| Form 990 |
|---|
| Department of the Treasur 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.

| AF | or th | e 2012 calendar year, or tax year beginning and | ending | | |
|--------------------------------|-------------------------|--|-----------------------|-----------------------------|-----------------------------|
| B | Check if | C Name of organization | D Employer identified | cation number | |
| a | pplicab | HUMANE SOCIETY FOR TACOMA PIERCE COUN | | | |
| | Addre | e SOCIETY PREVENTION CRUELTY ANIMALS | | | |
| | Name | Doing Business As | | 91-0 | 577128 |
| | Initial | , | | | |
| | Termi | Z000 CENTER SIREEI | | 253- | 284-5821 |
| | Amen | City, town, or post office, state, and ZIP code | | G Gross receipts \$ | 7,252,178. |
| | Applio tion pendi | TACOMA, WA 90409 | | H(a) Is this a group re | |
| | pendi | F Name and address of principal officer: KATHLEEN OLSON | | for affiliates? | Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all affiliates inc | luded? Yes No |
| | | empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) | or 🛄 527 | If "No," attach a | list. (see instructions) |
| | | te: > WWW.THEHUMANESOCIETY.ORG | | H(c) Group exemption | |
| | | f organization: 🔀 Corporation 🔄 Trust 🔛 Association 🔛 Other 🕨 | L Year | of formation: 1888 N | State of legal domicile: WA |
| Pa | art I | Summary | | | |
| ø | 1 | Briefly describe the organization's mission or most significant activities: TO A | DVANCE | THE WELFAR | E OF |
| anc | | ANIMALS AND PROMOTE POSITIVE RELATIONSHI | | | |
| Activities & Governance | 2 | Check this box 🕨 📖 if the organization discontinued its operations or dispo | sed of more | than 25% of its net as | |
| Š | 3 | | | | 16 |
| ∞ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 16 |
| es | | Total number of individuals employed in calendar year 2012 (Part V, line 2a) | | | 54 |
| iviti | 6 | Total number of volunteers (estimate if necessary) | | | 580 |
| Acti | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. |
| | | | | Prior Year | Current Year |
| e | 8 | Contributions and grants (Part VIII, line 1h) | | 1,060,171. | 2,342,094. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 2,128,502. | 2,108,081. |
| Jev | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 2,659. | 224,892. |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 232,558. | 223,839. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,423,890. | 4,898,906. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$ | | 2,144,491. | 2,260,750. |
| Expenses | 16a | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 263, 1 | | 0. | 0. |
| ďX | b | Total fundraising expenses (Part IX, column (D), line 25) | 02. | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,453,959. | 1,461,001. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,598,450. | 3,721,751. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -174,560. | 1,177,155. |
| Net Assets or Fund Balances | | | Be | ginning of Current Year | End of Year |
| set | 20 | Total assets (Part X, line 16) | | 11,373,507. | 12,788,391. |
| t As | 21 | Total liabilities (Part X, line 26) | | 1,307,893. | 1,270,530. |
| Fur | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 10,065,614. | 11,517,861. |
| Pa | art II | Signature Block | | | |

