

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

**2014**

Open to Public Inspection

**A** For the **2014** calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="border: 1px solid black; padding: 2px;">SAN DIEGO HUMANE SOCIETY &amp; SPCA</div> Doing business as <div style="border: 1px solid black; padding: 2px;">5500 GAINES STREET</div> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">SAN DIEGO, CA 92110-2572</div> City or town, state or province, country, and ZIP or foreign postal code <b>F</b> Name and address of principal officer: <b>GARY L. WEITZMAN</b> <div style="border: 1px solid black; padding: 2px;">5500 GAINES STREET, SAN DIEGO, CA 92110-257</div>	<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">95-1661688</div> <b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">(619) 299-7012</div> <b>G</b> Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">48,505,017.</div> <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 ▶		
<b>L</b> Year of formation: <b>1880</b> <b>M</b> State of legal domicile: <b>CA</b>		

**Part I Summary**

<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>19</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>19</b>
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>459</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>5189</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>157,887.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>75,604.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>16,231,962.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>3,034,006.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,521,549.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-95,877.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>20,691,640.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>12,755,539.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>67,537.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,611,992.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>7,017,249.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>19,840,325.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>851,315.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>59,311,418.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>2,094,575.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>57,216,843.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <div style="border: 1px solid black; padding: 2px;">GARY L. WEITZMAN, PRESIDENT &amp; CEO</div> Type or print name and title	Date
<b>Paid</b>	Print/Type preparer's name <b>PATRICIA J. MAYER</b>	Preparer's signature <div style="border: 1px solid black; padding: 2px;"></div>
<b>Preparer</b>	Firm's name ▶ <b>MOSS ADAMS LLP</b>	Firm's EIN ▶ <b>91-0189318</b>
<b>Use Only</b>	Firm's address ▶ <b>4747 EXECUTIVE DRIVE, SUITE 1300</b> <b>SAN DIEGO, CA 92121</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 \$ 16,866,754. including grants of \$ ) (Revenue \$ 999,726.)  
ANIMAL SERVICES AND OPERATIONS DEPARTMENTS: ANIMAL CARE, ADMISSIONS,  
ADOPTIONS, VETERINARY MEDICINE, KITTEN NURSERY, BEHAVIOR AND TRAINING,  
BEHAVIOR CENTER, FOSTER CARE, SPAY/NEUTER

## PRESIDENT'S MESSAGE

THANKS TO OUR NETWORK OF SUPPORTERS, MORE VULNERABLE ANIMALS IN OUR  
COMMUNITY ARE NOW SAFE. WITH THE GOAL OF WORKING TOWARDS "GETTING TO  
ZERO" EUTHANASIA OF HEALTHY AND TREATABLE ANIMALS IN SAN DIEGO, WE WERE  
ABLE TO SAVE MORE ANIMAL LIVES THAN EVER BEFORE IN OUR 135 YEAR  
HISTORY. WE DID IT TOGETHER. ALTHOUGH SAN DIEGO HUMANE SOCIETY HAS NOT  
EUTHANIZED A HEALTHY OR TREATABLE ANIMAL IN MORE THAN 15 YEARS, WE KNEW  
WE HAD A RESPONSIBILITY TO THE ANIMALS IN OUR COMMUNITY TO HELP OTHER

4b (Code: ) (Expenses \$ 1,999,248. including grants of \$ ) (Revenue \$ 3,666,868.)  
HUMANE LAW ENFORCEMENT, ANIMAL RESCUE RESERVE, FIELD SERVICES

## HUMANE LAW ENFORCEMENT

YOUR SUPPORT ENABLES OUR TEAM OF HUMANE OFFICERS TO BE IN THE FIELD  
SEVEN DAYS A WEEK, INVESTIGATING REPORTS OF CRUELTY AND NEGLECT,  
ENFORCING STATE ANIMAL WELFARE LAWS AND RESCUING ANIMALS FROM EMERGENCY  
SITUATIONS. LAST YEAR, HUMANE OFFICERS ENSURED THE SAFETY AND WELLBEING  
OF ANIMALS IN OUR COMMUNITY BY INVESTIGATING 1,795 CLAIMS OF CRUELTY  
AND NEGLECT. 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

4c (Code: ) (Expenses \$ 1,779,155. including grants of \$ ) (Revenue \$ 258,278.)  
COMMUNITY ENGAGEMENT, EDUCATION PROGRAMS, AND VOLUNTEER ENGAGEMENT  
OTHER PROGRAMS

## VOLUNTEERS

OUR VOLUNTEER CORPS IS CRUCIAL TO THE TEAM AT SAN DIEGO HUMANE SOCIETY.  
OUR NEARLY 5,200 VOLUNTEERS SIGNIFICANTLY STRENGTHEN OUR EFFORTS IN  
VITAL AREAS, SUCH AS: ANIMAL CARE AND ENRICHMENT, MOBILE ADOPTIONS,  
BEHAVIOR AND TRAINING, PET-ASSISTED THERAPY, FOSTER CARE, ADMINISTRATIVE  
ASSISTANCE, ANIMAL PHOTOGRAPHY, AND SO MUCH MORE. WE SIMPLY COULD NOT  
ACCOMMODATE THE EVERGROWING NUMBER OF ANIMALS THAT RELY ON US, WITHOUT  
THE TALENT AND DEDICATION OF OUR VOLUNTEERS.

