DLN: 93493124007060

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	rthe 2	2008 ca	alendar yea	r, or tax year beginning 01-01-2008 and ending 12-31-2008				
B Ch	eck if ap	plicable	Please	C Name of organization HOUSTON SOCIETY FOR THE PREVENTION		D Employer	identification number	
┌ Add	tress cha	ange	use IRS label or	OF CRUELTY TO ANIMALS		74-1287		
┌ _{Na}	ne char	nge	print or	Doing Business As		E Telephone	number	
┌ _{Init}	al retur	'n	type. See Specific	Number and street (or P O box if mail is not delivered to street addres:	a) Doom /outo	(713) 86	9-7722	
	mınatıoı		Instruc- tions.	900 PORTWAY DRIVE	s) Room/suite	G Gross rece	eipts \$ 9,530,551	
┌ Am	ended r	eturn		City or town, state or country, and ZIP + 4	_	1		
Гарі	olication	pending		HOUSTON, TX 77024				
			F Nar	ne and address of Principal Officer	a ffili	is a group retu ates?	ΓYes ΓΝο — —	
I Ta	x-exem	pt status	501(c)) (3) ◀ (insert no)		II affiliates incl u No," attach a li	uded? Yes No ist See instructions)	
J W	eb site	e: 🕨 WW	/W HSPCA	O RG	H(c) Gro	up Exemption	Number ►	
К Тур	e of org	anızatıon	Corporat	on trust association other ►	L Year of F	ormation	M State of legal domicile	
Pa	rt I	Sumi	marv					
	1		•	ne organization's mission or most significant activities				
Governance	See A	dditiona	al Data Tab	ole .				
Ĕ	2	Check	this box	if the organization discontinued its operations or disposed of	more than	25% of its ass	sets	
ž	3	Numbe	r of voting	members of the governing body (Part VI, line 1a)		316		
	4	Numbe	r of indepe		416			
න් ග	5	Total n	umber of e	!	5 210			
Activities &	6		umber of v		6 675			
돌	7a	Totalg	ross unrela	ated business revenue from Part VIII, line 12, column (C)	7	7a 0		
ă	ь	Net un	related bus	iness taxable income from Form 990-T, line 34		7b		
					Pri	or Year	Current Year	
	8	Contri	butions and	d grants (Part VIII, line 1h)		9,710,396	7,481,782	
를	9	Progra	m service	revenue (Part VIII, line 2g)		1,082,104	696,754	
Ravenue	10	Invest	tment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)		550,934	711,558	
Ě	11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,666	3,669	
	12	Total r 12)	revenue—a	dd lines 8 through 11 (must equal Part VIII, column (A), line		11,983,466		
	13		and simila	ar amounts paid (Part IX, column (A), lines 1-3)			0	
	14			or for members (Part IX, column (A), line 4)			0	
82	15			ompensation, employee benefits (Part IX, column (A), lines 5	_	2,981,044	3,534,485	
Š	16a	•	sional fund	raising fees (Part IX, column (A), line 11e)			0	
Expenses	b			penses, Part IX, column (D), line 25 1,146,463				
	17	Other	expenses ((Part IX, column (A), lines 11a-11d, 11f-24f)		4,246,887	4,112,795	
	18	Total	expenses—	add lines 13–17 (must equal Part IX, line 25, column (A))		7,227,931	7,647,280	
	19	Reven	ue less exp	penses Subtract line 18 from line 12		4,755,535	1,246,483	
<u>광</u>					Beginr	ing of Year	End of Year	
9 to 10 to 1	20	Totala	assets (Par	t X, line 16)		31,046,845	31,277,592	
Ass IBa	21			Part X, line 26)		4,513,449	· · ·	
Net Assets or Fund Balances			•	d balances Subtract line 21 from line 20			 	
	22					26,533,396	23,755,277	
Pa	rt II	_	ature Blo	PICK Trigony, I declare that I have examined this return, including a				
				correct, and complete Declaration of preparer (other than of				

Please Sign Signature of officer Here PATRICIA MERCER President Type or print name and title Date Preparer's signature QUENTIN RILEY Paid Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 CRF Riley PLLC **Use Only** 13201 NW Freeway Suite 512 Houston, TX 770406023 May the IRS discuss this return with the preparer shown above? (See instruction

Part III Statement of Program Service Accomplishments (See the instructions.)

