

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 private foundations)

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

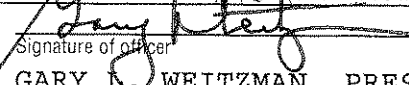
<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>SAN DIEGO HUMANE SOCIETY &amp; SPCA</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5500 GAINES STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO, CA 92110-2572</b> F Name and address of principal officer: <b>GARY L. WEITZMAN</b> <b>5500 GAINES STREET, SAN DIEGO, CA 92110-257</b>	<b>D</b> Employer identification number <b>95-1661688</b> <b>E</b> Telephone number <b>(619) 299-7012</b> <b>G</b> Gross receipts \$ <b>54,386,629.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: <b>WWW.SDHUMANE.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/> <b>L</b> Year of formation: <b>1880</b> <b>M</b> State of legal domicile: <b>CA</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO INSPIRE AND ENGAGE THE COMMUNITY TO END ANIMAL SUFFERING.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) <b>333</b> <b>6</b> Total number of volunteers (estimate if necessary) <b>1700</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>17,966.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>16,966.</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7a</b>	<b>7b</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)	<b>Prior Year</b>	<b>Current Year</b>				
		10,940,615.	16,231,962.				
		2,735,962.	3,034,006.				
		1,132,159.	1,521,549.				
		117,950.	-95,877.				
		14,926,686.	20,691,640.				
<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>2,849,683.</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	<b>Prior Year</b>	<b>Current Year</b>				
		0.	0.				
		0.	0.				
		12,905,754.	12,755,539.				
		21,372.	67,537.				
		6,322,080.	7,017,249.				
		19,249,206.	19,840,325.				
		-4,322,520.	851,315.				
<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	<b>Beginning of Current Year</b>	<b>End of Year</b>				
		54,092,754.	59,311,418.				
		1,676,218.	2,094,575.				
		52,416,536.	57,216,843.				

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer  <b>GARY L. WEITZMAN, PRESIDENT &amp; CEO</b> Type or print name and title	Date <b>5/13/15</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PATRICIA J. MAYER</b> Firm's name <b>MOSS ADAMS LLP</b> Firm's address <b>4747 EXECUTIVE DRIVE, SUITE 1300</b> <b>SAN DIEGO, CA 92121</b>	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN <b>P00188643</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 or note to any line in this Part III

☒ X

- 1 Briefly describe the organization's mission:

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

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 13,019,575. including grants of \$ ) (Revenue \$ 1,088,152. )

ANIMAL SERVICES AND OPERATIONS DEPARTMENTS: ANIMAL CARE, ADOPTIONS, VETERINARY MEDICINE, KITTEN NURSERY, BEHAVIOR AND TRAINING, BEHAVIOR CENTER, FOSTER CARE, SPAY/NEUTER  
PRESIDENT'S MESSAGE

THE 2013-14 FISCAL YEAR HAS BEEN AN EXCITING YEAR AT SAN DIEGO HUMANE SOCIETY AND FOR THE ANIMALS OF OUR COMMUNITY. WHAT'S MOST EXCITING IS THAT WE'RE GETTING CLOSER TO OUR GOAL OF SAVING THE LIFE OF EVERY ADOPTABLE AND TREATABLE ANIMAL IN SAN DIEGO COUNTY.

OUR GOAL AT SAN DIEGO HUMANE SOCIETY IS NOT 100 OR 1,000 OR 100,000.

IT'S ZERO. I'M HAPPY TO TELL YOU, WE'RE HALF WAY THERE. TWO YEARS

AGO, ANIMAL SHELTERS IN SAN DIEGO COUNTY LOST CLOSE TO 4,000 ANIMALS A

4b (Code: ) (Expenses \$ 1,339,574. including grants of \$ ) (Revenue \$ 1,757,889. )

HUMANE LAW ENFORCEMENT

INVESTIGATIONS, FIELD SERVICES, AND ANIMAL RESCUE RESERVE

INVESTIGATIONS, ANIMAL CRUELTY &amp; FIELD SERVICES

HUMANE OFFICERS BRING HOPE TO ANIMALS WHO ARE VICTIMS OF CRUELTY AND NEGLECT AND PROVIDE A VOICE TO THOSE WHO CANNOT SPEAK FOR THEMSELVES.

THEY INVESTIGATE ANIMAL CRUELTY AND NEGLECT, ENFORCE STATE ANIMAL WELFARE LAWS, EDUCATE THE PUBLIC ON PROPER CARE FOR THEIR ANIMALS AND RESCUE ANIMALS FROM DISTRESS AND EMERGENCY SITUATIONS.

HUMANE OFFICERS ALSO PROVIDE SERVICES AS THE MUNICIPAL AUTHORITY AND LAW ENFORCEMENT AGENCY TO PICK 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 IN THE CITIES OF

4c (Code: ) (Expenses \$ 1,173,858. including grants of \$ ) (Revenue \$ 195,217. )

COMMUNITY ENGAGEMENT, EDUCATION PROGRAMS, AND VOLUNTEER ENGAGEMENT

COMMUNITY ENGAGEMENT

THE PURPOSE OF COMMUNITY ENGAGEMENT IS TO PROVIDE EDUCATION AND

RESOURCES IN ORDER TO CREATE A MORE COMPASSIONATE, HUMANE COMMUNITY.