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

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

4e Total program service expenses 20,645,157.

**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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		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 <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		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 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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	63	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
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	459	
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	
b	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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	
b	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.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring 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.		
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	19	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year			19		
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			19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?					X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					X
6 Did the organization have members or stockholders?					X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?				X	
b Each committee with authority to act on behalf of the governing body?				X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b
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, address, and telephone number of the person who possesses the organization's books and records: **OFFICE OF CFO - (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) ALLEN BLACKMORE TRUSTEE	1.00	X						0.	0.	0.
(2) BEV OSTER ORNELAS (THROUGH 1/15) SECRETARY	1.00	X		X				0.	0.	0.
(3) COLLEEN BLACKMORE REILLY SECRETARY	1.00	X						0.	0.	0.
(4) DAVID SEAR (THROUGH 1/15) TRUSTEE	1.00	X						0.	0.	0.
(5) DEBRA M. PATTERSON 1ST VICE CHAIR, CHAIR OF FINANCE	1.00	X						0.	0.	0.
(6) DIANE GLOW, ED.D. TRUSTEE	1.00	X						0.	0.	0.
(7) DIANE L. GILABERT (THROUGH 1/15) CHAIR, BOARD OF TRUSTEES	1.00	X						0.	0.	0.
(8) EVE BENTON TRUSTEE	1.00	X						0.	0.	0.
(9) GEORGE COLES TRUSTEE	1.00	X						0.	0.	0.
(10) JAMES BRALLEAN PHD TRUSTEE	1.00	X						0.	0.	0.
(11) JASON KULPA TRUSTEE	1.00	X						0.	0.	0.
(12) KEN COHEN TRUSTEE	1.00	X						0.	0.	0.
(13) LISA MILLER, M.D. TRUSTEE	1.00	X						0.	0.	0.
(14) MARSHA S. HESTER TRUSTEE	1.00	X						0.	0.	0.
(15) MATTHEW S. O'CONNELL, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(16) RICHARD BOCKOFF TRUSTEE	1.00	X						0.	0.	0.
(17) ROBIN MUCK 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) SANDY ARLEDGE TRUSTEE	1.00	X						0.	0.	0.
(19) SUSAN DAVIS CHAIR, BOARD OF TRUSTEES	1.00	X						0.	0.	0.
(20) WAYNE HANSON MEMBER AT LARGE	1.00	X						0.	0.	0.
(21) WILLIAM LAFLEUR TRUSTEE	1.00	X						0.	0.	0.
(22) GARY L. WEITZMAN, DVM, MPH, CAW PRESIDENT AND CEO	40.00			X				229,672.	0.	5,348.
(23) KELLY A RISELEY CHIEF FINANCIAL OFFICER/SVP	40.00			X				137,425.	0.	5,366.
(24) KATHERINE SHENAR CHIEF OF STAFF/SVP	40.00					X		142,551.	0.	4,652.
(25) KIM SHANNON CHIEF OPERATING OFFICER/SVP	40.00					X		142,975.	0.	9,038.
(26) MICHELE STUART CHIEF DEVELOPMENT OFFICER/SVP	40.00					X		135,865.	0.	5,375.
<b>1b Sub-total</b>								788,488.	0.	29,779.
<b>c Total from continuation sheets to Part VII, Section A</b>								206,027.	0.	10,359.
<b>d Total (add lines 1b and 1c)</b>								994,515.	0.	40,138.

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**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
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		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
GRAND OAKS LANDSCAPING CONSTRUCTION PO BOX 2434, NATIONAL CITY, CA 91951	GROUNDS MAINTENANCE	109,865.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2014)





**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a	31,694.				
	b Membership dues	1b					
	c Fundraising events	1c	1,231,506.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,781,195.				
	g Noncash contributions included in lines 1a-1f: \$		636,133.				
	h <b>Total.</b> Add lines 1a-1f			13,044,395.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	2 a FIELD SERVICE & LICENSING		900099	3,666,868.	3,666,868.		
	b ADOPTIONS AND ANIMAL CARE		900099	942,283.	942,283.		
	c VETERINARY HEALTH SERVICES		900099	365,411.	365,411.		
	d EDUCATIONAL PROGRAM & FEES		900099	258,278.	258,278.		
	e						
	f All other program service revenue						
	g <b>Total.</b> Add lines 2a-2f			5,232,840.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			868,617.			868,617.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			652,190.			652,190.
	8 a Gross income from fundraising events (not including \$ 1,231,506. of contributions reported on line 1c). See Part IV, line 18	a	471,222.				
	b Less: direct expenses	b	760,243.				
	c Net income or (loss) from fundraising events			-289,021.			-289,021.
	9 a Gross income from gaming activities. See Part IV, line 19	a	24,347.				
	b Less: direct expenses	b	0.				
	c Net income or (loss) from gaming activities			24,347.			24,347.
	10 a Gross sales of inventory, less returns and allowances	a	568,326.				
	b Less: cost of goods sold	b	314,570.				
	c Net income or (loss) from sales of inventory			253,756.			253,756.
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11 a ADVERTISING AND OTHER		900099	157,887.		157,887.		
b OTHER MISCELLANEOUS		900099	5,532.	5,532.			
c							
d All other revenue							
e <b>Total.</b> Add lines 11a-11d			163,419.				
12 <b>Total revenue.</b> See instructions.			19,950,543.	5,238,372.	157,887.	1,509,889.	