		•	,	,	
1 .	Briefly describe the organization's mission				
see A	dditional Data Table				
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?	ıfıcant program servi	ces during the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services or	n Schedule O			
3	Did the organization cease conducting of services?		anges in how it cond	ucts any program	┌ Yes ┌ No
	If "Yes," describe these changes on Sch	iedule O			
4	Describe the exempt purpose achievem Section 501(c)(3) and (4) organizations others, the total expenses, and revenue	and 4947(a)(1) trus	ts are required to re	port the amount of grants	•
4a	(Code) (Expenses \$ ANIMAL SHELTER DIVISION THIS DIVISION IS TI ASSIGNED AND APPROXIMATELY FIFTY PERCEN ANIMAL HOUSING AND CARE ARE ATTRIBUTABL INJURED ANIMAL RESCUE, LOST AND FOUND PI SUPPLIES AND LOGISTICS, MOTOR VEHICLE POP PROJECTS	HE LARGEST OF THE PROC T (50%) OF PROGRAM EX E TO THIS DIVISION THIS ROGRAM, KENNEL SANITA	(PENDITURES ARE ALLOC) 5 INCLUDES ANIMAL ADMI TION, SECURITY, ANIMAL	ABLE TO THIS FUNCTION ALL S ISSIONS, ADOPTION COUNSELIN L NUTRITION, BUILDING AND E	ERVICES CONCERNED WITH NG, ADOPTIONS, HOUSING, QUIPMENT MAINTENANCE,
Al.	(Code) (Europeee t	262 120	aluding grants of th) (Deveryor t	
4Ь	(Code) (Expenses \$ HUMANE SERVICES DIVISION A SERVICE ORIEN APPROXIMATELY TWENTY PERCENT (20%) OF SEXPENDITURES ARE ALLOCABLE TO THIS DIVISI PUBLIC RELATIONS, CONTINUING EDUCATION, PROGRAMS	ITED PROGRAM, THE MAJO SALARIED PERSONNEL ARI ON THE SERVICES WHICH	E ASSIGNED AND APPROX H ARE PROVIDED INCLUD	(IMATELY TWENTY FIVE PERCENDE HUMANE EDUCATION, ANIMA	NT (25%) OF PROGRAM NL CRUELTY INVESTIGATIONS,
4c	(Code) (Expenses \$ ANIMAL HEALTH DIVISION THIS DIVISION IS AN WERE CLASSIFIED AS RANDOM SOURCE AND R AREAS OF THE GULF COAST DISEASE CONTROI (20%) OF SALARIED PERSONNEL ARE ASSIGNE! SERVICES INCLUDE EXAMINATIONS, IMMUNIZA' INTERNAL PARASITE CONTROL, EUTHANASIA, P ASSIGNED SPECIAL PROJECTS ANIMAL HEALTH	IMPORTANT ASPECT OF A EPRESENT PRACTICALLY A L IS CRITICAL TO THE ANI D AND APPROXIMATELY TO TIONS, LABORATORY DIAGE ERSONNEL TRAINING, CO	EVERY FACET OF OUR SO MALS AS WELL AS TO THI MENTY FIVE PERCENT (2: MOSTICS, GROOMING, TI NSULTATIONS, EPIDEMIO	CIOECONOMIC ENVIRONMENT E IMAGE OF THE HSPCA APPRO 5%) OF EXPENDITURES ARE AL HERAPY, EXTOPARASITE CONTF LOGY, LIAISON WITH THE VETE	THE ANIMALS COME FROM ALL DXIMATELY TWENTY PERCENT LOCABLE TO THIS DIVISION THE ROL SPAY/NEUTER PROGRAM,
4d	Other program services (Describe in S (Expenses \$	Schedule O) ncluding grants of \$) (Revenue \$)
4e	Total program service expenses \$	6,145,055	Must equal Part IX, L	· · · · · · · · · · · · · · · · · · ·	·

Form **990** (2008)

			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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
	<u> </u>			
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part Value Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI. VII. IX, or X as applicable	10		N o
11	Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d		24d		No
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	Part II	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent 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	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	o		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and rep			
C	gaming (gambling) winnings to prize winners?	1c		Νo
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	210		
h	return			
U	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		Νo
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by this		
	return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	,		No
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	k and		
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction? 5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	Prohibited		Νο
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			No
b	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?	ons or gifts 6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νο
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was file Form 8282?	_		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
u	74			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe			
	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			N o
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as 7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)($	3)		
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organizexcess business holdings at any time during the	zation, have		Νο
9	year?	<u> </u>		
_		. 9a		No
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	. 9a 9b		No
10	Section 501(c)(7) organizations. Enter	. 35		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
а	11a			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)............ <mark>11b</mark>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104:	1? 12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

about policies not required by the Internal Revenue Code.)	
Section A. Governing Body and Management	

