961.

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	37,797.	<b>1</b>	606,383.
	<b>2</b> Savings and temporary cash investments	2,798,818.	<b>2</b>	1,636,096.
	<b>3</b> Pledges and grants receivable, net	9,145,290.	<b>3</b>	7,969,318.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other 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 instr). Complete Part II of Sch L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	127,315.	<b>8</b>	138,823.
	<b>9</b> Prepaid expenses and deferred charges	149,494.	<b>9</b>	223,221.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 21,594,388.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 9,240,856.		
		12,935,011.	<b>10c</b>	12,353,532.
	<b>11</b> Investments - publicly traded securities	29,898,503.	<b>11</b>	30,447,116.
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11	590,568.	<b>15</b>	718,265.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	55,682,796.	<b>16</b>	54,092,754.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,158,691.	<b>17</b>	1,326,140.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	203,307.	<b>19</b>	350,078.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	1,361,998.	<b>26</b>	1,676,218.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets		47,907,818.	<b>27</b>	45,789,915.
<b>28</b> Temporarily restricted net assets		4,798,355.	<b>28</b>	4,903,919.
<b>29</b> Permanently restricted net assets		1,614,625.	<b>29</b>	1,722,702.
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b> Total net assets or fund balances		54,320,798.	<b>33</b>	52,416,536.
<b>34</b> Total liabilities and net assets/fund balances		55,682,796.	<b>34</b>	54,092,754.

Form 990 (2012)

**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	14,926,686.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,249,206.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,322,520.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,320,798.
5	Net unrealized gains (losses) on investments	5	2,689,956.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-271,698.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,416,536.

**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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	
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 (2012)

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

# 2012

**Open to Public  
Inspection**

Name of the organization

SAN DIEGO HUMANE SOCIETY & 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 - Non-functionally integrated

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) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10493027.	10577884.	22943331.	13725255.	10940615.	68680112.
<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	10493027.	10577884.	22943331.	13725255.	10940615.	68680112.
<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)						17089332.
<b>6 Public support.</b> Subtract line 5 from line 4.						51590780.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4	10493027.	10577884.	22943331.	13725255.	10940615.	68680112.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	650,675.	549,953.	519,398.	764,923.	839,764.	3324713.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				4,913.	18,771.	23,684.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	492,087.	369,560.	434,250.	402,526.	522,107.	2220530.
<b>11 Total support.</b> Add lines 7 through 10						74249039.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	16,041,672.
<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 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	69.48 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	<b>15</b>	73.35 %
<b>16a 33 1/3% support test - 2012.</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 - 2011.</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 - 2012.</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 - 2011.</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) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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 ▶ ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****SPECIAL EVENT REVENUE**

2008 AMOUNT: \$ 492,087.

2009 AMOUNT: \$ 369,560.

2010 AMOUNT: \$ 434,250.

2011 AMOUNT: \$ 380,776.

2012 AMOUNT: \$ 497,007.

**GAMING REVENUE**

2011 AMOUNT: \$ 21,750.

2012 AMOUNT: \$ 25,100.

**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

**2012**

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) (2012)

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		\$ 745,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 840,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 819,137.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 326,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 225,000.	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 &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
7		\$ 262,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 750,718.	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.)
		\$	Person <input 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.)

Employer identification number

95-1661688

## Part II

[illegible]

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

SAN DIEGO HUMANE SOCIETY & SPCA

Employer identification number

95-1661688

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ▶ \$

3 Volunteer hours ..... ▶

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization  
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political  
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a  
political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041  
01-07-13



**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
c Total lobbying expenditures (add lines 1a and 1b) .....															
d Other exempt purpose expenditures .....															
e Total exempt purpose expenditures (add lines 1c and 1d) .....															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f) .....															
h Subtract line 1g from line 1a. If zero or less, enter -0- .....															
i Subtract line 1f from line 1c. If zero or less, enter -0- .....															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		1,988.
<b>j</b> Total. Add lines 1c through 1i			1,988.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:****COMPANION ANIMAL PROTECTION ORDINANCE**

**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

**2012**Open to Public  
Inspection

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

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

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

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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)? .....

9 In Part XIII, 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 XIII, 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 XIII.

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 XIII and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**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	3,469,804.	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	372,012.	-46,111.	475,981.	209,274.	6,198.
d Grants or scholarships					
e Other expenditures for facilities and programs	42,828.	8,241.		24,760.	6,198.
f Administrative expenses					
g End of year balance	3,798,988.	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 ☒ 67.00 %  
 b Permanent endowment ☒ 26.00 %  
 c Temporarily restricted endowment ☒ 7.00 %

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 XIII 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		4,047,769.		4,047,769.
b Buildings		9,985,468.	3,472,587.	6,512,881.
c Leasehold improvements		1,592,687.	40,792.	1,551,895.
d Equipment		5,968,464.	5,727,477.	240,987.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ☒ 12,353,532.

Schedule D (Form 990) 2012

**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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	17,198,197.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	2,689,956.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	59,659.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-478,104.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,271,511.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	14,926,686.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	14,926,686.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	19,102,459.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	59,659.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-206,406.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-146,747.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	19,249,206.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	19,249,206.