**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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	387,910.	122,137.	265,773.	
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	13,615,978.	11,112,234.	839,643.	1,664,101.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	358,561.	268,027.	41,244.	49,290.
9 Other employee benefits	1,241,838.	1,070,822.	62,597.	108,419.
10 Payroll taxes	1,201,937.	986,059.	83,477.	132,401.
11 Fees for services (non-employees):				
a Management				
b Legal	39,667.	13,196.	18,928.	7,543.
c Accounting	95,102.		95,102.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	174,382.		174,382.	
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	370,782.	264,377.	309.	106,096.
13 Office expenses	1,229,790.	335,751.	29,045.	864,994.
14 Information technology	321,830.	248,961.	17,582.	55,287.
15 Royalties				
16 Occupancy	1,553,923.	1,432,338.	54,023.	67,562.
17 Travel	119,928.	73,617.	29,101.	17,210.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	121,964.	74,866.	29,596.	17,502.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	918,483.	859,331.	23,180.	35,972.
23 Insurance	801,403.	706,476.	67,855.	27,072.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VETERINARY MEDICINE AND	1,264,555.	1,264,555.		
b ANIMAL FEED AND SUPPLIE	1,251,425.	1,251,425.		
c OTHER EXPENSES	641,414.	496,034.	18,024.	127,356.
d PROFESSIONAL FEES	418,473.	64,951.	22,335.	331,187.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,129,345.	20,645,157.	1,872,196.	3,611,992.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	240,840.	228,886.	0.	11,954.

**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
<b>Assets</b>	1 Cash - non-interest-bearing	1,469,481.	1	594,486.
	2 Savings and temporary cash investments	1,552,211.	2	945,981.
	3 Pledges and grants receivable, net	9,762,437.	3	9,259,789.
	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	155,648.	8	273,188.
	9 Prepaid expenses and deferred charges	293,304.	9	322,692.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,565,638.		
	b Less: accumulated depreciation	10b 10,863,779.		
		11,748,269.	10c	14,701,859.
	11 Investments - publicly traded securities	33,463,638.	11	32,740,071.
	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	866,430.	15	950,825.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	59,311,418.	16	59,788,891.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,713,305.	17	1,836,772.
	18 Grants payable		18	
	19 Deferred revenue	381,270.	19	508,279.
	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	2,094,575.	26	2,345,051.
	<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		50,455,408.	27	50,805,175.
28 Temporarily restricted net assets		4,895,568.	28	4,725,552.
29 Permanently restricted net assets		1,865,867.	29	1,913,113.
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 Total net assets or fund balances		57,216,843.	33	57,443,840.
34 <b>Total liabilities and net assets/fund balances</b>	59,311,418.	34	59,788,891.	

Form 990 (2014)

**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	19,950,543.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,129,345.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,178,802.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,216,843.
5	Net unrealized gains (losses) on investments	5	-714,843.
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	7,120,642.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	57,443,840.

**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 (2014)

Department of the Treasury  
Internal Revenue Service

▶ 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

2014

**Open to Public Inspection**

Name of the organization

SAN DIEGO HUMANE SOCIETY & SPCA

Employer identification number

95-1661688

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

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

- 1 ☐ A church, convention, 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s). \_\_\_\_\_

g 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 listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	22943331.	13725255.	10940615.	16231962.	13044395.	76885558.
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 .....					313,500.	313,500.
4 <b>Total.</b> Add lines 1 through 3 .....	22943331.	13725255.	10940615.	16231962.	13357895.	77199058.
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) .....						17380425.
6 <b>Public support.</b> Subtract line 5 from line 4. ....						59818633.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 .....	22943331.	13725255.	10940615.	16231962.	13357895.	77199058.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	519,398.	764,923.	839,764.	814,645.	868,617.	3807347.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	222,749.	265,705.	291,267.	271,742.	354,707.	1406170.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10 .....						82412575.
12 Gross receipts from related activities, etc. (see instructions) .....					12	16,313,318.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	14	72.58	%
15 Public support percentage from 2013 Schedule A, Part II, line 14 .....	15	71.73	%
16a <b>33 1/3% support test - 2014.</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 - 2013.</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 - 2014.</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 VI 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 - 2013.</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 VI 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) 2014

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.) .....						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

  

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **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

# 2014

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution.** An organization that 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) (2014)

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
<u>1</u>		\$ <u>652,155.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>558,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>240,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>902,323.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>453,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>440,000.</u>	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		\$ 326,466.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 255,000.	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.)
		\$	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.)
		\$	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 &amp; SPCA

95-1661688

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) \$

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

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

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**  
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 value of contributions to (during year)		
3 Aggregate value of 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 a 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	4,158,054.	3,798,988.	3,469,804.	3,524,156.	2,048,265.
b Contributions					1,000,000.
c Net investment earnings, gains, and losses	65,203.	408,587.	372,012.	-46,111.	475,981.
d Grants or scholarships					
e Other expenditures for facilities and programs	65,864.	49,521.	42,828.	8,241.	
f Administrative expenses					
g End of year balance	4,157,393.	4,158,054.	3,798,988.	3,469,804.	3,524,246.