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, processes, or changes in Schedule O. See instructions.	desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	1a	16					
b	Enter the number of voting members that are independent	1b	16					
2	Did any officer, director, trustee, or key employee have a family relationship or a busing other officer, director, trustee, or key employee?		2		Νο			
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? .							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockholde	rother persons?	7b		Νο			
8	Did the organization contemporaneously document the meetings held or written actio year by the following	ns ur	ndertaken during the					
а	the governing body?			8a		Νo		
b	${f b}$ each committee with authority to act on behalf of the governing body?							
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νο		
b	If "Yes," does the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with those of the organization.		• •	9b		Νο		
10	Was a copy of the Form 990 provided to the organization's governing body before it w must describe in Schedule O the process, if any, the organization uses to review the		_	10		Νο		
11	11		Νo					

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νο
Does the organization have a written whistleblower policy?	13		Νo
Does the organization have a written document retention and destruction policy?	14		No
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			
The organization's CEO, Executive Director, or top management official?	15a		Νo
Other officers or key employees of the organization?	15b		Νo
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ☐ own website. ☐ another's website. ☐ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

HOUSTON SPCA 900 PORTWAY DRIVE HOUSTON,TX 77024 (713) 869-7722

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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 the organization did i	not compens	ate any	offic	er, d	lirec	tor, tru	uste	e or key employee		
		Posit t	(C ion (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			\vdash			-				
							1			<u> </u>

Part VII Continued

(A) Ave	B) erage	ᇰᇴᅵ	1 1	1	- T		(D)	(E)	(F)
Name and Title p	ours oer eek	Highest compensated employee Key employee Officer Institutional Trustee Inclindual Trustee or Director		Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
	+								
									_
	+								
1b Total				 -	l	>	572,826		15,500

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►1

			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo			
4	For any individual listed online 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						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	1					
	Tellucited to the organization 17 res, comprete senerality 767 such person.	5		Νo			

Section B. Independent Contractors

from the organization .

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address (B) Description of services						
NEWPORT CREATIVE COMMUNICATIONS 441 WASHINGTON STREET DUXBURY, MA 02331	DIRECT MAIL	277,605				
HARRIET C LATIMER AND ASSOCIATES 3000 WESLAYAN 135 HOUSTON, TX 77027 CONSULTING						
Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation						

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	npaigns 1a					
ants Ints	ь	Membership d	lues					
green and a second	С	Fundraising e	1b vents					
£ ₩	d	Related organ	1c izations					
% <u>E</u>	e		nts (contributions) 1e					
ntions er sir	f	All other contribu	tions, gifts, grants, and not included above	7,481,782				
Contributions, gifts, grants and other similar amounts	g		1f ributions included in					
	9	lines 1a-1f \$						
	h	Total (Add lin	es 1a-1f)	<u> </u>	7,481,782			
an	2a	DONATIONS-NEW	/ ANIMALS	Business Code				
Yen	ь	DONATIONS-GEN						
윤	c	DONATIONS-ADO			696,754	696,754		
<u>م</u> کو	d				030,731	050,751		
j.	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
₽	g	Total. Add line	es 2a-2f					
		\$ 696,754						
	3		icome (including divi		781,295			781,295
	4		estment of tax-exempt be	▶	0			
	5			•	0			
		Royalties :	(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d		ome or (loss)		О			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	567,051					
		assets other than inventory						
	Ь	Less cost or other basis and	636,787	1				
	с	sales expenses Gain or (loss)	-69,736	-1				
	d	Net gain or (lo	oss) 		-69,737	-69,737		
	8a		from fundraising					
<u>Φ</u>		\$	 ns reported on line					
ē		1c) See Part	IV, line 18					
Other Revenue			le G ıf total exceeds					
<u> </u>	ь	Less direct e	xpensesb					
₹	С	Net income or	(loss) from fundrais	ing events ▶	0			
	9a	Gross income	from gaming part IV , line 19					
		Complete Sche exceeds \$15,00	dule G ıf total					
		exceeds \$15,00	a					
	ь	Less directe	xpensesb					
	с		(loss) from gaming a	activities •	О			
	10a	Gross sales o returns and al	f inventory, less lowances .					
	b	Less cost of						
	С		(loss) from sales of	inventory	0			
		Miscellaneou		Business Code				
	11a	RETAIL STOP	RE		3,669			3,669
	ь							
	С							
	d	All other reve	nue					
	e	Total. Add line	es 11a-11d	# 2.660				
	12	Total Revenue	e. Add lines 1h, 2g, 3	\$ 3,669 5, 4, 5, 6d, 7d,	8,893,763	627,017		784,964
		8c,	11e					