COMMUNITY ENGAGEMENT REACHED 68,621 PEOPLE THIS YEAR - A 42% INCREASE

VOLUNTEERS: WHETHER WORKING DIRECTLY WITH THE ANIMALS IN OUR CARE, WITHIN OTHER PROGRAMS IN THE ORGANIZATION OR ADVOCATING IN THE COMMUNITY AS ENTHUSIASTIC AMBASSADORS OF OUR WORK, THE COMPASSION OF OUR VOLUNTEERS HAS A VERY POSITIVE IMPACT ON THE SUCCESS OF THE SAN DIEGO HUMANE SOCIETY. THEIR COMMITMENT MAKES IT POSSIBLE FOR US TO EXPAND OUR SAFETY NET OF CARE TO AN EVER-GROWING NUMBER OF ANIMALS.

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

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

4e Total program service expenses 15,533,007.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, 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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	37	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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	333	
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	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)?		X
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	<b>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?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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**Part VI Governance, Management, and Disclosure**

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

Check if Schedule O contains a response or note to any line in this Part VI

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

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

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

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

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ 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 or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization 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) DIANE L. GILBERT, CPA CHAIR, BOARD OF TRUSTEES	1.00	X						0.	0.	0.
(2) DEBRA M. PATTERSON 1ST VICE CHAIR, CHAIR OF FINANCE	1.00	X						0.	0.	0.
(3) JUDITH MUNOZ, PH.D. 2ND VICE CHAIR, CHAIR OF BOARD GOVERN	1.00	X						0.	0.	0.
(4) BEVERLY OSTER ORNELAS SECRETARY	1.00	X		X				0.	0.	0.
(5) SUSAN DAVIS CHAIR OF DEVELOPMENT	1.00	X						0.	0.	0.
(6) WAYNE HANSON MEMBER AT LARGE	1.00	X						0.	0.	0.
(7) SANDY ARLEDGE TRUSTEE	1.00	X						0.	0.	0.
(8) EVE BENTON TRUSTEE	1.00	X						0.	0.	0.
(9) ALLEN BLACKMORE TRUSTEE	1.00	X						0.	0.	0.
(10) COLLEEN BLACKMORE REILLY TRUSTEE	1.00	X						0.	0.	0.
(11) GEORGE COLES TRUSTEE	1.00	X						0.	0.	0.
(12) DIANE GLOW, ED.D TRUSTEE	1.00	X						0.	0.	0.
(13) WILLIAM LAFLEUR TRUSTEE	1.00	X						0.	0.	0.
(14) LISA MILLER, M.D. TRUSTEE	1.00	X						0.	0.	0.
(15) ROBIN MUCK TRUSTEE	1.00	X						0.	0.	0.
(16) MATTHEW O'CONNELL, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(17) DAVID SEAR TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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 PRESIDENT & CEO	40.00			X				224,377.	0.	12,107.
(19) KELLY A. RISELEY CHIEF FINANCIAL OFFICER/SVP	40.00			X				120,988.	0.	12,481.
(20) CHARLOTTE R. HARRIS EXECUTIVE VICE PRESIDENT	40.00					X		103,393.	0.	9,465.
(21) CYNTHIA MITCHELL, DVM MEDICAL DIRECTOR	40.00					X		120,253.	0.	11,107.
(22) KIM SHANNON CHIEF OPERATING OFFICER/SVP	40.00					X		133,969.	0.	10,944.
(23) MICHELE L. STUART CHIEF DEVELOPMENT OFFICER/SVP	40.00					X		131,207.	0.	12,702.
<b>1b Sub-total</b>								834,187.	0.	68,806.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								834,187.	0.	68,806.

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 **7**

- 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 or note to any line 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 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 46,775.			
	b	Membership dues	1b			
	c	Fundraising events	1c 1,208,918.			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 14,976,269.			
	g	Noncash contributions included in lines 1a-1f \$	440,052.			
	h	<b>Total.</b> Add lines 1a-1f	16,231,962.			
Program Service Revenue	2 a	FIELD SERVICE & LICENSING	Business Code 900099	1,757,889.	1,757,889.	
	b	ADOPTIONS AND ANIMAL CARE	900099	675,662.	675,662.	
	c	VETERINARY HEALTH SERVICES	900099	405,238.	405,238.	
	d	EDUCATIONAL PROGRAM & FEES	900099	195,217.	195,217.	
	e					
	f	All other program service revenue				
	g	<b>Total.</b> Add lines 2a-2f	3,034,006.			
	3	Investment income (including dividends, interest, and other similar amounts)		799,163.		799,163.
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
Other Revenue	6 a	Gross rents	(i) Real 15,482.			
	b	Less: rental expenses	0.			
	c	Rental income or (loss)	15,482.			
	d	Net rental income or (loss)	15,482.			15,482.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 33,441,913.	(ii) Other 1,820.		
	b	Less: cost or other basis and sales expenses	32,721,347.	0.		
	c	Gain or (loss)	720,566.	1,820.		
	d	Net gain or (loss)	722,386.			722,386.
	8 a	Gross income from fundraising events (not including \$ 1,208,918. of contributions reported on line 1c). See Part IV, line 18	a 284,904.			
	b	Less: direct expenses	b 675,257.			
	c	Net income or (loss) from fundraising events	-390,353.			-390,353.
	9 a	Gross income from gaming activities. See Part IV, line 19	a 18,440.			
	b	Less: direct expenses	b 0.			
	c	Net income or (loss) from gaming activities	18,440.			18,440.
	10 a	Gross sales of inventory, less returns and allowances	a 533,721.			
	b	Less: cost of goods sold	b 298,385.			
	c	Net income or (loss) from sales of inventory	235,336.			235,336.
	Miscellaneous Revenue			Business Code		
11 a	SPONSORSHIP	900099	17,966.		17,966.	
b	OTHER REVENUE	900099	7,252.	7,252.		
c						
d	All other revenue					
e	<b>Total.</b> Add lines 11a-11d	25,218.				
12	<b>Total revenue.</b> See instructions.	20,691,640.	3,041,258.	17,966.	1,400,454.	