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

- a Board designated or quasi-endowment ☒ 70.31 %  
 b Permanent endowment ☒ 24.05 %  
 c Temporarily restricted endowment ☒ 5.64 %

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		14,260,380.	5,199,364.	9,061,016.
c Leasehold improvements		866,062.	161,272.	704,790.
d Equipment		6,396,979.	5,503,143.	893,836.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,701,859.

Schedule D (Form 990) 2014

**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) 2014

**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	19,480,743.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-714,843.	
b	Donated services and use of facilities	2b	336,168.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-91,125.	
e	Add lines 2a through 2d	2e	-469,800.	
3	Subtract line 2e from line 1	3	19,950,543.	
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	19,950,543.	

**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	25,977,632.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	22,669.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-174,382.	
e	Add lines 2a through 2d	2e	-151,713.	
3	Subtract line 2e from line 1	3	26,129,345.	
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	26,129,345.	

**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:**

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.

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 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  
2012 FOR ITS FEDERAL FILINGS AND FOR YEARS BEFORE 2011  
FOR ITS STATE FILINGS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENT	83,257.
INVESTMENT EXPENSE	-174,382.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-91,125.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSE	-174,382.
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Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

# 2014

**Open to Public Inspection**

Name of the organization

SAN DIEGO HUMANE SOCIETY & SPCA

Employer identification number

95-1661688

## Part I

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

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

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

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHARITABLE ADULT RIDES AND SERVICES, INC. - 4669 MURPHY	AUTOMOBILE DONATION PROGRAM	X		175,443.	51,020.	124,423.
<b>Total</b>				175,443.	51,020.	124,423.

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

CA

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

Schedule G (Form 990 or 990-EZ) 2014

SEE PART IV FOR CONTINUATIONS

432081  
08-28-14



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

		(a) Event #1 <b>FUR BALL</b> (event type)	(b) Event #2 <b>WALK FOR ANIMALS</b> (event type)	(c) Other events <b>3</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	703,628.	438,362.	560,738.	1,702,728.
	2 Less: Contributions .....	500,176.	370,615.	360,715.	1,231,506.
	3 Gross income (line 1 minus line 2) .....	203,452.	67,747.	200,023.	471,222.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....		36,581.		36,581.
	6 Rent/facility costs .....				
	7 Food and beverages .....	86,723.			86,723.
	8 Entertainment .....				
	9 Other direct expenses .....	318,049.	129,440.	189,450.	636,939.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				760,243.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-289,021.	

**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))
Revenue	1 Gross revenue .....			24,347.	24,347.
Direct Expenses	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) .....				24,347.	

9 Enter the state(s) in which the organization conducts gaming activities: CAa Is the organization licensed to conduct 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 conduct 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 conducted 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 ▶ \$ 24,347.

**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 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

**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**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.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

**SAN DIEGO HUMANE SOCIETY & SPCA**

Employer identification number

**95-1661688**

**Part I Questions Regarding Compensation**

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

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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.

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

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

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

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

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

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

Yes No

1b

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2014



Part III	Supplemental Information
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**Part III** **Supplemental information**

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.

[illegible]

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

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

Open To Public  
Inspection

Name of the organization

**SAN DIEGO HUMANE SOCIETY & SPCA**

Employer identification number

**95-1661688**

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>ANIMAL FOOD/S</u> )	X	3,107	344,706.	FAIR VALUE
26 Other ▶ ( <u>GALA AUCTION</u> )	X	328	234,735.	FAIR VALUE
27 Other ▶ ( <u>PROGRAM AND O</u> )	X	178	56,692.	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

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2014)

**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:**

**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

**2014**

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:

LOCAL SHELTERS REACH THIS SAME MILESTONE. SO, WE'VE MADE A COMMITMENT TO INCREASE THE NUMBER OF ANIMALS WE TRANSFER IN FROM SAN DIEGO ANIMAL WELFARE COALITION (SDAWC\*) SHELTERS TO GIVE MORE ANIMALS THE SECOND CHANCE THEY DESERVE. WE'VE BEEN HARD AT WORK, PARTNERING WITH LOCAL SHELTERS TO SHARE RESOURCES AND SHELTER SPACE, SO THAT ALL TREATABLE AND HEALTHY ANIMALS RECEIVE THE MEDICAL OR BEHAVIORAL HELP THEY REQUIRE TO BECOME AVAILABLE FOR ADOPTION. FISCAL YEAR 2014-2015 (WHICH CONCLUDED ON JUNE 30, 2015) WAS THE HOMESTRETCH OF MAKING OUR "GETTING TO ZERO" GOAL A REALITY. THANKS TO YOUR GENEROUS SUPPORT, THIS LIFESAVING VICTORY WILL BE A REALITY IN THE COMING YEAR FOR SAN DIEGO'S MOST VULNERABLE ANIMALS. WITH YOUR HELP THROUGH DONATING, ADOPTING AND VOLUNTEERING, WE'VE SAVED MORE LIVES THAN EVER. AND WITH YOUR CONTINUED SUPPORT, WE'LL REACH ZERO EUTHANASIA AND KEEP IT THERE FOREVER.