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re		plete columns	(B), (C), and (D	
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	746,550	746,550		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,511,402	2,031,324		218,583
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,085	7,315	24,390	1,380
9	Other employee benefits	0			
10	Payroll taxes	243,448	215,961	11,350	16,137
11	Fees for services (non-employees)				
а	Management	0			
Ь	Legal	0			
С	Accounting	0			
	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	j	0			
g	Other	41,970	41,970		
12	Advertising and promotion	0			
13	Office expenses	103,649	92,427	1,446	9,776
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17 18	Travel	0			
19	Conferences, conventions and meetings	0			
20	Interest	275,720	275,720		
21	Payments to affiliates	0	2,3,720		
22	Depreciation, depletion, and amortization	332,097	332,097		
23	Insurance	0	,		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	INSURANCE	355,041	324,261	12,542	18,238
b	GAS, ELECTRIC, WATER	260,324	257,100	1,662	1,562
c	DRUGS AND BILOGICS	431,391	431,391		
d	DEVELOPMENT PROGRAM	864,358			864,358
е	BUILDING/GROUNDS MAINT	188,336	188,336		
f	All other expenses	1,259,909	1,200,603	42,877	16,429
25	Total functional expenses. Add lines 1 through 24f	7,647,280	6,145,055	355,762	1,146,463
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

	l	
Dart Y	Ralance	Sheet

			Beginn	(A) ung of year		(B) End of year
	1	Cash—non-interest-bearing	. Degiiii	915,821		3,333,699
	2	Savings and temporary cash investments		<u>, </u>	2	0
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net	· .	599,861	<u> </u>	3,230,824
	5	Receivables from current and former officers, directors, trustees, key employees of other related parties. Complete Part II of Schedule L		<u> </u>	5	0
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L	and		6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use		88,824	8	71,528
93	9	Prepaid expenses and deferred charges		169,041	9	189,802
Assets	10a	Land, buildings, and equipment cost basis	50,021			
-	ь	Less accumulated depreciation Complete Part VI of	.0,021			
	ן י		9,916	13,292,660	10c	13,010,105
	11	Investments—publicly traded securities		15,980,637	11	11,441,634
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D			12	0
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII</i> of Schedule D .			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		1	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		31,046,845	16	31,277,592
	17	Accounts payable and accrued expenses .		336,549	17	3,345,415
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,176,900	23	4,176,900
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		4,513,449	26	7,522,315
ses		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.				
Balance	27	Unrestricted net assets		26,208,268	27	23,444,549
8	28	Temporarily restricted net assets		325,128	28	310,728
됟	29	Permanently restricted net assets			29	
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.				
0.5	30	Capital stock or trust principal, or current funds			30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		26,533,396	33	23,755,277
_	34	Total liabilities and net assets/fund balances		31,046,845	34	31,277,592
Pa	rt XI	Financial Statements and Reporting	<u>-</u>			

Dart VI	Einancial	Statements	and Reporting
27:14 29:4	- Financiai	Statements	and keborting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
ь	Were the organization's financial statements audited by an independent accountant?	2b		No
c	If "Yes" to lines 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?	2c		No
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?	3a		Νo
b	If "Yes" did the organization undergo the required audit or audits?	3b		No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