**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 or note to any line 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	384,485.	121,059.	263,426.	
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	10,286,080.	8,485,605.	584,415.	1,216,060.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	300,115.	233,037.	24,708.	42,370.
9 Other employee benefits	894,011.	772,832.	43,593.	77,586.
10 Payroll taxes	890,848.	732,644.	58,348.	99,856.
11 Fees for services (non-employees):				
a Management				
b Legal	46,541.	18,465.	22,889.	5,187.
c Accounting	79,524.		79,524.	
d Lobbying	3,995.		3,995.	
e Professional fundraising services. See Part IV, line 17	67,537.			67,537.
f Investment management fees	164,422.		164,422.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)				
12 Advertising and promotion	130,076.	107,071.	55.	22,950.
13 Office expenses	714,228.	275,621.	26,336.	412,271.
14 Information technology	176,996.	120,714.	13,649.	42,633.
15 Royalties				
16 Occupancy	1,091,065.	1,027,764.	23,130.	40,171.
17 Travel	128,871.	77,178.	28,320.	23,373.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	70,542.	46,320.	14,947.	9,275.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	740,058.	683,049.	21,175.	35,834.
23 Insurance	396,384.	335,562.	49,753.	11,069.
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 <b>ANIMAL FEED AND SUPPLIE</b>	983,097.	983,097.		
b <b>VETERINARY MEDICINE AND</b>	973,144.	973,144.		
c <b>OTHER EXPENSES</b>	565,803.	452,478.	2,596.	110,729.
d <b>BAD DEBT EXPENSE</b>	500,000.			500,000.
e All other expenses	252,503.	87,367.	32,354.	132,782.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	19,840,325.	15,533,007.	1,457,635.	2,849,683.
26 <b>Joint costs.</b> 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)	72,468.	47,923.	3,506.	21,039.

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	606,383.	1	1,469,481.
	2 Savings and temporary cash investments	1,636,096.	2	1,552,211.
	3 Pledges and grants receivable, net	7,969,318.	3	9,762,437.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	138,823.	8	155,648.
	9 Prepaid expenses and deferred charges	223,221.	9	293,304.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,693,565.		
	b Less: accumulated depreciation	10b 9,945,296.		
		12,353,532.	10c	11,748,269.
	11 Investments - publicly traded securities	30,447,116.	11	33,463,638.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
14 Intangible assets		14		
15 Other assets. See Part IV, line 11	718,265.	15	866,430.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	54,092,754.	16	59,311,418.	
Liabilities	17 Accounts payable and accrued expenses	1,326,140.	17	1,713,305.
	18 Grants payable		18	
	19 Deferred revenue	350,078.	19	381,270.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,676,218.	26	2,094,575.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	45,789,915.	27	50,455,408.
	28 Temporarily restricted net assets	4,903,919.	28	4,895,568.
	29 Permanently restricted net assets	1,722,702.	29	1,865,867.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	52,416,536.	33	57,216,843.
	34 <b>Total liabilities and net assets/fund balances</b>	54,092,754.	34	59,311,418.

Form 990 (2013)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,691,640.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,840,325.
3	Revenue less expenses. Subtract line 2 from line 1	3	851,315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,416,536.
5	Net unrealized gains (losses) on investments	5	3,180,790.
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	768,201.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	57,216,842.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

SAN DIEGO HUMANE SOCIETY & SPCA

Employer identification number

95-1661688

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

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

- 1 ☐ A church, convention 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?
 

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

332021  
09-25-13

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10577884.	22943331.	13725255.	10940615.	16231962.	74419047.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	10577884.	22943331.	13725255.	10940615.	16231962.	74419047.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17640319.
6 <b>Public support.</b> Subtract line 5 from line 4.						56778728.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	10577884.	22943331.	13725255.	10940615.	16231962.	74419047.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	549,953.	519,398.	764,923.	839,764.	814,645.	3488683.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	199,958.	222,749.	265,705.	291,267.	271,742.	1251421.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						79159151.
12 Gross receipts from related activities, etc. (see instructions)					12	13,991,558.