**Part XIII 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, lines 2d and 4b; and Part XII, 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 X, LINE 2: 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**

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information (continued)

BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. THE SOCIETY FOLLOWS THE PROVISIONS OF ASC 740-10, INCOME TAXES, RELATED TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THE SOCIETY DOES NOT HAVE ANY UNCERTAIN INCOME TAX POSITIONS. THE SOCIETY FILES AN EXEMPT ORGANIZATION RETURN IN THE UNITED STATES FEDERAL JURISDICTION AND WITH THE FRANCHISE TAX BOARD IN THE STATE OF CALIFORNIA. THE SOCIETY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2009 FOR ITS FEDERAL FILINGS AND FOR YEARS BEFORE 2008 FOR ITS STATE FILINGS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENT	-271,698.
INVESTMENT EXPENSE	-185,034.
CARS EXPENSES	-21,372.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-478,104.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSE	-185,034.
CARS EXPENSES	-21,372.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-206,406.



Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2012

## Open To Public Inspection

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		58,550.	21,372.	37,178.
<b>Total</b>				58,550.	21,372.	37,178.

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.

$$\overline{CA}$$

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	FUR BALL (event type)	WALK FOR ANIMALS (event type)	3 (total number)	(add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts	573,080.	387,070.	346,292.	1,306,442.
2 Less: Contributions	245,556.	306,149.	257,730.	809,435.
3 Gross income (line 1 minus line 2)	327,524.	80,921.	88,562.	497,007.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	371,579.	146,329.	181,631.	699,539.
10 Direct expense summary. Add lines 4 through 9 in column (d)				( 699,539.)
11 Net income summary. Combine line 3, column (d), and line 10				-202,532.

**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			25,100.	25,100.
<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				25,100.

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

b If "No," explain:

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

b If "Yes," explain:

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

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

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

## 16 Gaming manager information:

Name ▶ **KELLY RISELEY, CFO**

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ **MAINTAINS BOOKS AND RECORDS, FILES RAFFLE REPORTS.**

☒ 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 ▶ \$ \_\_\_\_\_

**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

**2012**

**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, but 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

3

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

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

Schedule J (Form 990) 2012



**Part III** Supplemental Information

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: THE PRESIDENT RECEIVED A MOVING ALLOWANCE WHICH WAS INCLUDED AS TAXABLE INCOME AND WAS APPROVED BY THE BOARD OF TRUSTEES.**

Blank lines for supplemental information.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2012**

**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	260	266,596.	FAIR VALUE
26 Other ▶ (GALA AUCTION)	X	168	115,557.	FAIR VALUE
27 Other ▶ (ADOPTION CENT)	X	1	79,050.	FAIR VALUE
28 Other ▶ (OFFICE SUPPLI)	X	50	51,010.	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) (2012)



**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:****WALK EVENT ITEMS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 16

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 13221.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE

**TELETHON ITEMS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 5

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5645.

(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

**2012**

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:

EVER BEFORE, INITIATING NEEDS-BASED, COMMUNITY SPAY/NEUTER PROGRAMS TO  
IMPACT THE, GROWING PROBLEM OF PET OVERPOPULATION, FIGHTING FOR  
ADVOCACY ON BEHALF OF THE ANIMALS, SUCH AS THE RECENT BAN ON THE SALE  
OF DOGS, CATS AND RABBITS IN PET STORES IN THE CITY OF SAN DIEGO, AND  
EXPANDING OUR COMMUNITY PROGRAMS TO HELP MORE PEOPLE DURING TIMES OF  
NEED.

AS WE LOOK AHEAD, WE HAVE EXCITING PLANS ALREADY IN PLACE TO CONTINUE  
TO DO MORE FOR THE ANIMALS AND PEOPLE OF OUR COMMUNITY. IN THIS FISCAL  
YEAR, WE'RE OPENING A NEW BEHAVIOR CENTER WHICH WILL PROVIDE INNOVATIVE  
BEHAVIOR MODIFICATION PROGRAMS TO TURN ANIMALS' LIVES AROUND AND GIVE  
THEM A SECOND, OR THIRD OR FOURTH CHANCE. THIS CENTER IS ONE OF THE  
FIRST OF ITS KIND, AND WILL PAVE THE WAY FOR NEW AND PROGRESSIVE  
METHODS TO GIVE ANIMALS THE BEST CHANCE AT A FRESH START.

WE'LL ALSO BE LAUNCHING PROGRAMS TO IMPACT THE TRAGEDY OF CAT  
OVERPOPULATION IN OUTDOOR COLONIES - A LARGE PROBLEM THAT SIGNIFICANTLY  
CONTRIBUTES TO ANIMAL OVERPOPULATION. AND, OF COURSE, WE'LL CONTINUE  
MOVING FORWARD WITH OUR TREATABLE PET INITIATIVE AND "GETTING TO ZERO,"  
ONE ANIMAL AT A TIME.