		ne organization CIETY FOR THE PREVENTION	Employer identifica	tion number	
		TO ANIMALS	74-1287171		
Pa	rt I	Reason for Public Charity Status (to be completed by all organizations) (S			
The o	organı	zation is not a private foundation because it is (Please check only one organization)	,		
1	Г	A church, convention of churches, or association of churches described in Section 170(b)((1)(A)(i).		
2	Г	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	Γ	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A	A)(iii). (Attach Sche	dule H)	
4	Γ	A medical research organization operated in conjunction with a hospital described in Secti	on 170(b)(1)(A)(iii)	. Enter the	
		hospital's name, city, and state			
5	Γ	An organization operated for the benefit of a college or university owned or operated by a g	overnmental unit de	scribed in	
		Section 170(b)(1)(A)(iv). (Complete Part II)			
6	Γ	A federal, state, or local government or governmental unit described in Section 170(b)(1)((A)(v).		
7	Г	An organization that normally receives a substantial part of its support from a government	al unit or from the ge	eneral public	
		described in Section 170(b)(1)(A)(vi) (Complete Part II)			
8	Γ	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)			
9	~	An organization that normally receives $$ (1) more than 331/3% of its support from contribution	tions, membership fe	ees, and gros	S
		receipts from activities related to its exempt functions—subject to certain exceptions, and	d (2) no more than 3	31/3% of	
		its support from gross investment income and unrelated business taxable income (less se	ction 511 tax) from	businesses	
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part 3	III)		
10	Γ	An organization organized and operated exclusively to test for public safety See Section 5	509(a)(4). (See instr	uctions)	
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functi			
		one or more publicly supported organizations described in section 509(a)(1) or section 50		n 509(a)(3).	Check
		the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally Integrated	_	pe III - Oth	۵r
e	Г	By checking this box, I certify that the organization is not controlled directly or indirectly		•	
_	,	other than foundation managers and other than one or more publicly supported organization		•	
		section 509(a)(2)			
f		If the organization received a written determination from the IRS that it is a Type I, Type I	I or Type III suppo	rtıng organıza	ation,
g		check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of	the		'
•		following persons?			
		(i) a person who directly or indirectly controls, either alone or together with persons descr	ribed in (ii)	Yes	No
		and (III) below, the governing body of the the supported organization?	1	1g(i)	
		(ii) a family member of a person described in (i) above?	1:	1g(ii)	
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11	Lg(iii)	
h		Provide the following information about the organizations the organization supports			
	(i) Na	ame of	ıfv (vi) Is the	(vii) A m	ount of

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	organization in tool (i) listed in your governing document?		ol (i) listed in in col (i) of yo our governing support?		nızatıon) of your	organiz	s the ation in rganized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No			
							·				
Total											

P	art II Support Schedule for O)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
	(Complete only if you chec	ked the box o	on line 5, 7, or	8 of Part I.)			
	iblic Support	() 2004	412225	() 2 2 2 5	(1) 2007	() 2000	(6) =
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organization's						
_	benefit and either paid to or expended on						
	ıts behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add line 1-3						
5	The portion of total contribution by each						
	person (other than a government unit or						
	publicly supported organization) included						
	on line 1 that exceed 2% of the amount shown on line 11, column						
	(f)						
6	Public Support subtract line 5 from line						
v	4						
To	otal Support	•	•	•	•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	A mounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business is						
10	regularly carried on Other income Do not include gain or loss						
10	from the sale of capital assets (Explain in						
	Part IV)						
11	Total Support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12	•
13	First Five Years. If the Form 990 is for the	•	•	rd fourth or fiftl	ntay yaaras a 5		
13	organization, check this box and stop here	-	nist, second, tim	u, louitil, or littl	rtax year as a s	01(0)(3)	▶ □
							• •
Co	omputation of Public Support Perc	entage					
14	Public Support Percentage for 2008 (line 6	column (f) dıvı	ded by line 11 c	olumn (f))		14	
15	Public Support Percentage for 2007 Sched	ule A , Part IV -	A, line 26f			15	
16a	33 1/3% Test - 2008. If the organization die	d not check the	box on line 13,	and line 14 is 3	3 1/3% or more,	check this box	
	and stop here. The organization qualifies as	s a publicly sup	ported organizat	ion			▶ ┌
b	33 1/3% Test - 2007. If the organization di			•	15 is 33 1/3% c	or more, check tl	_
	box and stop here. The organization qualification						▶ □
17a	10% Facts and Circumstances Test - 2008.	-					
	more, and if the organization meets the "fact and evaluation meets the "fact and evaluation						
h	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.						► 10% or
U	more, and if the organization meets the "fac						
	the organization meets the "facts and circu		•		= -		_
18	Private Foundation. If the organization did						- ,
	instructions		,	. ,	•		▶ □

