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Form **990-EZ** Department of the Treasury Internal Revenue Service

OMB No 1545-1150

Open to Public Inspection

Short Form
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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

A	For th	e 2008 calendar year, or tax year beginning and ending	9		
В	Check if applicab	le Please C Name of Organization	D	Employer i	dentification number
	Addres	S USE INSTRUBY MCKIBBEN FOUNDATION FOR THE			
	Name	DECETON OF ANIMALS	57-13	207756	
	Initial	type Number and street (or P.O. hox, if mail is not delivered to street address) Roo	m/suite E	Telephone	number
Ē	Term	In- Specific QOO DORTWAY DRIVE	713-	869-9176	
Г	Amer		Group Exe	mption	
Ē	Applica	HOUSTON, TX 77024	Number >		
			Accountin	ng method	
		Schedule A (Form 990 or 990-EZ).	Other (sp		
$\overline{}$	Websit	e: ►N/A			he organization is not
j	Organi				ule B (Form 990, 990-EZ, or 990-PF)
	Check	F			
	require	d, but if the organization chooses to file a return, be sure to file a complete return	•		,
		es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form	1 990-EZ	▶ \$	1.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See			
L .	1	Contributions, gifts, grants, and similar amounts received		1	- · · · · · · · · · · · · · · · · · · ·
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	1.
	5a	Gross amount from sale of assets other than inventory 5a			
	Ь	Less cost or other basis and sales expenses 5b			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
<u>o</u>	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, chec	k here		
en	1 -	Gross revenue (not including \$ of contributions			
Revenue	"	,			
	ь	reported on line 1) Less direct expenses other than fundraising expenses 6b 6b			
	1	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	-	6c	
	7a	100		"	
	l h	Loss part of goods sold			
	C	Gross profit or (loss) from sales of inventory (Sübtractine 7b from line 7a)	7c		
	8	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe) 8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		▶ 9	1.
	10	Grants and similar amounts paid (attach schedule)	·	10	
	11	Benefits paid to or for members		11	
s	12	Salaries, other compensation, and employee benefits	12	···	
nse	13	Professional fees and other payments to independent contractors	13	×	
Expenses	14	Occupancy, rent, utilities, and maintenance	14		
û	15	Printing, publications, postage, and shipping	15		
	16	Other expenses (describe ►) 16		
	17	Total expenses. Add lines 10 through 16	▶ 17	0.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
Ass		(must agree with end-of-year figure reported on prior year's return)		19	1,203.
et	20	Other changes in net assets or fund balances (attach explanation)	20		
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20		▶ 21	1,204.
P	art II		nstead of Fo	rm 990-EZ	
			ginning of y	rear	(B) End of year
22	Cas	h, savings, and investments	1,2	03.22	1,204.
23		d and buildings		23	
24		er assets (describe ►)		24	
25		al assets	1,2	03.25	1,204.
26		al liabilities (describe ►)		0.26	0.
27	. Net	assets or fund balances (line 27 of column (B) must agree with line 21)	1,2		1,204.
	171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.			Form 990-EZ (2008)

RUBY MCKIBBEN FOUNDATION FOR THE PROTECTION OF ANIMALS

	m 990-EZ (2008) PROTECTION OF ANIMALS			57-	12077	56 Page 2	
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III)			rpenses	
Wha	at is the organization's primary exempt purpose? PREVENTION OF	CRUELTY TO AN	IMALS			for 501(c)(3)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.					and (4) organizations and 4947(a)(1) trusts, optional for others)		
28	NONE	·					
				$\overline{}$			
20	(Grants \$) If this amount includes foreign of NONE	grants, check here	-		28a		
29	NONE	· -					
	(Grants \$) If this amount includes foreign of	grants, check here	>		29a		
30	NONE						
•	(Grants \$) If this amount includes foreign (grants, check here	▶	لسا	30a		
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign s	grants chack here	•		31a		
32	Total program service expenses (add lines 28a through 31a)	grants, check here		<u> </u>	32	0.	
	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the			
		(b) Title and average hours	(c) Compensation		ontributions	(e) Expense	
	(a) Name and address	per week devoted to	(If not paid, enter		employee fit plans &	account and	
	· ·	position	-0)	d	eferred	other allowances	
	AMDICIA MEDCED	PRESIDENT/DIR	ECTION D	com	pensation		
_	ATRICIA MERCER DO PORTWAY DRIVE, HOUSTON, TX 77024	0.25	0.		0.	0.	
	ETER DAVIES, 89 ALBERT EMBANKMENT,	VICE PRESIDEN		R	•		
	ONDON, FOREIGN COUNTRY, ENGLAND SE1	0.25	0.	[0.	0.	
	HARON SCHMALZ, 951 POWER STREET,	SECRETARY/DIR	ECTOR				
	EAGUE CITY, TX 77573	0.25	0.		0.	0.	
	IERRY FERGUSON	TREASURER/DIR			_		
	O. BOX 450528, HOUSTON, TX 77245	0.25	0.		0.	0.	
	NGRID NEWKIRK	DIRECTOR	0.		0.		
<u>5 C</u>	01 FRONT ST., NORFOLK, VA 23510	0.25	0.		0.	0.	
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PROTECTION OF ANIMALS