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

| Sign Here | Signature of officer KATHLEEN OLSON, EXECUT Type or print name and title | IVE DIRECTOR | Date | | | | | |
|--------------|--|-------------------------|--------|---|--|--|--|--|
| Paid | Print/Type preparer's name MICHAEL MCCRABB | Preparer's signature | Date | Check PTIN if self-employed P00058953 | | | | |
| Preparer | Firm's name 🕨 JOHNSON STONE & | | Firm's | EIN 91-1623649 | | | | |
| Use Only | FIRCREST, WA 98466 Phone no. (253) 566-70 | | | | | | | |
| May the I | RS discuss this return with the preparer shown abo | ove? (see instructions) | | X Yes No | | | | |
| 232001 12- | 10-12 LHA For Paperwork Reduction Act Notic | <i>,</i> . | | Form 990 (2012) | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | HUMANE SOCIETY FOR TACOMA PIERCE COUNTY |
|----|--|
| | 990 (2012) SOCIETY PREVENTION CRUELTY ANIMALS 91-0577128 Page 2 t III Statement of Program Service Accomplishments 91-0577128 Page 2 |
| Pa | Check if Schedule O contains a response to any question in this Part III |
| 1 | Briefly describe the organization's mission: |
| • | THE MISSION OF THE HUMANE SOCIETY IS TO ADVANCE THE WELFARE OF ANIMALS |
| | AND PROMOTE POSITIVE RELATIONSHIPS BETWEEN ANIMALS AND PEOPLE. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | the prior Form 990 or 990-EZ? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| Ū | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 2,249,654. including grants of \$) (Revenue \$ 1,693,894.) |
| | SHELTERED AND CARED FOR APPROXIMATELY 11,000 STRAY AND ABANDONED ANIMALS, NEVER TURNING AN ANIMAL AWAY. FOUND HOMES FOR MORE THAN 6,900 |
| | HOMELESS PETS, REUNITED OVER 1,700 LOST PETS WITH OWNERS, AND FUNDED |
| | MORE THAN 2,600 PET SPAY/NEUTER SURGERIES. |
| | |
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| | |
| 4b | (Code:) (Expenses \$ 625,484. including grants of \$) (Revenue \$ 420,060.) PROVIDED VETERINARY CARE AND TREATMENT FOR SHELTER PETS, INCLUDING |
| | VACCINATIONS, MICROCHIP IDENTIFICATION, AND SPAYING/NEUTERING. |
| | PROVIDED HUMANE EUTHANASIA FOR SEVERELY ILL OR INJURED PETS, AND PETS |
| | THAT COULD NOT BE PLACED IN HOMES. |
| | |
| | |
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| | |
| | |
| 4c | (Code:) (Expenses \$ 228,062. including grants of \$) (Revenue \$) |
| | MORE THAN 500 REGISTERED VOLUNTEERS OFFER A VARIETY OF HUMANE PROGRAMS, |
| | INCLUDING FOSTERING FOR UNDERAGED PETS, EMERGENCY PET FOOD BANK, |
| | COMMUNITY OUTREACH AND EDUCATION, EXERCISING AND GROOMING FOR SHELTER |
| | PETS, PET BEHAVIOR ASSISTANCE, AND ADOPTION MATCH-MAKING. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 3,103,200. |
| | Form 990 (2012) |

| Form 990 (| 2012) | SOCIETY | PREV |
|------------|--------------|---------------|--------|
| Part IV | Checklist of | FRequired Sch | edules |

HUMANE SOCIETY FOR TACOMA PIERCE COUNTY

SOCIETY PREVENTION CRUELTY ANIMALS

| | | | Yes | No |
|-----|--|----------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 37 | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 37 |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| с | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | <u> </u> | | |
| - | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | <u> </u> | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | <u> </u> | | |
| | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | x |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Form 990 (2012)

232004 12-10-12

HUMANE SOCIETY FOR TACOMA PIERCE COUNTY SOCIETY PREVENTION CRUELTY ANIMALS

| Form | 990 (2012) SOCIETY PREVENTION CRUELTY ANIMALS 91-0577 | 128 | P | age 4 |
|------------|---|------------|-----|--------------|
| Pa | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | v |
| | Schedule K. If "No", go to line 25 | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 04- | | |
| ا م | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | |
| | | 240 | | |
| 254 | 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 | | x |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | ZJa | | |
| 5 | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | x |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | 37 | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | x |
| 0 4 | contributions? If "Yes," complete Schedule M | 30 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> | 24 | | x |
| 32 | It "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | - 23 |
| 52 | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 02 | | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | | Form | 990 | (2012) |

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| Ρ | ar | t | V |
|---|----|---|---|
| | | | |

Form 990 (2012)