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

(Complete only if you checked the box on line 9 of Part I)

1 Giffs, grants, contributions, and membership feas 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 and thought to the organization without charge 6 Total Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons bar exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Total Giffies and 7b 8 Public Support (Substract line 7 or from line 6) Total Support Calendar year (or facal year beginning in) 9 Amounts from line 6 5 Add lines 1-5 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	50	ction A Public Support	ed the box of	i iiile 3 01 Fait	1.)				
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 \$13 4 Tax revenues levied for the organization's tax-exempt purpose 5 The value of services or facilities furnished in the total of lines 9 a governmental unit to the organization without charge 6 Total Ad lines 1-5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons 9 Acceived from disqualified persons 1 Description of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 1 C Total of lines 9, 10c, 11, and 12 for the year or \$5,000 2 C Total of lines 9, 10c, 11, and 12 for the year or \$5,000 3 Gross income from interest, dividends, payments from line 6 1 Total Support Calendar year (or fiscal year beginning in) 9 A mounts from line 6 1 Total of lines 7 and 7 b 9 Audits Support (Substract line 7 c from line 6) 1 Total Support Calendar year (or fiscal year beginning in) 9 A mounts from line 6 2 Other income from unrelated business acquired after 30 June, 1975 2 Add lines 10 and 10 b 995,500 393,930 685,238 1,173,300 711,559 3 11,159			(2) 2004	(b) 2005	(a) 2006	(4) 2007	(0)	2008	(f) Total
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 tax+ exempt purpose 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total Add lines 1-5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Total Support Calendar year (or fiscal year beginning in) 9 A mounts from line 6 5 (312,476) 9,728,062 7,485,451 2 3. 3,564,116 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,110,532 1,082,104 696,754 1,100,532 1,082			(a) 2004	(D) 2003	(6) 2000	(a) 2007	(e)	2008	(I) I Otal
a Cross receipts from admissions, merchandias 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 levived for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b 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 1% of the total of lines 9, 10, e1, 11, and 12 for the year or \$5,000 c Total of lines 7 and 7b 8 Public Support (Substract line 7c from line 6) Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 51 taxes) from businesses acquired after 30 lune, 1975 c Add lines 10 and 100 11 Net income from unrelated business assets to included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total Support (Ad lines 9, 10c, 11 and 12) 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	•	membership fees received (Do not	4,349,996	8,751,039	3,442,457	9,728,062		7,485,451	33,757,005
or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total Add lines 1 - 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 c. Total of lines 7 and 7b 8. Public Support (Substract line 7c from line 6) Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b. Unrelated business and subject of the corganization securities of the secur	2								
series related to the organization's tax- exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section \$1.3 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total Add lines 1.5 7 A 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Total of lines 7 and 7b 8 Public Support (Substract line 7c from line 6) Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from similar sources 5 Unrelated business taxable income (less section \$11 taxes) from businesses accourced after 30 June, 1975 c Add lines 10a and 10b 10 Met income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total Support (Add lines 9, 10c, 11 and 12) 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here		merchandise sold or services performed,							
exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c from line 6) Total Support Calendar year (or fiscal year beginning in) 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 30 June, 1975 c Add lines 10 a and 10 b 995,500 393,936 685,238 1,173,300 711,559 1 Net income from unrelated business acquired after 30 June, 1975 c Add lines 10 and 10 b 995,500 393,936 685,238 1,173,300 711,559 1 Net income from unrelated business from the sale of capital assets (explain in Part IV) 13 Total Support (Add lines 9, 10c, 11 and 12) 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501 (c)(3) organization, check this box and stop here			962,480	3,564,116	1,110,532	1,082,104		696,754	7,415,986
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(Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here									0
12) 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here									
12) 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	13	Total Support (Add lines 9, 10c, 11 and							45,132,524
check this box and stop here		· ·							
	14		rganızatıon's firs	st, second, thırd	, fourth, or fifth t	tax year as a 50	01(c)(3) organiz	
Computation of Public Support Percentage		check this box and stop here							► □
Computation of Public Support Percentage	Co	montation of Dublic Compact Dance	ntaga						
4F D C D				11 1 40				1	
	15	•		·	iumn (†))		15		91 230 %
16Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g1670	16	Public Support Percentage for 2007 Schedu	ule A , Part IV - A	, line 27g			16		70 340 %
Computation of Investment Income Percentage	Co	mputation of Investment Income	Percentage						
		-		f) divided by line	e 13 column (f))		17		8 770 %

Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h

7 500 %

19a 33 1/3% Tests - 2008. 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 33 1/3% Tests - 2007. 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 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D (Form 990)

Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

Answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** HOUSTON SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 74-1287171 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically importantly land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a 2b ь Total acreage restricted by conservation easements c 2c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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.