IN THIS ANNUAL REPORT, WE COLLECT THE DATA AND EVALUATE THE STATISTICS,  
WHICH ARE MORE THAN JUST NUMBERS TO US. THEY ARE THE ANIMALS, THE  
LIVES, WE ARE PLEDGING TO SAVE AND GIVE THAT SECOND OR THIRD CHANCE. IN  
THE FOLLOWING PAGES WE PUBLISH THE "SCORECARD" FOR HOW MANY LIVES HAVE  
BEEN SAVED. YOU'LL SEE THE END OF YEAR NUMBERS FOR OUR ADMISSIONS, OUR  
ADOPTIONS, AND THE SPAY/NEUTER SURGERIES WHICH WILL HELP US "GET TO  
ZERO" EUTHANASIA OF ADOPTABLE ANIMALS IN SAN DIEGO AREA SHELTERS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
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Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

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YOU'LL ALSO READ STORIES OF THE ANIMALS WHOSE LIVES CHANGED  
 DRAMATICALLY BECAUSE PEOPLE CARED ENOUGH ABOUT THEM TO GIVE THEM  
 ANOTHER CHANCE.

WHETHER PEOPLE CHOOSE TO "ADOPT LOVE," "DONATE LOVE," OR "VOLUNTEER  
 LOVE," THE ANIMALS ARE THE WINNERS.

THANK YOU FOR BEING A PART OF THIS INCREDIBLE JOURNEY AS WE BETTER OUR  
 WORLD FOR THE ANIMALS. THERE'S MUCH MORE TO COME AS WE MOVE TOWARDS  
 SAVING THE LIFE OF EVERY ADOPTABLE ANIMAL IN SAN DIEGO. UNTIL THEN,  
 THANK YOU FOR HELPING US "SHARE LOVE" AND SAVE LIVES, ONE ANIMAL AT A  
 TIME.

MUCH GRATITUDE (FROM US AND THE ANIMALS), GARY WEITZMAN, DVM, MPH, CAVA  
 PRESIDENT AND CEO WWW.SDHUMANE.ORG

ADOPTIONS -ADOPTIONS ARE AT THE CENTER OF EVERYTHING WE DO. EACH YEAR,  
 THE SAN DIEGO HUMANE SOCIETY AND SPCA FINDS HOMES FOR THOUSANDS OF  
 ANIMALS IN OUR COMMUNITY. GETTING ANIMALS INTO HOMES AND HELPING TO  
 KEEP THEM THERE IS THE BEST WAY WE KNOW TO IMPACT THE TRAGEDY OF ANIMAL  
 HOMELESSNESS, SOMETHING WE'RE VIGOROUSLY COMMITTED TO.

TRANSPORT -OUR COMMITMENT TO ANIMALS EXTENDS WELL BEYOND THE WALLS OF  
 OUR SHELTER - AND FOR THAT REASON WE'VE PUT A GREATER EMPHASIS ON  
 TRANSPORTING ANIMALS FROM SHELTERS THAT SIMPLY DON'T HAVE THE SPACE OR  
 RESOURCES TO CARE FOR THEM. WE CALL THIS THE TREATABLE PET INITIATIVE.  
 "GETTING TO ZERO" IS OUR FOREMOST MISSION TO SAVE THE LIFE OF EVERY  
 TREATABLE ANIMAL IN SAN DIEGO ANIMAL WELFARE COALITION SHELTERS, AND  
 ONE OF THE WAYS WE CAN DO THAT IS BY WORKING TOGETHER TO ALLEVIATE  
 OVERCROWDING AT OTHER SHELTERS.

KITTEN NURSERY-THE KITTEN NURSERY WAS FORMED TO TAKE IN KITTENS FROM

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SURROUNDING SHELTERS WHO DO NOT HAVE THE SPACE AND RESOURCES TO PROVIDE THE AROUND-THE-CLOCK CARE THAT VERY YOUNG, ORPHANED KITTENS REQUIRE. THE FRAGILE LIVES IN OUR NURSERY REQUIRE MUCH MORE THAN FOOD AND WATER TO GROW. NURTURING THE MOST FRAGILE STAGES OF LIFE REQUIRES TIME, RESOURCES AND DEDICATION; BUT MOST IMPORTANTLY, IT REQUIRES A LOT OF LOVE. THAT IS WHY THE STAFF AT THE KITTEN NURSERY PROVIDE 24-HOUR CARE DURING THIS MOST FORMATIVE TIME OF A KITTEN'S LIFE.

FOSTER PROGRAM - THE FOSTER CARE PROGRAM IS A NURTURING, REHABILITATING AND OFTEN LIFE-SAVING SERVICE FOR BABY ANIMALS, MOTHERS WITH LITTERS, ANIMALS WITH MINOR MEDICAL NEEDS OR ANIMALS IN NEED OF EXTRA-SPECIAL TIME AND ATTENTION. FOSTER CARE IS CRUCIAL TO ALLOWING US TO IMPACT EVEN MORE ANIMALS BY OPENING UP SPACE IN THE SHELTER, ULTIMATELY HELPING US REACH AN EVEN GREATER NUMBER OF ANIMALS THROUGHOUT OUR COMMUNITY.