HUMANE SOCIETY FOR TACOMA PIERCE COUNTY SOCIETY PREVENTION CRUELTY ANIMALS

| Par | t V | Statements Regarding Other IRS Filings and Tax Compliance | | | | | |
|---------|----------|---|------------|-----------------------|----------|-----|----------|
| | | Check if Schedule O contains a response to any question in this Part V | | | | | |
| | | | | | | Yes | No |
| | | he number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 26 | | | |
| | | he number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | | e organization comply with backup withholding rules for reportable payments to vendors and re | | | | 37 | |
| _ | | ling) winnings to prize winners? | I | | 1c | X | |
| 2a | | he number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | 54 | | | |
| | | r the calendar year ending with or within the year covered by this return | 2a | | 01- | Х | |
| a | | ast one is reported on line 2a, did the organization file all required federal employment tax returns the sum of lines 1a and 2a is greater than 250 your may be required to 0 file (see instructions). | | | 2b | Λ | |
| 20 | | If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions e organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | х |
| | | ," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | | |
| | | time during the calendar year, did the organization have an interest in, or a signature or other | author | itv over a | 00 | | <u> </u> |
| | | al account in a foreign country (such as a bank account, securities account, or other financial | | • | 4a | | х |
| b | | ," enter the name of the foreign country: | | ,. | | | |
| | | structions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial | Accou | nts. | | | |
| 5a | Was th | ne organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х |
| | | y taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | | 5b | | X |
| с | If "Yes | ," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does t | he organization have annual gross receipts that are normally greater than \$100,000, and did th | ne orga | anization solicit | | | |
| | | ntributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| b | | ," did the organization include with every solicitation an express statement that such contribut | ions o | r gifts | | | |
| _ | | ot tax deductible? | | | 6b | | |
| 7 | - | izations that may receive deductible contributions under section 170(c). | ninon r | rouidad to the neuero | - | | х |
| a | | organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | | | 7a 7b | | |
| | | ," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| C | | Form 8282? | asieq | uired | 7c | | x |
| Ь | | ," indicate the number of Forms 8282 filed during the year | 7d | | 10 | | |
| | | e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c | | xt? | 7e | | х |
| f | | e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | | | 7f | | Х |
| g | | organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | |
| h | If the c | organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation f | le a Form 1098-C? | 7h | | |
| 8 | Sponso | pring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di | id the s | upporting | | | |
| | organiz | ation, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any tim | e during the year? | 8 | | |
| 9 | - | oring organizations maintaining donor advised funds. | | | | | |
| | | e organization make any taxable distributions under section 4966? | | | 9a | | |
| | | e organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | | on 501(c)(7) organizations. Enter: | 40- | | | | |
| | | on fees and capital contributions included on Part VIII, line 12 | 10a 10b | | | | |
| и 11 | | receipts, included on Form 990, Part VIII, line 12, for public use of club facilities on 501(c)(12) organizations. Enter: | aur | | | | |
| | | income from members or shareholders | 11a | | | | |
| | | income from other sources (Do not net amounts due or paid to other sources against | 114 | | | | |
| | | Its due or received from them.) | 11b | | | | |
| 12a | | n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | ? | 12a | | |
| | | ," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | | n 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| а | Is the o | organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | Note. | See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | | he amount of reserves the organization is required to maintain by the states in which the | | | | | |
| | | zation is licensed to issue qualified health plans | 13b | | | | |
| | | he amount of reserves on hand | 13c | | | | X |
| | | | | | 14a | | |
| Q | II Yes | ," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | σU | | 14b | | |

91-0

|--|

| Governance, Management, and Disclosure For eac | ch "Yes" response to lines 2 through 7b below, and for a "No" resp | onse |
|---|--|------|
| to line 8a, 8b, or 10b below, describe the circumstances, process | ses, or changes in Schedule O. See instructions. | |

| Check if Schedule O contains a response to any question in this Part VI | |
|---|--|
| Section A. Governing Body and Management | |