WITH MUCH GRATITUDE, GARY WEITZMAN, DVM, MPH, CAWA, PRESIDENT AND CEO

ESCONDIDO HUMANE SOCIETY - ON JULY 1, 2014, SAN DIEGO HUMANE SOCIETY AND THE FORMER ESCONDIDO HUMANE SOCIETY CONSOLIDATED RESOURCES TO BECOME ONE ORGANIZATION WITH AN AMPLIFIED ABILITY TO SAVE VULNERABLE ANIMALS ACROSS A MORE COMPREHENSIVE SEGMENT OF SAN DIEGO COUNTY.

PAWS SAN DIEGO - ON SEPTEMBER 1, 2014, PAWS SAN DIEGO BECAME A PROGRAM OF SAN DIEGO HUMANE SOCIETY, CREATING A STRONGER SAFETY NET FOR AT-RISK PETS AND THEIR PEOPLE IN OUR COMMUNITY. THROUGH THIS PROGRAM, SENIOR, DISABLED, HOMELESS, CHRONICALLY ILL OR THOSE SUFFERING FROM FINANCIAL HARDSHIP RECEIVE THE HELP THEY NEED TO KEEP THEIR BELOVED PETS AS PART

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

Schedule O (Form 990 or 990-EZ) (2014)

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Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number  
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OF THE FAMILY ☐ AND OUT OF SHELTERS.

PROJECT WILDLIFE - PROJECT WILDLIFE BECAME A PROGRAM OF SAN DIEGO HUMANE SOCIETY ON NOVEMBER 1, 2014. AS THE ONLY COMPREHENSIVE TRIAGE CENTER FOR SAN DIEGO'S WILD ANIMALS, PROJECT WILDLIFE WAS AT RISK OF CLOSURE. THIS MERGER ENSURED THAT REHABILITATIVE CARE WOULD CONTINUE FOR MORE THAN 10,000 SICK, INJURED AND ORPHANED WILDLIFE IN SAN DIEGO.

TRANSPORT - OUR COMMITMENT TO HELPING VULNERABLE ANIMALS GOES BEYOND THE WALLS OF OUR SHELTERS. THAT'S WHY WE WORK WITH OTHER RESCUE ORGANIZATIONS AND LOCAL SHELTERS TO TRANSFER HEALTHY AND TREATABLE ANIMALS INTO OUR FACILITY SO THEY CAN RECEIVE THE MEDICAL OR BEHAVIORAL INTERVENTION THAT OTHERWISE MAY NOT HAVE BEEN POSSIBLE.

LIFESAVING SUPPORT - FOR THE FIRST TIME IN OUR HISTORY, SAN DIEGO HUMANE SOCIETY IS TRULY AN OPEN ADMISSION SHELTER, MEANING NO PERSON OR PET IN NEED IS TURNED AWAY - THAT IS THE IMPACT OF YOUR SUPPORT. HERE'S HOW YOU'VE HELPED MAKE THE DIFFERENCE BETWEEN HEARTACHE AND HOPE FOR THOUSANDS OF LIVES IN OUR COMMUNITY.

ADOPTIONS - EVERY COMPANION ANIMAL DESERVES TO BE SAFE, LOVED AND PART OF A FAMILY. LAST YEAR, YOU HELPED MAKE THIS A REALITY FOR THOUSANDS OF HOMELESS ANIMALS.

FOSTER PROGRAM

EVERY ANIMAL PLACED IN A TEMPORARY FOSTER HOME OPENS UP SPACE FOR ANOTHER ANIMAL AT OUR SHELTERS. THIS IS WHY SAN DIEGO HUMANE SOCIETY'S FOSTER CARE PROGRAM IS SO CRUCIAL - IT EXTENDS OUR SHELTERING FACILITY,

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ALLOWING US TO INCREASE CAPACITY AND HELP MORE ANIMALS IN NEED.

SPAY/NEUTER - THE BEST WAY WE CAN REDUCE ANIMAL OVERPOPULATION IN OUR COMMUNITY IS TO PREVENT UNWANTED AND UNPLANNED LITTERS FROM HAPPENING.

TO AMPLIFY THIS APPROACH, SAN DIEGO HUMANE SOCIETY OFFERS AFFORDABLE OR EVEN FREE SPAY/NEUTER SERVICES FOR PIT BULLS, CHIHUAHUAS AND ADULT CATS - THE SPECIFIC ANIMALS THAT TYPICALLY FLOOD LOCAL SHELTERS. 5,616

COMMUNITY-OWNED PETS WERE SPAYED OR NEUTERED THROUGH OUR COMMUNITY CLINICS LAST YEAR - THAT'S A TOTAL OF 12,919 COMMUNITY ANIMALS SINCE THE PROGRAM BEGAN IN NOVEMBER 2012. THIS IS IN ADDITION TO THE THOUSANDS OF SPAY/NEUTER PROCEDURES PERFORMED ON ANIMALS THAT ARE ADOPTED FROM SAN DIEGO HUMANE SOCIETY.