VETERINARY MEDICINE - THE VETERINARY MEDICAL DEPARTMENT PROVIDES LIFE-SAVING SPECIALIZED SURGERIES, LONG-TERM REHABILITATION AND PROGRESSIVE TREATMENT TO THOUSANDS OF ANIMALS EACH YEAR. BETWEEN OUR PRIMARY HOSPITAL IN SAN DIEGO AND OUR TWO HOSPITALS IN OCEANSIDE, AND WITH THE HELP OF LOCAL VETERINARY SPECIALISTS, WE ARE ABLE TO PROVIDE COMPREHENSIVE MEDICAL CARE TO EVERY ANIMAL IN NEED, AND THE COMPASSIONATE CARE TO RECOVER, REGARDLESS OF HOW SEVERE HIS OR HER INJURIES MAY BE. SPAY/NEUTER ANIMAL OVERPOPULATION IS A CHALLENGING ISSUE THAT CONTINUES TO AFFECT BOTH ANIMALS AND PEOPLE IN SAN DIEGO COUNTY. THE RESULT IS THOUSANDS OF HOMELESS AND UNWANTED ANIMALS COMING INTO OUR SHELTERS. IN OUR EFFORT OF "GETTING TO ZERO," WE LAUNCHED AN AFFORDABLE, NEEDS-BASED, COMMUNITY SPAY/NEUTER PROGRAM WITH A

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THREE-YEAR GOAL OF PERFORMING 13,000 SURGERIES. PROVIDING ACCESSIBLE AND AFFORDABLE OR EVEN FREE SPAY/NEUTER RESOURCES IS THE ONLY WAY WE CAN SERIOUSLY IMPACT THE PROBLEM OF PET OVERPOPULATION.

ONE OF THE FIRST TO TAKE ADVANTAGE OF THIS NEW SERVICE WAS SAN DIEGO RESIDENT, VINCENT CRICK, AND HIS 7-MONTH OLD CAT, MEW. "COST IS A FACTOR, SO I WOULDN'T HAVE BEEN ABLE TO GET MEW NEUTERED WITHOUT AN AFFORDABLE OPTION," SAID CRICK. "I'M VERY APPRECIATIVE OF THE SAN DIEGO HUMANE SOCIETY. THIS IS A FANTASTIC RESOURCE FOR THE COMMUNITY." RUBY'S TRANSFORMATION- RUBY WAS TRANSFERRED TO US FROM ANOTHER SHELTER WITH BOTH HIPS LUXATED (DISLOCATED) CAUSING AN ABNORMAL AND EXTREMELY UNCOMFORTABLE GAIT FOR THE OTHERWISE HEALTHY ONE-YEAR-OLD SIBERIAN HUSKY. OUR VETERINARY STAFF WAS ABLE TO PERFORM A PROCEDURE CALLED AN FHO (FEMORAL HEAD OSTECTOMY) ON BOTH HIPS, WHICH REMOVES THE FEMUR AND CREATES A "FALSE JOINT" WHERE THE HIP WAS PREVIOUSLY. THE SURGERY RELIEVED ALL DISCOMFORT AND LITERALLY PUT RUBY BACK ON HER FEET. SHE WAS ADOPTED IMMEDIATELY!

#### BEHAVIOR & TRAINING

THE BEHAVIOR AND TRAINING STAFF USES ONLY POSITIVE REINFORCEMENT TECHNIQUES AND DEVELOPS INDIVIDUALIZED TRAINING PROGRAMS BASED ON EACH ANIMAL'S SPECIFIC NEEDS. AS A RESULT, ANIMALS ARE HAPPIER AND HEALTHIER IN THE SHELTER ENVIRONMENT, ARE LIKELY TO FIND A HOME FASTER, AND ARE BETTER EQUIPPED TO BUILD LIFE-LONG, TRUSTING RELATIONSHIPS WITH THEIR NEW FAMILY. THE SAN DIEGO HUMANE SOCIETY'S NEW BEHAVIOR CENTER. CENTRAL TO OUR COMMITMENT TO REHABILITATING ANIMALS, WE ARE OPENING A NEW BEHAVIOR CENTER (AT OUR ORIGINAL LOCATION ON SHERMAN STREET) IN THE FALL OF 2013. THE PURPOSE OF THIS FACILITY IS TO BEHAVIORALLY

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

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REHABILITATE DOGS AND CATS WHO MAY DISPLAY FEARFUL, SHY, TIMID, OR DEFENSIVE BEHAVIORS AS WELL AS THOSE WITH HIGH LEVELS OF AROUSAL WHILE IN OUR SHELTERS. OUR GOAL IS TO DEVELOP, IMPLEMENT AND ANALYZE BEHAVIOR TRAINING AND MODIFICATION PROGRAMS TO MEET EACH ANIMAL'S NEEDS. SIMPLY PUT, THIS PROGRAM WILL SAVE LIVES WHILE ENRICHING THE LIVES OF THE ANIMALS IN OUR CARE AND HELPING TO KEEP OUR ANIMALS IN THEIR NEW HOMES ONCE THEY ARE ADOPTED.