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

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	71.73	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	69.48	%
16a <b>33 1/3% support test - 2013.</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 - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2013.</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 - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.** 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 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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2013

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 its Form 990-PF, Part I, line 2, 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) (2013)

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		\$ 1,333,687.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,428,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 405,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 540,603.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 850,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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		\$ 674,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 447,537.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 502,747.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,008,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SAN DIEGO HUMANE SOCIETY &amp; SPCA

95-1661688

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

**SCHEDULE 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  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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 <b>SAN DIEGO HUMANE SOCIETY &amp; SPCA</b>	Employer identification number <b>95-1661688</b>
--	---

**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) 2013

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11-08-13

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(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) 2013

**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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		3,995.
j Total. Add lines 1c through 1i			3,995.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

**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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

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:****EXPLANATION: 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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**  
Open to Public  
Inspection

Name of the organization

**SAN DIEGO HUMANE SOCIETY & SPCA**

Employer identification number  
**95-1661688**

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

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

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

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

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

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

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

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

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

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

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

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

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

9 In Part 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

b If "Yes," explain the arrangement in Part 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	3,798,988.	3,469,804.	3,524,156.	2,048,265.	112,760.
b Contributions				1,000,000.	1,751,081.
c Net investment earnings, gains, and losses	408,587.	372,012.	-46,111.	475,981.	209,274.
d Grants or scholarships					
e Other expenditures for facilities and programs	49,521.	42,828.	8,241.		24,760.
f Administrative expenses					
g End of year balance	4,158,054.	3,798,988.	3,469,804.	3,524,246.	2,048,355.

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

a Board designated or quasi-endowment ☒ 69.00 %

b Permanent endowment ☒ 24.00 %

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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		4,042,217.		4,042,217.
b Buildings		11,081,089.	4,659,903.	6,421,186.
c Leasehold improvements		584,620.	120,846.	463,774.
d Equipment		5,985,639.	5,164,547.	821,092.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				11,748,269.

Schedule D (Form 990) 2013

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2013

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	24,498,877.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,180,790.
b	Donated services and use of facilities	2b	22,668.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	603,779.
e	Add lines 2a through 2d	2e	3,807,237.
3	Subtract line 2e from line 1	3	20,691,640.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,691,640.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	19,698,570.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	22,668.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-164,422.
e	Add lines 2a through 2d	2e	-141,754.
3	Subtract line 2e from line 1	3	19,840,324.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	19,840,324.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

EXPLANATION: 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:**

EXPLANATION: THE SOCIETY IS EXEMPT FROM INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND SECTION 23701D OF THE

CALIFORNIA REVENUE AND TAXATION CODE, EXCEPT TO THE EXTENT OF UNRELATED

BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. THE

SOCIETY FOLLOWS THE PROVISIONS OF ASC 740-10, INCOME TAXES, RELATED TO

**Part XIII** Supplemental Information (continued)

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 2010 FOR  
ITS FEDERAL FILINGS AND FOR YEARS BEFORE 2009 FOR ITS STATE FILINGS.

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

CHANGE IN SPLIT INTEREST AGREEMENT	768,201.
INVESTMENT EXPENSE	-164,422.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	603,779.

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

INVESTMENT EXPENSE	-164,422.
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Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

**Open To Public  
Inspection**

Employer identification number  
95-1661688

**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.

- 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

- ☒
- 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.

<b>Total</b>	185,032.	67,537.	117,495.
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- CA

SEE PART IV FOR CONTINUATIONS

31

2013.05080 SAN DIEGO HUMANE SOCIETY 34044 1

**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 .....	618,471.	413,790.	461,561.	1,493,822.
2 Less: Contributions .....	457,044.	332,590.	419,284.	1,208,918.
3 Gross income (line 1 minus line 2) .....	161,427.	81,200.	42,277.	284,904.
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes .....		33,091.		33,091.
6 Rent/facility costs .....				
7 Food and beverages .....	217,740.			217,740.
8 Entertainment .....				
9 Other direct expenses .....	130,854.	101,532.	192,040.	424,426.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				675,257.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-390,353.

**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 .....			18,440.	18,440.
<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 checked="" type="checkbox"/> Yes 95.00 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				18,440.

9 Enter the state(s) in which the organization operates gaming activities: CA

a Is the organization licensed to operate gaming activities in each of these states? .....

☒ Yes ☐ No

b If "No," explain: .....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

☐ Yes ☒ No

b If "Yes," explain: .....

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

Name ▶ KELLY RISELEY, CFOAddress ▶ 5500 GAINES STREET - SAN DIEGO, CA 92110

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:

Name ▶ 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 ▶ \$ 18,440.

**Part IV** **Supplemental Information.** 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 ADULT RIDES AND SERVICES, 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" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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 directors, trustees, and officers, including 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.

☒ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2013



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.

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

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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	1,596	277,638.	FAIR VALUE
26 Other ▶ ( GALA AUCTION )	X	805	142,377.	FAIR VALUE
27 Other ▶ ( PROGRAM AND O )	X	115	20,037.	FAIR VALUE
28 Other ▶ ( )				

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

	Yes	No
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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

**Part II** **Supplemental Information.** 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.

SCHEDULE M, LINE 32B:

EXPLANATION: CHARITABLE ADULT RIDES AND SERVICES, INC. PERFORMS

COMPREHENSIVE VEHICLE DONATION SERVICES FOR SAN DIEGO HUMANE SOCIETY

AND SPCA. C.A.R.S. IS A 501(C)(3) ORGANIZATION.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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:

YEAR WHO COULD HAVE BEEN REHABILITATED AND REHOMED WITH LIFESAVING

RESOURCES. LAST YEAR, THROUGH COMMUNITY PROGRAMS WE LAUNCHED, WE GOT

THAT NUMBER DOWN TO 2,900. THIS YEAR, THE NUMBER HAS PLUMMETED TO

1,662. AND BY THE END OF 2015 WE PLEDGE TO GET THAT NUMBER EVEN LOWER.