VETERINARY MEDICINE - FROM BASIC VACCINATIONS TO HIGHLY SPECIALIZED SURGERIES AND REHABILITATION, YOUR GENEROUS SUPPORT ENABLES OUR VETERINARY MEDICAL TEAMS TO HELP HEAL ANIMALS IN ANY CAPACITY. THIS MEANS THAT SAN DIEGO HUMANE SOCIETY IS A SAFE HAVEN FOR ALL SICK AND INJURED ANIMALS WITH TREATABLE CONDITIONS.

KITTEN NURSERY - OUR 24-HOUR KITTEN NURSERY SERVES AS A COMFORTING REFUGE FOR UNDERAGE AND ORPHANED KITTENS IN SAN DIEGO COUNTY. WHETHER THEY ARRIVE DIRECTLY AT OUR FACILITY OR ARE TRANSFERRED FROM SURROUNDING SHELTERS, THEY RECEIVE AROUND-THE CLOCK FEEDINGS AND SPECIAL CARE IN THE KITTEN NURSERY.

BEHAVIOR & TRAINING - OUR BEHAVIOR CENTER IS DEDICATED TO SPECIALIZED TRAINING FOR ANIMALS WHO DISPLAY FEARFUL, SHY, OR OVERTLY DEFENSIVE BEHAVIORS. THERE IS NO OTHER BEHAVIORAL REHABILITATION CENTER LIKE THIS

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SAN DIEGO HUMANE SOCIETY &amp; SPCA

Employer identification number

95-1661688

IN OUR REGION AND ONLY TWO OTHERS IN THE ENTIRE NATION.

# FISCAL YEAR 2014 - 2015 STATISTICS SUMMARY

55,999 ANIMALS IMPACTED

552,218 PEOPLE IMPACTED

306 STAFF

5,189 VOLUNTEERS

1:17 STAFF TO VOLUNTEER RATIO

## COMPANION ANIMALS RECEIVED

OWNER RELINQUISHMENTS: 4,287

ANIMALS TRANSFERRED FROM OTHER AGENCIES TO SAN DIEGO HUMANE SOCIETY:

3,326

ANIMALS RESCUED FOR THEIR PROTECTION: 232

STRAY ANIMALS ADMITTED: 8,690

TOTAL ADMISSIONS: 16,535

## OTHER OUTCOMES

ANIMALS EUTHANIZED: 949 - OF EUTHANIZED ANIMALS, NONE WERE CONSIDERED

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

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

BEHAVIORAL ISSUES.

ANIMALS THAT DIED OF NATURAL CAUSES WHILE IN OUR CARE: 308

TOTAL OTHER OUTCOMES: 1,257

PLACEMENT RATE FOR HEALTHY ANIMALS: 100%

PLACEMENT RATE FOR TREATABLE/ REHABILITATABLE ANIMALS: 100%

LIVE RELEASE RATE: 94%

FOR ANIMALS DETERMINED TO BE "UNHEALTHY" OR "UNTREATABLE" AS DICTATED

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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 2014-15, 6% OF OUR ANIMAL POPULATION FELL INTO THIS  
CATEGORY.

## BASIC VETERINARY CARE

SPAY/NEUTER SURGERIES FOR SAN DIEGO HUMANE SOCIETY ANIMALS: 7,913

SPAY/NEUTER SURGERIES FOR DEPARTMENT OF ANIMAL SERVICES ANIMALS: 2,134

PRE AND POST-ADOPTION CONSULTATIONS PROVIDED: 742

## SHELTER MEDICINE PROCEDURES

DENTAL PROCEDURES: 460

LABORATORY PROCEDURES (I.E. BLOOD WORK, BIOPSIES AND OTHER  
DIAGNOSTICS): 2,948

RADIOGRAPHS: 1,391

ORTHOPEDIC SURGERIES: 319

OTHER SURGERIES (I.E. MASS REMOVAL, EXPLORATORY SURGERY, EYE/EAR  
SURGERY, ABCESS DRAINAGE): 336

OUTSOURCED TREATMENT EXPENSE INCURRED BY SAN DIEGO HUMANE SOCIETY:

\$161,811

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

## ANIMALS GOING HOME

DOGS ADOPTED: 4,168

CATS ADOPTED: 6,298

SMALL ANIMALS AND HORSES ADOPTED: 1,149

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ANIMALS RETURNED TO THEIR OWNERS: 2,694

ANIMALS TRANSFERRED TO OTHER AGENCIES: 969

## COMMUNITY SPAY/NEUTER INITIATIVES

SPAY/NEUTER INCENTIVE PROGRAM (SNIP): 203

PROVIDES AFFORDABLE SPAY/NEUTER SERVICES FOR THOSE ANIMALS BROUGHT TO  
SAN DIEGO HUMANE SOCIETY AS STRAYS AND RECLAIMED BY THEIR OWNER.