## FISCAL YEAR 2012-2013 STATISTICS

## SUMMARY

TOTAL ANIMALS IMPACTED 42,615

TOTAL PEOPLE IMPACTED 273,544

STAFF 271

VOLUNTEERS 1,563

STAFF TO VOLUNTEER RATIO 1:6

## ANIMALS ADMITTED

OWNER RELINQUISHMENTS 2,417

ANIMALS TRANSFERRED FROM OTHER AGENCIES TO THE HUMANE SOCIETY 1,596

ANIMALS RESCUED FOR THEIR PROTECTION 357

STRAY ANIMALS ADMITTED 4,778

TOTAL ADMISSIONS\* 9,148

\*350 ANIMALS WERE RETURNED TO THE SAN DIEGO HUMANE SOCIETY FOR VARIOUS REASONS.

## ANIMALS GOING HOME

DOGS ADOPTED 2,288

CATS ADOPTED 3,547

SMALL ANIMALS &amp; HORSES ADOPTED 576

ANIMALS RETURNED TO THEIR OWNERS 1,307

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ANIMALS TRANSFERRED TO OTHER AGENCIES 253

TOTAL ANIMALS GOING HOME 7,971

CATS - 45%

DOGS - 29%

ANIMALS RETURNED TO THEIR OWNERS - 16%

SMALL ANIMALS &amp; HORSES ADOPTED - 7%

ANIMALS TRANSFERRED TO OTHER AGENCIES - 3%

## OTHER OUTCOMES

ANIMALS EUTHANIZED\* 983

ANIMALS THAT DIED OF NATURAL CAUSES WHILE IN OUR CARE 207

TOTAL OTHER OUTCOMES 1,190

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

"TREATABLE,"

OR "REHABILITATABLE." ALL ANIMALS EUTHANIZED WERE CONSIDERED

"UNHEALTHY"

OR "UNTREATABLE" DUE TO SERIOUS MEDICAL OR BEHAVIORAL ISSUES.

PLACEMENT RATE FOR HEALTHY ANIMALS-100%

PLACEMENT RATE FOR TREATABLE/REHABILITATABLE ANIMAL

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

UP AND CARE FOR STRAY OR INJURED DOMESTIC ANIMALS, RESPOND TO DOG BITE  
 REPORTS, REUNITE LOST ANIMALS WITH THEIR OWNERS, AND ENFORCE  
 ANIMAL-RELATED LAWS.

THIRTEEN HORSES SEIZED FROM NEGLECT. LOU WAS ONE OF THIRTEEN ARABIAN

HORSES SEIZED BY OUR HUMANE OFFICERS IN JANUARY. HE AND THE OTHER SIX

HORSES HAD SUFFERED SEVERE NEGLECT AND THEY WERE DANGEROUSLY EMACIATED.

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

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WE BROUGHT THE HORSES TO SAFETY AT A LOCAL EQUESTRIAN CENTER, WHERE WE NURSED THEM BACK TO HEALTH AND OFFERED AN ABUNDANCE OF LOVE TO HELP SLOWLY REESTABLISH THEIR TRUST IN PEOPLE AGAIN. TODAY, FOUR OF THESE GENTLE GIANTS HAVE BEEN ADOPTED, INCLUDING LOU, WHOSE SWEET, AFFECTIONATE NATURE LEFT A LASTING IMPRESSION ON ALL WHO MET HIM, AND SERVED AS TESTAMENT TO THE FORGIVING AND AMAZINGLY RESILIENT NATURE THAT ANIMALS CAN HAVE.

## ANIMAL RESCUE RESERVE

DISASTER STRIKES WITHOUT WARNING, OFTEN LEAVING OUR PETS EXPOSED, TRAPPED, AFRAID AND/OR HURT. THE ANIMAL RESCUE RESERVE IS A GROUP OF SPECIALLY-TRAINED STAFF AND VOLUNTEERS EQUIPPED TO RESCUE ANIMALS THREATENED BY NATURAL AND MAN-MADE DISASTERS AND OTHER EMERGENCY SITUATIONS. THE HEROIC WORK OF THIS GROUP GOES UNRECOGNIZED ALL TOO OFTEN. THEY COME FROM ALL WALKS OF LIFE AND ARE ALWAYS WILLING AND READY TO DROP EVERYTHING AT A MOMENTS NOTICE TO RESCUE ANIMALS FROM WHATEVER DANGEROUS SITUATION THEY ENCOUNTER.

## HUMANE LAW ENFORCEMENT, ANIMAL CRUELTY &amp; FIELD SERVICES

REPORTS RESPONDED TO 1,712

CASES RESOLVED 1,676

CASES SUBMITTED FOR PROSECUTION 25

ANIMALS SEEN IN THE FIELD 10,848

ANIMALS TAKEN INTO CUSTODY (RELINQUISHED AND SEIZED) 310

NOTICES OF VIOLATION 675

PRE- AND POST- SEIZURE HEARINGS 16

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

INSPECTIONS 21

EDUCATIONAL SPEAKING ENGAGEMENTS 27

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## FIELD SERVICES

ANIMAL BITE QUARANTINES 517

LICENSE CITATIONS 558

NUMBER OF FIELD SERVICES CALLS TO PROVIDE ASSISTANCE\* 8,490

\*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

HOURS OF ARR VOLUNTEER INVOLVEMENT 3,922

HOURS SPENT EXECUTING RESCUE 747

ANIMALS ASSISTED IN EMERGENCY SITUATIONS 72

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

THERE IS NO JOB TOO BIG OR TOO SMALL FOR THIS COMPASSIONATE GROUP OF PEOPLE. WITHOUT OUR VOLUNTEERS, WE COULD NOT HAVE CARED FOR THE 9,148 ANIMALS WE TOOK IN THIS PAST YEAR.