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

- >

(ii) Assets included in Form 990, Part X

- \$

- 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 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

F \$

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Part	Organizations Maintaining Collections of Art,	His	tori	cal Treası	ires, or Othe	er Similar Ass	ets (c	ontinued)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	ne fol	lowing that ai	re a significant u	use of its collecti	on	
а	Public exhibition	d		Loan or exc	hange programs	5		
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain Part XIV	ho	w the	y further the	organization's ex	xempt purpose ın		
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as particles.					nılar F	Yes	┌ No
Par	Trust, Escrow and Custodial Arrangements. C Part IV, line 9, or reported an amount on Form 990				anızatıon answ	vered "Yes" to	Form 9	990,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	ıary	forc	ontributions	or other assets		Yes	☐ No
b	If "Yes," explain why in Part XIV and complete the following table							
						A mo	ount	
с	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?				l	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organization						/- \ F\	/ Dl-
	(a)Current Year	(D) Prior	real (C)	vo reals back (u)	Three Years Back	(e)Four	ears back
1a	Beginning of year balance							
b	Contributions							
C	Investment earnings or losses							
d	Other expenditures for facilities							
е	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held as							
а	Board designated or quasi-endowment							
ь	Permanent endowment 🕨							
с	Term endowment ▶							
3a	Are there endowment funds not in the possession of the organizat	ıon	that	are held and a	admınıstered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i		
	(ii) related organizations)	<u> </u>
	If "Yes" to 3a(II), are the related organizations listed as required					<u>3b</u>		
4	Describe in Part XIV the intended uses of the organization's endo							
Par	t VI Investments—Land, Buildings, and Equipmen	t. S			1	1		
	Description of investment) Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land				9,258,033	,		9,258,033
b	Buildings				3,556,561	1,187,660		2,368,901
С	Leasehold improvements				1,157,096	313,639		843,457
d	Equipment				1,031,402	572,370		459,032
	Other				156,929	•		80,682
Tota	l. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column	1 (B,), line	10(c).)		►		13,010,105
						Schedule D	(Form !	990) 2008

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12)			
Down VIII	Turnestments Duescom Peleted Co	a Farma OOO Dawb V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total. (Colui	mn (b) should equal Form 990, Part X, col (B) line 13) 🕨			
Part IX	Other Assets. See Form 990, Part X, II			
	(a) Descri	ption		(b) Book value
-				
Total (Cal)	ump (b) should equal Form 000. Part V. and (B) time	1 E \		
	Other Liabilities. See Form 990, Part X, col.(B) line		<u></u>	
rait A	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes	(=,	1	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
-			1	
			1	
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
		L	_	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,893,763
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,647,280
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,246,483
4	Net unrealized gains (losses) on investments	4	-4,024,602
5	Donated services and use of facilities	5	
6	Investment expenses	6	1
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-4,024,602
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,778,119
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	8,182,205
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-711,558
3	Subtract line 2e from line 1	3	8,893,763
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,893,763
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	10,960,324
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	3,313,044
3	Subtract line 2e from line 1	3	7,647,280
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,647,280
	t XIV Supplemental Information		
Com	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P $lpha$	art XIV	, lines 1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation				
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	NET INVESTMENT LOSS \$3313044				

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As Filed Data -

DLN: 93493124007060

Employer identification number

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Name of the organization

HOUSTON SOCIETY FOR THE PREVENTION

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

OF (CRUELTY TO ANIMALS		74-1287171			
Pa	rt I Questions Regarding Compensation	1	·			
					Yes	Νo
1a	Check the appropiate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	ı	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all th	at appl	у			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, F	art V I	I, Section A, line 1a			
а	Receive a severance payment or change of control p	aymen	t?	4a		Νo
ь	Participate in, or receive payment from, a supplement	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro-	ovide tl	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		,	7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III					N -