IMPOUNDMENT FEES ARE WAIVED AS AN INCENTIVE FOR THE OWNER TO HAVE THE  
ANIMAL SPAYED/NEUTERED.

LITTER ABATEMENT PROGRAM (LAP): 103

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

FERAL CATS SPAYED/NEUTERED IN PARTNERSHIP WITH EAST COUNTY ANIMAL  
RESCUE: 511

PUBLIC, NEEDS-BASED CLINICS: 4,799

TOTAL COMMUNITY SPAY/NEUTER SURGERIES: 5,616

## KITTEN NURSERY

TOTAL KITTENS ADMITTED: 4,667

TOTAL KITTENS ADOPTED: 3,701

LIVE RELEASE RATE: 89%

## BEHAVIOR &amp; TRAINING

ANIMALS ENROLLED IN THE BEHAVIOR CENTER: 679

SAN DIEGO HUMANE SOCIETY DOGS &amp; CATS RECEIVING SPECIALIZED TRAINING:

470

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## FOSTER

TOTAL NUMBER OF FOSTER HOMES: 659

TOTAL NUMBER OF ANIMALS IN FOSTER CARE: 2,816

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

CITIES OF ESCONDIDO, OCEANSIDE, POWAY, SAN MARCOS, AND VISTA, AS WELL  
AS THE PALA, RINCON AND SAN PASQUAL RESERVATIONS. HUMANE OFFICERS  
RESPONDED TO 8,182 CALLS LAST YEAR.

## ANIMAL RESCUE RESERVE

ANIMAL RESCUE RESERVE IS COMPRISED OF SPECIALLY TRAINED STAFF AND  
VOLUNTEERS WHO 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 &amp; FIELD SERVICES STATISTICS

REPORTS RESPONDED TO: 9,977

CALLS OF ANIMAL CRUELTY/NEGLECT 1,795

NUMBER OF FIELD SERVICE COMPLAINTS TO PROVIDE ASSISTANCE: 8,182

CASES SUBMITTED FOR PROSECUTION: 4

ANIMALS SEEN IN THE FIELD: 10,757

NOTICES OF VIOLATION: 1,168

PRE AND POST-SEIZURE HEARINGS: 8

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

INSPECTIONS: 6

EDUCATIONAL SPEAKING ENGAGEMENTS: 33

ANIMAL BITE QUARANTINES: 836

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ANIMAL RESCUE RESERVE STATISTICSHOURS OF ARR VOLUNTEER INVOLVEMENT: 3,319HOURS SPENT EXECUTING RESCUE: 93ANIMALS ASSISTED IN EMERGENCYSITUATIONS: 30FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY ENGAGEMENT- OUR COMMUNITY ENGAGEMENT TEAM IS ACTIVE SEVEN  
DAYS A WEEK, PROVIDING CHILDREN AND ADULTS WITH EDUCATION AND RESOURCES  
TO PROMOTE RESPONSIBLE PET OWNERSHIP AND ANIMAL WELFARE.

PET-ASSISTED THERAPY

FOR ANIMAL-LOVERS, THERE IS NO SUBSTITUTE FOR THE JOYFUL THRILL THAT  
COMES FROM INTERACTING WITH AN ANIMAL. THAT'S WHY OUR 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. THIS PROGRAM IS OFTEN  
THE ONLY OPPORTUNITY FOR THESE INDIVIDUALS TO EXPERIENCE THE COMFORT OF  
A PET.

COMMUNITY OUTREACH & ENGAGEMENTADULT PROGRAM PARTICIPATIONDOGGIE CAF : 610HAPPY HOUR LECTURES: 262PET LOSS SUPPORT GROUP: 81PET FIRST AID CLASSES: 161INFO BOOTHS: 27,182432212  
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SAN DIEGO HUMANE SOCIETY &amp; SPCA

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SPEAKING ENGAGEMENTS: 1,097

PARADES: 17,400

GROUP SERVICE: 448

TOTAL ADULT PROGRAM IMPACTS: 47,241

## YOUTH PROGRAM PARTICIPATION

ANIMAL ADVENTURE CAMP 642

BIRTHDAY PARTIES: 552

STORYTIMES: 140

SCOUT PROGRAMS: 825

GENERAL TOURS AND OUTREACH FIELD TRIPS: 1,538

SCHOOL OUTREACH: 23,808

TRUST (TEACHING RESPECT USING SYMPATHY &amp; TRAINING): 163

PROJECT WILDLIFE OUTREACH: 16,319

TOTAL YOUTH PROGRAM IMPACTS: 44,434

TOTAL COMMUNITY ENGAGEMENT IMPACTS: 91,675

## PET-ASSISTED THERAPY

TOTAL FACILITIES VISITED: 747

WELCOME WAGGIN' VISITS: 37

TOTAL PEOPLE REACHED: 18,622

## FUNDRAISING &amp; DEVELOPMENT

TOTAL INDIVIDUAL GIFTS RECEIVED: 69,951

NUMBER OF INDIVIDUAL DONORS: 36,352

TOTAL BEQUESTS &amp; PLANNED GIFTS RECEIVED: 93

TOTAL NUMBER OF HUMANE HERITAGE CIRCLE MEMBERS: 743

HUMANE HERITAGE CIRCLE MEMBERS ARE THOSE SUPPORTERS WHO HAVE INDICATED

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THEY HAVE INCLUDED SAN DIEGO HUMANE SOCIETY IN THEIR ESTATE PLANS.