PET-ASSISTED THERAPY SOMETIMES AN ANIMAL CAN GIVE AND TEACH LOVE IN WAYS THAT ARE EVEN GREATER THAN ANOTHER HUMAN CAN. ANIMALS LOVE WITHOUT BIAS OR AGENDA, AND THEY HAVE THE UNIQUE ABILITY TO FILL EACH MOMENT WITH COMPASSION. FOR SOME, AGE OR LIFE CIRCUMSTANCES PREVENT THEM FROM EXPERIENCING THE JOY OF AN ANIMAL. THAT'S WHY THE PET-ASSISTED THERAPY (P-AT) PROGRAM BRINGS ANIMALS TO PATIENTS AT CONVALESCENT HOMES, HOSPITALS, MENTAL HEALTH CENTERS, ABUSED CHILDREN'S HOMES, JUVENILE DETENTION CENTERS AND MORE. LAST YEAR, P-AT TOUCHED THE LIVES OF MORE THAN 13,000 PEOPLE...PEOPLE WHO WERE ABLE TO EXPERIENCE THE UNCONDITIONAL LOVE AND JOY THAT ANIMALS BRING. "THE IMPACT OUR P-AT

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ANIMALS AND VOLUNTEERS MAKE IN THE COMMUNITY IS TREMENDOUS. SENIORS THAT HAVEN'T COMMUNICATED IN MONTHS SPEAK TO OUR ANIMALS. CHILDREN WHO HAVE COME FROM DIFFICULT BACKGROUNDS ARE ABLE TO FEEL SAFE ONCE AGAIN WHEN THEY'RE WITH OUR ANIMAL AMBASSADORS. TROUBLED PATIENTS CALM DOWN WHEN STROKING FUR. IN ADDITION TO THE PROVEN SCIENTIFIC BENEFITS OF BEING AROUND A PET, OUR VOLUNTEERS WITNESS THE LOVE AND COMPASSION OF OUR P-AT PROGRAM DAILY. THE ADDITION OF HOME VISITS THROUGH OUR WELCOME WAGGIN' PROGRAM HAS EXPANDED THE JOY WE ARE ABLE TO BRING TO THOSE IN THE COMMUNITY WHOSE ONLY COMPANY MAY OTHERWISE HAVE BEEN LONELINESS."

JUDITH EISENBERG, PET-ASSISTED THERAPY COORDINATOR.

13,214 PEOPLE AT 637 FACILITIES ENJOYED THE UNCONDITIONAL LOVE OF AN ANIMAL.

ADOPTION CENTER INSIDE THE PETCO STORE IN EL CAJON-WITH THE GENEROUS SUPPORT OF OUR COMMUNITY, THE SAN DIEGO HUMANE SOCIETY AND SPCA HAS CONTINUED TO EXPAND ITS REACH, CREATING AN INTEGRATED NETWORK DESIGNED TO MEET THE UNIQUE NEEDS OF EACH ANIMAL IN OUR CARE AND BE ACCESSIBLE TO ADOPTERS THROUGHOUT THE COUNTY. THIS YEAR WE OPENED A NEW ADOPTION CENTER INSIDE THE PETCO STORE ON SECOND STREET IN EL CAJON, INCREASING THE OPPORTUNITY TO GET ANIMALS ADOPTED. THIS UNIQUE PARTNERSHIP IS AN EXAMPLE OF A 'HUMANE MODEL,' A MUTUALLY BENEFICIAL PARTNERSHIP WITH A LOCAL RESCUE GROUP OR HUMANE SOCIETY TO ENCOURAGE THE ADOPTION OF SHELTER ANIMALS. MANY PET STORES HAVE STARTED TO ADOPT THIS MODEL, RATHER THAN SUPPORT THE DISTRIBUTION AND SALE OF ANIMALS FROM PUPPY MILLS.

ADVOCACY-BANNING OF THE SALE OF PETS IN PET STORES. THIS YEAR, THE SAN DIEGO HUMANE SOCIETY WORKED WITH SEVERAL OTHER ANIMAL WELFARE ORGANIZATIONS IN OUR COMMUNITY TO PASS A BAN ON THE SALE OF DOGS, CATS AND RABBITS IN PET STORES IN THE CITY OF SAN DIEGO. THE PASSING OF THIS

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ORDINANCE MAKES SAN DIEGO THE 33RD CITY IN NORTH AMERICA TO SUCH A BAN.

IT IS A VERY IMPORTANT STEP FORWARD FOR ANIMALS WHO ARE SOURCED FROM PUPPY MILLS AND OTHER LARGE-SCALE, IRRESPONSIBLE, COMMERCIAL BREEDING SOURCES. WE'VE MADE A COMMITMENT TO WORK WITH RESPONSIBLE BREEDERS AND PET STORE OWNERS IN OUR COMMUNITY TO FORM PARTNERSHIPS, SO WE CAN PROVIDE ADOPTERS OPTIONS WHEN LOOKING FOR A PARTICULAR BREED OR TYPE OF ANIMAL. WE'RE HERE TO SERVE THE PEOPLE AND ANIMALS OF OUR COMMUNITY AS WE WORK TOWARDS SAVING THE LIFE OF EVERY ADOPTABLE ANIMAL IN SAN DIEGO COUNTY AREA SHELTERS. THE ONLY WAY TO ACCOMPLISH THAT IS TOGETHER.