NOT BY JUST A LITTLE, BUT ALL THE WAY DOWN TO ZERO. OUR AREAS OF FOCUS

FOR "GETTING TO ZERO" ARE:

-SPAY/NEUTER: INCREASING ACCESSIBILITY TO COMMUNITY SPAY/NEUTER

PROGRAMS

-TRANSPORT PROGRAM: TRANSPORTING AT-RISK ANIMALS FROM OTHER SHELTERS

TO SAN DIEGO HUMANE SOCIETY-ADOPTIONS: ADOPTING AN ANIMAL MAKES SPACE

FOR ANOTHER ANIMAL IN NEED OF IMMEDIATE CARE. GETTING ANIMALS OUT OF

THE SHELTER AND INTO HOMES ALLOWS US TO HELP EVEN MORE

-SAFETY NET PROGRAMMING: PROVIDING RESOURCES TO HELP PET OWNERS KEEP

THEIR PETS IN THEIR HOMES. AS AN OPEN-ADMISSION ANIMAL WELFARE

ORGANIZATION, WE HOLD OUR DOORS AND HEARTS OPEN WIDE TO ALL ANIMALS

REGARDLESS OF AGE, TEMPERAMENT, BREED, OR HEALTH. WE PROVIDE A VITAL

SAFETY NET TO THOSE INJURED, NEGLECTED, ABANDONED, OR ABUSED ANIMALS.

WE'RE SO VERY CLOSE TO ACCOMPLISHING OUR GOAL OF "GETTING TO ZERO" BY

TREATING ALL THE INJURED OR ILL ANIMALS IN SAN DIEGO SHELTERS WHO

REQUIRE OUR COMPASSIONATE CARE.

WE WILL MAKE SAN DIEGO TRULY A SAFE PLACE FOR HOMELESS ANIMALS, AND

TRULY A PET-FRIENDLY COMMUNITY. WE ALL NEED A SAFETY NET, AND NO ONE

NEEDS IT MORE THAN THE THOUSANDS OF ORPHANED, ABANDONED AND NEGLECTED

ANIMALS WHO COME THROUGH OUR DOORS. WE'RE PLEDGING TO SAVE THE LIFE OF

EVERY ADOPTABLE AND TREATABLE ANIMAL, AND WITH 45,000 HOMELESS PETS

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

ENTERING SAN DIEGO SHELTERS EACH YEAR, THAT'S A TALL ORDER. BUT WE'RE VERY CLOSE, AND THANKS TO YOU, WE'LL BE ABLE TO DO IT. MUCH GRATITUDE, GARY WEITZMAN, DVM, MPH, CAVA PRESIDENT AND CEO.

ADOPTIONS - WE KNOW THE EXTRAORDINARY WAYS ANIMALS ENRICH OUR LIVES WITH LOVE AND HAPPINESS. THAT'S WHY MATCHING PEOPLE WITH A NEW PET IS ONE OF OUR TOP PRIORITIES. 6,517 ANIMALS WERE ADOPTED DIRECTLY FROM SAN DIEGO HUMANE SOCIETY.

TRANSPORT - WE ARE COMMITTED TO HELPING EVERY ANIMAL IN SAN DIEGO COUNTY - NOT JUST THOSE ENTERING OUR SHELTERS. THE TREATABLE PET INITIATIVE IS OUR TRANSFER PROGRAM TO RELOCATE TREATABLE ANIMALS TO OUR FACILITY FROM OUR SHELTER PARTNERS WHO NEED OUR HELP. WITHOUT THIS VITAL PROGRAM, THESE HELPLESS ANIMALS MAY NOT RECEIVE THE CARE THEY NEED TO HEAL AND THRIVE. 2,192 ANIMALS WERE TRANSFERRED TO SAN DIEGO HUMANE SOCIETY IN THE 2013-14 FISCAL YEAR AND GIVEN THE SECOND CHANCE THEY DESERVE - A 37% INCREASE OVER LAST YEAR!

RETURN TO OWNER - WE WORK TO REUNITE AS MANY STRAY PETS WITH THEIR OWNERS AS POSSIBLE. THE MAJORITY OF STRAY ANIMALS ENTERING OUR SHELTERS DON'T HAVE IDENTIFYING INFORMATION, MAKING IT DIFFICULT TO GET THEM HOME. BY UTILIZING NEW TECHNOLOGIES, LIKE FINDING ROVER, A FACIAL RECOGNITION APP, AND EDUCATING OUR COMMUNITY ON THE IMPORTANCE OF LICENSING AND MICROCHIPPING, WE WERE ABLE TO REUNITE 1,515 LOST PETS WITH THEIR WORRIED FAMILIES.