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown o	of W-2 and/or 1099-MI	SC compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	Dellelits	(0)(1)-(0)	990 or Form 990-EZ
PATRICIA MERCER (175,500 1)			15,500		191,000	
(i)						
)						
	i)						
()						
(i)						
()						
(i)						
)						
(i)						
)						
(i)						
)						
	i)						
)						
	i)						

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
-		
-		
	•	

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DLN: 93493124007060

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public

Inspection

Name of the organization
HOUSTON SOCIETY FOR THE PREVENTION
OF CRUELTY TO ANIMALS

Table 1

Inspection

Employer identification number

74-1287171

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	No review was or will be conducted

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

Cat No 51056K

Sc hedule O (Form 990) 2008

Software ID: Software Version:

EIN: 74-1287171

Name: HOUSTON SOCIETY FOR THE PREVENTION

OF CRUELTY TO ANIMALS

Form 990, Part VII - Section Aaa

	(C) Position (check all that apply)								(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
THOMAS HARPER , BOARD MEMBER								0	0	0
ROBERTA WESTBROOK , VETERINARIAN	40 00					х		83,021	0	0
PATRICIA MERCER , President	40 00			Х				175,500	0	15,500
MARTHA SENG , BOARD MEMBER	2 00			Х				0	0	0
LINDA MURPHY , BOARD MEMBER	1 00							0	0	0
L DAVID SMYTH , BOARD MEMBER	1 00							0	0	0
KATHRYN SMYTH , BOARD MEMBER	1 00							0	0	0
KANDACE LONGORIA , Treasurer	1 00			Х				0	0	0
JORGE ORTEGA , VP ANIMAL SERVICES	40 00					х		58,449	0	0
JIM GODWIN , BOARD MEMBER								0	0	0
JANE ERSKINE , BOARD MEMBER								0	0	0
GINGER ARWARDI , BOARD MEMBER								0	0	0
DR LD ECKERMANN , BOARD MEMBER								0	0	0
DOUGLAS CLARKE , BOARD MEMBER	1 00			Х				0	0	0
DEV RAJAN , VETERINARIAN	40 00					Х		86,212	0	0
DAVID WELSH , Chairman	4 00							0	0	0
DAVID W DUBEC , VP ADMIN/IT	40 00					Х		83,400	0	0
CONNIE BERGEN , Secretary	2 00			Х				0	0	0
CATALINA THURSTIN , VETERINARIAN	40 00					Х		86,244	0	0
BRUCE GARRISON , BOARD MEMBER	1 00			Х				0	0	0
BETTY LYNN MCHAM , BOARD MEMBER	1 00			х				0	0	0

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

THE HOUSTON SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (HSPCA)PROVIDES A TOTAL SERVICES PROGRAM WHICH ENCOMPASSES ALL ASPECTS OF ANIMAL WELFARE. THIS INCLUDES OPERATING AS A DEPOSITORY FOR UNWANTED PETS AND AS A DISTRIBUTION POINT FOR PERSONS DESIRING PETS. OPERATION ACTIVITIES ARE PROVIDED ON A DAILY BASIS AND ARE DIVIDED INTO THREE SEPARATE PROGRAMS OR DIVISIONS. THE ACTUAL OPERATIONS OF THE DIVISIONS ARE SO INTERMINGLED THAT AN ALLOCATION OF EXPENSES IN THE FORMAL ACCOUNTING SYSTEM IS NOT CONSIDERED PRACTICAL. AN EFFORT HAS BEEN MADE TO ALLOCATE EXPENDITURES FOR THE PURPOSES OF THIS REPORT.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE HOUSTON SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (HSPCA)PROVIDES A TOTAL SERVICES PROGRAM WHICH ENCOMPASSES ALL ASPECTS OF ANIMAL WELFARE. THIS INCLUDES OPERATING AS A DEPOSITORY FOR UNWANTED PETS AND AS A DISTRIBUTION POINT FOR PERSONS DESIRING PETS. OPERATION ACTIVITIES ARE PROVIDED ON A DAILY BASIS AND ARE DIVIDED INTO THREE SEPARATE PROGRAMS OR DIVISIONS. THE ACTUAL OPERATIONS OF THE DIVISIONS ARE SO INTERMINGLED THAT AN ALLOCATION OF EXPENSES IN THE FORMAL ACCOUNTING SYSTEM IS NOT CONSIDERED PRACTICAL. AN EFFORT HAS BEEN MADE TO ALLOCATE EXPENDITURES FOR THE PURPOSES OF THIS REPORT.