34 CITIES IN NORTH AMERICA - INCLUDING SAN DIEGO - HAVE BANNED THE SALE OF DOGS, CATS AND RABBITS IN PET STORES.

#### COMMUNITY OUTREACH & ENGAGEMENT STATISTICS

##### ADULT PROGRAM PARTICIPATION

DOGGIE CAFE 450

HAPPY HOUR LECTURES 384

PET LOSS SUPPORT GROUP 117

PET FIRST AID CLASSES 182

INFO BOOTHS 22,547

SPEAKING ENGAGEMENTS 1,253

TOTAL ADULT PROGRAM IMPACTS 24,933

##### YOUTH PROGRAM PARTICIPATION

ANIMAL ADVENTURE CAMP (SPRING AND SUMMER) 428

BIRTHDAY PARTIES 627

STORYTIMES 115

HOME-SCHOOL PROGRAMS 108

SCOUT PROGRAMS 1,296

GENERAL TOURS AND OUTREACH FIELD TRIPS 1,215

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SCHOOL OUTREACH 18,729

TRUST (TEACHING RESPECT USING SYMPATHY AND TRAINING) 307

TOTAL YOUTH PROGRAM IMPACTS 22,825

TOTAL COMMUNITY OUTREACH IMPACTS 47,758

PET-ASSISTED THERAPY

TOTAL FACILITIES VISITED 637

WELCOME WAGGIN' VISITS 67

TOTAL PEOPLE REACHED 13,214

PROJECT KEPPT

TOTAL PEOPLE IMPACTED 9,196

TOTAL ANIMALS IMPACTED 11,481

NUMBER OF ENROLLED FAMILIES\*894

NUMBER OF ENROLLED ANIMALS 1,158

\*ENROLLED FAMILIES MAY PARTICIPATE MONTHLY AT FOOD BANK EVENTS

WHERE THEY MAY RECEIVE SUPPORT MULTIPLE TIMES THROUGHOUT THE YEAR.

"TOTAL PEOPLE IMPACTED" AND "TOTAL ANIMALS IMPACTED" COUNTS EVERY

INSTANCE PROVIDED THROUGH THIS PROGRAM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GOING GREAT LENGTHS FOR ANIMALS

LASSIE'S LIFE IN AFGHANISTAN WAS NOT A HAPPY ONE. WHEN HE WAS FOUND, THE 1-YEAR OLD SHEPHERD MIX WAS TERRIFIED OF HUMANS, AS THEY HAD ONLY EVER BROUGHT CRUELTY INTO HIS LIFE. THANKFULLY, LASSIE WAS BROUGHT TO THE U.S. BY AN ANIMAL RESCUE GROUP THAT CARES FOR AND RESCUES DOGS FROM KABUL AND PLACES THEM WITH NEW LOVING FAMILIES IN THE U.S. THIS, OF COURSE, IS WHERE WE CAME IN...

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WITHIN MERE DAYS, LASSIE HAD ENDEARED HIMSELF TO THE STAFF WITH HIS INCREDIBLY SWEET NATURE AND EXTRAORDINARY ABILITY TO RETURN THE LOVE AND TRUST THAT HAD ONCE BEEN SO SORELY BETRAYED. NOT SURPRISINGLY, LASSIE'S ADOPTION WAS IMMEDIATE.

SAN DIEGO ANIMAL WELFARE COALITION STATISTICS ARE AVAILABLE ON OUR WEBSITE AT WWW.SDHUMANE.ORG

A MISSION THAT SUPPORTS GROWTH

TO PROMOTE THE HUMANE TREATMENT OF ANIMALS, PREVENT CRUELTY TO ANIMALS AND PROVIDE EDUCATION TO ENHANCE THE HUMAN-ANIMAL BOND.

THE SAN DIEGO HUMANE SOCIETY AND SPCA IS A UNIQUE AND AN INDEPENDENT 501(C)(3) ORGANIZATION, AND IS NOT AFFILIATED WITH ANY OTHER LOCAL, STATE OR NATIONAL ENTITY SUCH AS THE HUMANE SOCIETY OF THE UNITED STATES IN WASHINGTON OR THE ASPCA IN NEW YORK. WE ARE SUPPORTED BY CONTRIBUTIONS, GRANTS, BEQUESTS, INVESTMENTS, PROCEEDS FROM OUR IN-SHELTER RETAIL OUTLETS AND SOME FEES FOR SERVICES. YOUR CONTRIBUTIONS STAY RIGHT HERE TO HELP ANIMALS AND PEOPLE IN NEED, AND TO ENHANCE AND SUPPORT THE HUMAN-ANIMAL BOND IN OUR LOCAL, SAN DIEGO AREA COMMUNITIES.