#### KITTEN NURSERY

OUR 24-HOUR KITTEN NURSERY WAS CREATED TO CARE FOR THE MOST FRAGILE ANIMAL POPULATION IN OUR REGION - UNDERAGE AND ORPHANED KITTENS. THIS SPECIALIZED FACILITY SERVES AS A LIFESAVING RESOURCE TO OUR ENTIRE COMMUNITY, BY TRANSFERRING UNDERAGE AND ORPHANED KITTENS IN FROM

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SURROUNDING SHELTERS WHO DO NOT HAVE THE ABILITY TO CARE FOR THEM.

NURTURING THESE PRECIOUS LIVES REQUIRES TIME, RESOURCES AND DEDICATION;

BUT MOST IMPORTANTLY, IT REQUIRES A LOT OF LOVE. OUR HIGHLY SKILLED

NURSERY STAFF PROVIDES THE AROUND-THE-CLOCK CARE THESE DELICATE KITTENS

REQUIRE TO REACH A FULL AND HEALTHY DEVELOPMENT.

SPAY/NEUTER - THE TRAGEDY OF ANIMAL OVERPOPULATION CONTINUES TO AFFECT

THE ANIMALS, PEOPLE AND SHELTERS IN OUR COMMUNITY. THE RESULT IS

45,000 HOMELESS AND UNWANTED ANIMALS FLOODING LOCAL SHELTERS EVERY

YEAR. BY PROVIDING ACCESSIBLE, AFFORDABLE OR EVEN FREE SPAY/NEUTER

RESOURCES, WE ARE PREVENTING UNWANTED AND UNPLANNED LITTERS FROM

ENTERING SAN DIEGO AREA SHELTERS IN THE FUTURE. 4,924 ANIMALS WERE

SPAYED/NEUTERED THROUGH OUR COMMUNITY CLINIC LAST YEAR - THAT'S A

TOTAL OF 7,303 COMMUNITY ANIMALS SINCE THE CLINIC OPENED IN

NOVEMBER 2012.

VETERINARY MEDICINE - THE LIFE OF EVERY ANIMAL ENTRUSTED IN OUR CARE

IS, IN SOME WAY, BRIGHTENED BY OUR VETERINARY MEDICAL DEPARTMENT. IN

ADDITION TO BASIC MEDICAL PROCEDURES, OUR TEAM OF VETERINARIANS ALSO

PERFORMS LIFESAVING SPECIALIZED SURGERIES, PROGRESSIVE TREATMENTS AND

SUBSEQUENT REHABILITATION SERVICES. THANKS TO THE COMPASSIONATE

PROFESSIONALISM AND EXPERTISE OF OUR VETERINARY MEDICAL TEAMS, WE ARE

ABLE TO ENSURE EVERY SICK OR INJURED ANIMAL IS GIVEN THE COMPREHENSIVE

MEDICAL CARE THEY NEED AND DESERVE.

BEHAVIOR AND TRAINING - THE BEHAVIOR AND TRAINING STAFF ADHERES TO A

POSITIVE REINFORCEMENT TRAINING PHILOSOPHY TO ENSURE THE MENTAL AND

BEHAVIORAL WELL-BEING OF ALL ANIMALS IN OUR CARE. AS A RESULT, ANIMALS

ARE HAPPIER AND HEALTHIER IN THE SHELTER ENVIRONMENT, ARE LIKELY TO

FIND A HOME FASTER, AND ARE BETTER POSITIONED FOR SUCCESS WITH THEIR

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NEW FAMILIES.

BEHAVIOR CENTER: LOCATED AT THE PREVIOUS HUMANE SOCIETY LOCATION ON SHERMAN STREET, THE BEHAVIOR CENTER IS A SAFE HAVEN FOR ANIMALS WHO DISPLAY FEARFUL, SHY, TIMID, OR DEFENSIVE BEHAVIORS. THERE IS NO OTHER ANIMAL BEHAVIORAL REHABILITATION CENTER LIKE THIS IN SAN DIEGO. AS SUCH, THIS PROGRAM SERVES AS A SAFETY NET FOR ANIMALS IN SHELTERS THROUGHOUT OUR REGION. WE TRANSFER ANIMALS FROM OTHER SHELTERS INTO OUR CARE, ENROLL THEM IN THIS LIFESAVING PROGRAM AND PROVIDE THEM THE BEHAVIOR MODIFICATION THEY NEED TO BECOME READY FOR ADOPTION.

## FISCAL YEAR 2013-2014 STATISTICS

## ANIMALS ADMITTED

2,624 OWNER RELINQUISHMENTS, 2,192 ANIMALS TRANSFERRED FROM OTHER AGENCIES TO THE HUMANE SOCIETY, 134 ANIMALS RESCUED FOR THEIR PROTECTION, 4,447 STRAY ANIMALS, 9,397 TOTAL ANIMALS ADMITTED 400 ANIMALS WERE RETURNED TO SAN DIEGO HUMANE SOCIETY FOR VARIOUS REASONS.

## OTHER OUTCOMES

619 ANIMALS EUTHANIZED. 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.

164 ANIMALS THAT DIED OF NATURAL CAUSES WHILE IN OUR CARE, 783 TOTAL OTHER OUTCOMES (DOES NOT INCLUDE THE DIFFERENCE BETWEEN BEGINNING SHELTER COUNT AND ENDING SHELTER COUNT OF 79.), 100% PLACEMENT RATE FOR HEALTHY ANIMALS, 100% PLACEMENT RATE FOR TREATABLE/ REHABILITATABLE ANIMALS, 93% LIVE RELEASE RATE. FOR ANIMALS DETERMINED TO BE

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"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 2013-14, 7% OF OUR ANIMAL POPULATION FELL INTO THIS CATEGORY.