TOTAL NUMBER OF CONSTANT COMPANIONS: 1,008

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

PAWS SAN DIEGO - ACTING AS A SAFETY NET FOR PET PARENTS WHO ARE SENIOR, DISABLED, CHRONICALLY ILL AND LOW INCOME, HOMELESS OR LIVE IN UNDERSERVED COMMUNITIES STRUGGLING TO MAKE ENDS MEET, PAWS SAN DIEGO HELPS QUALIFIED CLIENTS KEEP THEIR PETS THROUGH ONE OF TWO VITAL SERVICES:

PANTRY SERVICE: PROVIDES SUPPLEMENTAL BAGS OF PET FOOD AT OUR SHELTERS AND AT FOOD BANKS THROUGHOUT THE COUNTY SO THAT VULNERABLE PETS RECEIVE THE NOURISHMENT THEY DESERVE.

IN-HOME DELIVERY SERVICE: PROVIDES MONTHLY INHOME DELIVERIES OF PET FOOD AND CARE SUPPLIES TO HOMEBOUND CLIENTS. THIS SERVICE ALSO PROVIDES ASSISTANCE WITH VETERINARY BILLS AND VETERINARY PRESCRIPTION FOOD, PET WALKING AND TRANSPORTATION TO VETERINARY APPOINTMENTS FOR IMMOBILE CLIENTS AND ASSISTANCE AT THE END OF A PET'S LIFE. IN ADDITION, TO THESE SERVICES, PAWS SAN DIEGO ALSO PROVIDES THE COMMUNITY WITH HOMELESS SUPPORT SERVICES AND CONDUCTS NEIGHBORHOOD OUTREACH TO PROVIDE PEOPLE WITH THE INFORMATION AND RESOURCES NEEDED TO BE ABLE TO KEEP THEIR PETS.

#### PROJECT WILDLIFE

ALL LIVING CREATURES MATTER TO SAN DIEGO HUMANE SOCIETY. WHETHER THEY'RE FURRY, SCALED, FEATHERED, DOMESTIC OR WILD, WE'RE COMMITTED TO BEING THEIR SAFETY NET WHEN THEY NEED HELP.

THAT'S WHY MERGING WITH PROJECT WILDLIFE WAS SO IMPORTANT, BECAUSE IT EXPANDED OUR MISSION TO INCLUDE THE WILDLIFE COUNTERPARTS OF THE

Name of the organization

SAN DIEGO HUMANE SOCIETY &amp; SPCA

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DOMESTIC ANIMALS WE ALREADY WORK SO HARD TO PROTECT. WITH COMBINED  
RESOURCES AND EXPERTISE, LAST YEAR PROJECT WILDLIFE TOOK IN 9,510 SICK,  
INJURED OR ORPHANED WILDLIFE PATIENTS.

AS THE ONLY LOCAL EMERGENCY TRAUMA CENTER FOR THESE WILD ANIMALS,  
PROJECT WILDLIFE IS CRUCIAL TO THE SAN DIEGO REGION. YOUR SUPPORT  
ENSURES THAT THIS LIFESAVING SERVICE CONTINUES TO BE AVAILABLE TO OUR  
COMMUNITY.

## PAWS SAN DIEGO STATISTICS

NUMBER OF ENROLLED FAMILIES: 3,784

AMOUNT OF PET FOOD (IN POUNDS) DISTRIBUTED TO PARTNER ANIMAL WELFARE  
AND SOCIAL SERVICE ORGANIZATIONS: 27,700

AMOUNT OF PET FOOD AND CAT LITTER (IN POUNDS) DISTRIBUTED TO FAMILIES  
IN NEED: 135,400

## PROJECT WILDLIFE STATISTICS

TOTAL NUMBER OF WILD ANIMALS HELPED: 9,510

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

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

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

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:

TRUSTEES, OFFICERS, SR. MANAGEMENT, AND AND MANAGEMENT AND ALL STAFF ARE

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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 BUSINESS NEEDS. MANAGEMENT IS RESTRICTED FROM HIRING A COMPANY VENDOR OR STAFF MEMBER FOR THEIR PERSONAL BUSINESS NEEDS.

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

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

FORM 990, PART VI, SECTION C, LINE 19:

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

83,257.

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MERGER - PAWS SAN DIEGO COUNTY, INC.	207,650.
MERGER - ESCONDIDO HUMANE SOCIETY AND CENTER FOR HUMANE EDUCATION, INC.	6,168,062.
MERGER - PROJECT WILDLIFE	348,173.
INKIND LAND LEASE PLEDGE	313,500.
TOTAL TO FORM 990, PART XI, LINE 9	7,120,642.





**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)					





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

[illegible]