#### CONTACT INFORMATION

CENTRAL CAMPUS: 5500 GAINES STREET, SAN DIEGO, CA 92110

NORTH CAMPUS:

(DOGS) 2905 SAN LUIS REY ROAD OCEANSIDE, CA 92058

(CATS & SMALL ANIMALS) 572 AIRPORT ROAD OCEANSIDE, CA 92058

ADOPTION CENTER INSIDE THE PETCO STORE IN EL CAJON: 540 N. SECOND STREET, EL CAJON, CA 92021

MAIN TELEPHONE: (619) 299-7012

WEBSITE: WWW.SDHUMANE.ORG

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FORM 990, PART VI, SECTION A, LINE 2: TRUSTEES ALAN BLACKMORE AND COLLEEN BLACKMORE REILLY HAVE A FAMILY AND BUSINESS RELATIONSHIP.

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

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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 9, CHANGES IN NET ASSETS:

BENEFICIAL INTEREST CRT -271,698.

FORM 990, PART III, LINE 4A CONTINUATION:

LIVE RELEASE RATE\*-89%

\*FOR ANIMALS DETERMINED TO BE "UNHEALTHY" OR "UNTREATABLE" AS DICTATED BY THE SDAWC ASILOMAR ACCORDS, TO END UNNECESSARY SUFFERING, OR FOR OBVIOUS PUBLIC SAFETY REASONS, A SMALL PERCENTAGE OF ANIMALS ARE EUTHANIZED. IN FISCAL YEAR 2012-13, 11% OF OUR ANIMAL POPULATION FELL INTO THIS CATEGORY.

BASIC VETERINARY CARE

TOTAL NUMBER OF ANIMALS EXAMINED BY A VETERINARIAN 13,407

SPAY/NEUTER SURGERIES FOR HUMANE SOCIETY ANIMALS 4,722

SPAY/NEUTER SURGERIES FOR DEPARTMENT OF ANIMAL SERVICES ANIMALS 2,534

PRE- AND POST- ADOPTION CONSULTATIONS PROVIDED 517

ADVANCED SHELTER MEDICINE

DENTAL PROCEDURES 414

LABORATORY PROCEDURES (I.E. BLOOD WORK, BIOPSIES AND OTHER DIAGNOSTICS) 2,401

RADIOGRAPHS 931

ORTHOPEDIC SURGERIES 191

OTHER SURGERIES (I.E. MASS REMOVAL, EXPLORATORY SURGERY, EYE/EAR

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Schedule O (Form 990 or 990-EZ) (2012)

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SURGERY, ABCESS DRAINAGE) 465

OUTSOURCED SPECIALTY SURGERIES 41

OUTSOURCED TREATMENT EXPENSE INCURRED BY THE HUMANE SOCIETY\* \$199,762

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

COMMUNITY SPAY/NEUTER INITIATIVES

SPAY/NEUTER INCENTIVE PROGRAM (SNIP)\* 176

LITTER ABATEMENT PROGRAM (LAP)\*\* 143

FERAL CATS SPAYED/NEUTERED IN PARTNERSHIP WITH EAST COUNTY ANIMAL  
RESCUE 334

PUBLIC, NEEDS-BASED CLINICS 1,726

TOTAL COMMUNITY SPAY/NEUTER SURGERIES 2,379

\*PROVIDES AFFORDABLE SPAY/NEUTER SERVICES FOR THOSE ANIMALS BROUGHT TO  
THE SAN DIEGO HUMANE SOCIETY AS STRAYS AND RECLAIMED BY THEIR OWNER.  
IMPOUNDMENT FEES ARE WAIVED AS INCENTIVE IF THE OWNER ALLOWS THE ANIMAL  
TO BE SPAYED/NEUTERED.

\*\*THIS PROGRAM IS DESIGNED TO PROVIDE SPAY/NEUTER SERVICES FOR THE  
GENERAL PUBLIC WHO MAY EITHER BE RELINQUISHING A LITTER OF PUPPIES OR  
KITTENS AND FOR THOSE THAT HAVE FOUND A STRAY LITTER OF KITTENS WHO ARE  
ABLE AND WILLING TO CAPTURE THE STRAY PARENT ANIMAL(S).

PAWS KITTEN NURSERY

TOTAL KITTENS ADMITTED 2,552

TOTAL KITTENS ADOPTED 2,068

LIVE RELEASE RATE 88%

BEHAVIOR &amp; TRAINING

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HUMANE SOCIETY DOGS AND CATS RECEIVING SPECIALIZED TRAINING\* 1,301

PRE- AND POST- ADOPTION CONSULTATIONS PROVIDED 621

ADOPTION FOLLOW-UP CALLS COMPLETED 6,104

BEHAVIOR HELPLINE CALLS/EMAILS RECEIVED AND ANSWERED 528

BEHAVIOR TRAINING CLASSES OFFERED TO THE PUBLIC 107

REGISTRANTS INSTRUCTED THROUGH PUBLIC TRAINING CLASSES/

WORKSHOPS 649

PRIVATE CONSULTATIONS AND TRAINING SESSIONS FOR OWNED ANIMALS 16

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





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

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

**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-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



<b>Part VII</b>	<b>Supplemental Information</b>
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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