## BASIC VETERINARY CARE

16,523 TOTAL ANIMALS EXAMINED BY A VETERINARIAN, 4,455 SPAY/NEUTER SURGERIES FOR HUMANE SOCIETY ANIMALS, 2,424 SPAY/NEUTER SURGERIES FOR DEPARTMENT OF ANIMAL SERVICES ANIMALS, 546 PRE AND POST-ADOPTION CONSULTATIONS PROVIDED

## ANIMALS GOING HOME

2,458 DOGS ADOPTED, 3,596 CATS ADOPTED, 455 SMALL ANIMALS ADOPTED, 8 HORSES ADOPTED, 503 ANIMALS TRANSFERRED TO OTHER AGENCIES, 1,515 ANIMALS RETURNED TO OWNERS, 8,535 TOTAL ANIMALS GOING HOME

## ADVANCED SHELTER MEDICINE

516 DENTAL PROCEDURES, 2,855 LABORATORY PROCEDURES (I.E. BLOOD WORK, BIOPSIES AND OTHER DIAGNOSTICS), 971 RADIOGRAPHS, 233 ORTHOPEDIC SURGERIES, 322 OTHER SURGERIES (I.E. MASS REMOVAL, EXPLORATORY SURGERY, EYE/EAR SURGERY, ABCESS DRAINAGE), 108 OUTSOURCED SPECIALTY SURGERIES, \$140,236 OUTSOURCED TREATMENT EXPENSE INCURRED BY THE HUMANE SOCIETY INCLUDES SPECIALTY SURGERIES, DIAGNOSTICS, CRITICAL CARE AND PROCEDURES THAT CANNOT BE PERFORMED IN-HOUSE.

## FOSTER

301 TOTAL NUMBER OF FOSTER HOMES, 1,411 TOTAL NUMBER OF ANIMALS HELPED

## BY FOSTER CARE

332212  
09-04-13

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## COMMUNITY SPAY/NEUTER CLINIC INITIATIVES

218 SPAY/NEUTER INCENTIVE PROGRAM, 167 LITTER ABATEMENT PROGRAM, 373

FERAL CATS SPAYED/NEUTERED IN PARTNERSHIP WITH EAST COUNTY ANIMAL

RESCUE, 285 PIT BULL CLINIC, 110 PROJECT KEPPT, 3,243 PUBLIC CLINICS,

528 TARGET NEIGHBORHOODS, 4,924 TOTAL COMMUNITY SPAY/NEUTER

## KITTEN NURSERY

2,740 TOTAL KITTENS ADMITTED, 2,106 KITTEN ADOPTIONS, 92% LIVE RELEASE  
RATE

## TRAINING

939 HUMANE SOCIETY DOGS AND CATS RECEIVING SPECIALIZED TRAINING.

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

## OCEANSIDE AND VISTA

HUMANE OFFICERS PROVIDED ASSISTANCE TO 7,767 CALLS (INCLUDING REPORTS  
OF ANIMALS RUNNING STRAY, ANIMALS LEFT IN HOT CARS AND WELFARE CHECKS  
IN OCEANSIDE AND VISTA.)

## ANIMAL RESCUE RESERVE

THE ANIMAL RESCUE RESERVE IS A GROUP OF SPECIALLY TRAINED STAFF AND  
VOLUNTEERS THAT DEPLOY TO PROVIDE RESCUE AND RELIEF TO ANIMALS DURING  
DISASTERS OR EMERGENCY SITUATIONS. THIS DEDICATED GROUP IS AVAILABLE 24  
HOURS A DAY, 7 DAYS A WEEK, TO RESPOND TO ANIMALS IN CRISIS.

## HUMANE LAW ENFORCEMENT STATISTICS FOR 2013-2014

1,639 REPORTS RESPONDED TO ANIMAL CRUELTY/NEGLECT

1,475 CASES RESOLVED

7,804 ANIMALS SEEN IN THE FIELD

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490 NOTICES OF VIOLATION

9 CASES SUBMITTED FOR PROSECUTION

12 PRE- AND POST-SEIZURE HEARINGS

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

20 EDUCATIONAL SPEAKING ENGAGEMENTS

374 ANIMAL BITE QUARANTINE

7,767 NUMBER OF FIELD SERVICES COMPLAINTS (IE. RUNNING AT LARGE,  
ANIMALS LEFT IN HOT CARS, ANIMAL WELFARE CHECKS, ETC.)

ANIMAL RESCUE RESERVE

1,834 HOURS OF ARR VOLUNTEER TRAINING

779 HOURS SPENT EXECUTING RESCUE

93 ANIMALS ASSISTED IN EMERGENCY SITUATIONS

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

1,700 PEOPLE DEDICATED THEIR VALUABLE TIME AND UNIQUE TALENTS FOR THE  
SAKE OF THE ANIMALS TOTALING 178,968 HOURS. THERE IS NO JOB TOO BIG OR  
TOO SMALL FOR THIS KINDHEARTED GROUP OF PEOPLE.PROJECT KEPPT (KEEPING EVERY PERSON AND PET TOGETHER) HELPS PEOPLE KEEP  
THEIR PETS DURING TIMES OF PERSONAL CRISIS OR FINANCIAL HARDSHIP.FAMILIES ENROLLED IN THIS PROGRAM RECEIVE FREE PET FOOD THROUGH  
MONTHLY FOOD BANKS, ANIMAL CARE SUPPLIES, BEHAVIOR AND TRAINING  
ADVICE, PET-FRIENDLY HOUSING REFERRALS, AND VETERINARY FINANCIAL AID  
REFERRALS.