Pa	TEV Other Information (Note the statement requirements in the instructions for Part VI.)			
	V		Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	<u> </u>	_X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			:
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy		۱ ،	
	tax requirements?	35a		<u> X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	1 1		
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organizat			
	section 4911 ▶ , section 4912 ▶			
þ	Section 501(c)(3) and (4) organizations. Did the organization engage in any sec			
	did it become aware of an excess benefit transaction from a prior year? If "Yes,			
C	Enter amount of tax imposed on organization managers or disqualified persons			
	sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party l			
	transaction? If "Yes," complete Form 8886-T			
	List the states with which a copy of this return is filed TX			
42 a	The books are in care of ► SHERRY FERGUSON			
	2000,000	724	<u>5-0</u>	<u>528</u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	r 	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	$\overline{}$	Yes	
	account)?	42b		X
	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 Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	If "Yes," enter the name of the foreign country			$\overline{}$
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	/-		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		1		
		£	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		<u>X</u>
		Form 9	90-EZ ((2008)

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46 Did th	ne organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public	:		Yes	No	
office? If "Yes," complete Schedule C, Part I						16	X	
							X	
	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						X	
	e organization make any transfers to an exempt non-charitable related organization?					9a	$\frac{x}{x}$	
	s," was the related organization(s) a section 527 organization?	organization ,				9b	+	
	blete this table for the five highest compensated employees (other than	officers directors trustees and	kay amplayasa) who	a aaab raaawaa	_		T	
-	empensation from the organization. If there is none, enter "None."	onicers, directors, trustees and	key employees, with	o each received	1111011	s tirali y i	000,000	
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contribution to employee benefit plans & deferred compensation		(E) Exp accoun other allo	it and	
Total numb	per of other employees paid over \$100,000							
51 Comp	per of other employees paid over \$100,000 Delete this table for the five highest compensated independent contractor ne, enter "None" NONE	s who each received more than	\$100,000 of compe	nsation from t	he org	ganization	If there	
51 Comp	olete this table for the five highest compensated independent contractor ne, enter "None"		\$100,000 of compe			ganization Compens		
51 Comp	olete this table for the five highest compensated independent contractor ne, enter "None" NONE							
51 Comp	olete this table for the five highest compensated independent contractor ne, enter "None" NONE							
51 Comp	olete this table for the five highest compensated independent contractor ne, enter "None" NONE							
51 Comp	olete this table for the five highest compensated independent contractor ne, enter "None" NONE							
51 Comp	polete this table for the five highest compensated independent contractor ne, enter "None" NONE (a) Name and address of each independent contractor paid more per of other independent contractors each receiving over \$100,000 Under penalties of penury, I declare that I have examined this return, including ac	than \$100,000	(b) Type of set	rvice	(c) (Compens		
51 Comp	Detet this table for the five highest compensated independent contractor ne, enter "None" NONE (a) Name and address of each independent contractor paid more per of other independent contractors each receiving over \$100,000 Under penalties of penury, I declare that I have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all in Signature of other independent contractors.	than \$100,000	(b) Type of set	rvice	(c) (Compens	ation	
Is not	Delete this table for the five highest compensated independent contractor ne, enter "None" NONE (a) Name and address of each independent contractor paid more per of other independent contractors each receiving over \$100,000 Under penalties of penury, I declare that I have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all in the period of the penalties of penury. I declare that I have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all in the penulties. Signature of officer Type or print name and title.	companying schedules and statementormation of which preparer has any nerry Fergusco	(b) Type of sel	rvice	belief,	it is true,	29	

SCHEDULE A

(Form 990 or 990-EZ)

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.

Schedule A (Form 990 or 990-EZ) 2008

Inspection

OMB No 1545-0047

RUBY MCKIBBEN FOUNDATION FOR THE **Employer identification number** Name of the organization PROTECTION OF ANIMALS 57-1207756 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X 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 the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ____ Type I **b** Type II c Type III - Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. h (vi) is the organization in col (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization n col (i) listed in vour organization in col organization support (described on lines 1-9 (i) organized in the governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No Total

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

FORM 990-EZ	990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT				
DIRECTLY OR	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[]	YES [X] NO			
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	• []	YES [X] NO			