PET ASSISTED THERAPY: SOMETIMES AN ANIMAL CAN GIVE AND TEACH LOVE MORE

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Schedule O (Form 990 or 990-EZ) (2013)

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POWERFULLY AND PROFOUNDLY THAN ANOTHER HUMAN EVER COULD. ANIMALS LOVE WITHOUT BIAS OR AGENDA, AND THEY HAVE THE UNIQUE ABILITY TO FILL EACH MOMENT WITH COMPASSION. FOR SOME PEOPLE, 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 OTHER FACILITIES.

## COMMUNITY OUTREACH &amp; ENGAGEMENT STATISTICS

## ADULT PROGRAM PARTICIPATION

## ADULT PROGRAMS

498 DOGGIE CAFE

280 HAPPY HOUR LECTURES

82 PET LOSS SUPPORT GROUP

183 PET FIRST AID CLASSES

26,149 INFO BOOTHS

1,236 SPEAKING ENGAGEMENTS

16,100 PARADES

44,528 TOTAL ADULT PARTICIPANTS

## YOUTH PROGRAMS

431 ANIMAL ADVENTURE CAMP (SPRING AND SUMMER)

906 BIRTHDAY PARTIES

194 STORY TIMES

64 HOMES-SCHOOL PROGRAMS

932 SCOUT PROGRAMS

1,020 GENERAL TOURS AND OUTREACH FIELD TRIPS

1,181 PAWSITIVE SERVICE

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297 TRUST

19,068 SCHOOL OUTREACH

24,093 TOTAL YOUTH PARTICIPANTS

68,621 TOTAL YOUTH AND ADULTS REACHED VIA COMMUNITY OUTREACH AND  
HUMANE EDUCATION

PROJECT KEPPT

10,496 TOTAL PEOPLE IMPACTED

12,455 TOTAL ANIMALS IMPACTED

1,213 NUMBER OF ENROLLED FAMILIES 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.

PET-ASSISTED THERAPY

1,332 NUMBER OF ENROLLED ANIMALS

672 TOTAL FACILITIES VISITED

36 WELCOME WAGGIN' VISITS

13,914 TOTAL PEOPLE REACHED

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

SAN DIEGO ANIMAL WELFARE COALITION ACCORDS

IN AUGUST 2004, A SUMMIT OF ANIMAL WELFARE INDUSTRY LEADERS FROM  
ACROSS THE NATION CONVENED AT ASILOMAR IN PACIFIC GROVE, CALIFORNIA,  
FOR THE PURPOSE OF BUILDING BRIDGES ACROSS VARYING PHILOSOPHIES,  
DEVELOPING RELATIONSHIPS, AGREEING ON COMMON DEFINITIONS AND  
GATHERING STATISTICS IN A STANDARDIZED FORMAT. THE STATISTICAL  
GUIDELINES DEVELOPED FROM THE SPIRIT AND VISION OF THIS MEETING CAME TO

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BE KNOWN AS THE ASILOMAR ACCORDS. THEY SERVE AS AN IMPORTANT TOOL IN  
CONSISTENTLY TRACKING THE PROGRESS OF REDUCING OR ELIMINATING THE  
EUTHANASIA OF HEALTHY OR TREATABLE COMPANION ANIMALS IN SHELTERS ACROSS  
THE UNITED STATES. ALL MEMBER ORGANIZATIONS OF THE SAN DIEGO ANIMAL  
WELFARE COALITION (SDAWC), WHICH ARE LISTED BELOW, UTILIZE THE  
DEFINITIONS PRESCRIBED BY THESE ACCORDS.

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

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: TRUSTEES ALLEN BLACKMORE AND COLLEEN BLACKMORE REILY HAVE A  
FAMILY AND BUSINESS RELATIONSHIP.

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

EXPLANATION: THE CFO REVIEWS THE TAX RETURN WITH THE CEO, THEN PROVIDES A  
COPY TO EACH TRUSTEE (BOARD MEMBER) PRIOR TO FILING.

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

EXPLANATION: 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 EMPLOYEES ARE  
PERMITTED TO ACCEPT. PRESIDENT AND SR. MANAGEMENT IS RESTRICTED FROM  
HIRING A COMPANY VENDOR, MANAGER OR STAFF MEMBER FOR THEIR PERSONAL

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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:

EXPLANATION: 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:

EXPLANATION: CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST VIA E-MAIL, U.S. MAIL, OR IN PERSON. THE AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE SAN DIEGO HUMANE SOCIETY AND SPCA WEBSITE OR AVAILABLE UPON REQUEST VIA E-MAIL, U.S. MAIL, OR IN PERSON.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENT

768,201.

Department of the Treasury  
Internal Revenue Service

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

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

[illegible]

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

Schedule R (Form 990) 2013



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.