Form 990 (2012) Part VI

X

| | | | Yes | No | | | | | | | |
|--|---|------------|--------------|-------|--|--|--|--|--|--|--|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 16 | | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 16 | | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | | |
| _ | officer, director, trustee, or key employee? | 2 | | х | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | <u> </u> | | | | | | | | | |
| - | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | х | | | | | | | |
| 4 | 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | | | | | |
| - | 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | | |
| | 6 Did the organization have members or stockholders? | | | | | | | | | | |
| | 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | | |
| 74 | more members of the governing body? | | | | | | | | | | |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 7a | X | | | | | | | | |
| ~ | | 7b | | x | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 10 | | | | | | | | | |
| a | The governing body? | 8a | х | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | | | |
| 9 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | x | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | 5 | | | | | | | | | |
| 000 | | | Yes | No | | | | | | | |
| 10-2 | Did the organization have local chapters, branches, or affiliates? | 10a | 163 | X | | | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | | |
| U | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | | |
| 110 | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | | | | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 11a | | | | | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | x | | | | | | | | |
| 12a | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a 12b | X | | | | | | | | |
| b | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> | 120 | - 23 | | | | | | | | |
| С | in Cabadula O have this was done | 10- | x | | | | | | | | |
| 10 | in Schedule O how this was done | 12c 13 | X | | | | | | | | |
| 13 14 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | | | |
| 14 15 | Did the organization have a written document retention and destruction policy? | 14 | - 23 | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | | |
| - | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 150 | x | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | | | |
| a | Other officers or key employees of the organization | 15b | 17 | | | | | | | | |
| 16- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | | |
| 108 | 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 | | х | | | | | | | |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 104 | | | | | | | | | |
| D | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | | |
| | | 166 | | | | | | | | | |
| Sec | exempt status with respect to such arrangements? | 16b | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed WA | | | | | | | | | | |
| | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availat | | | | | | | | | |
| 18 | for public inspection. Indicate how you made these available. Check all that apply. | avalidi | 70 0 | | | | | | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | | | | | | | | |
| 10 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and | dfine | | | | | | | | | |
| 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and fina statements available to the public during the tax year. | | | | | | | | | | | |
| | | | | | | | | | | | |
| 20 | FRANK STRUEBY - 253 284-5821 | | | | | | | | | | |
| | 2608 CENTER STREET, TACOMA, WA 98409 | | | | | | | | | | |
| 23200 | | Form | 1 990 | (2012 | | | | | | | |
| 12-10- | 14 | | しつつし | 12012 | | | | | | | |

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

L Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| Name and Title Average hours per weak (stary) rous for organization below line) Description of the and electronic and electronic at electronic and form organization (W2/1099/MISC) Estimated compensation from organization (W2/1099/MISC) Estimated other organization (W2/1099/MISC) (1) LYNETTE YOUNG DECK 3.00 X 0. 0. (2) CHRIS MARSTON 3.00 X 0. 0. 0. (3) RIONDA ARNET 3.00 X 0. 0. 0. (4) MERER X 0. 0. 0. 0. (5) NUMBER X 0. 0. 0. 0. (6) MERER X 0. 0. 0. 0. (7) MERER X 0. 0. 0. 0. (6) MELERANDE X 0. 0. 0. 0. (3) NUMBER 0. 0. 0. 0. 0. (3) NENDER 1.000 X X 0. 0. 0. </th <th>(A)</th> <th>(B)</th> <th></th> <th></th> <th>(0</th> <th>C)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th> | (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|---|----------------|--|--------------------------------|---|---------|---------------|---------------------------------|-----------|---------------------|---------------|---|
| Image: constraint of the second sec | Name and Title | hours per | box | (do not check more than one box, unless person is both an | | compensation | compensation | amount of | | | |
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| | 990 (2012) SOCIETY I | PREVENT | 101 | <u>1</u> C | RI | JEI | LTJ | 7 | ANIMALS | 91-057 | <u>712</u> | 8 | Page 8 |
|-----|--|----------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|--------------------------|--------------------|------------|-----------|---------------|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees, | and | d Hi | ighe | st C | Compensated Employe | es (continued) | | | |
| | (A) | (B) | | , | (0 | | • | | (D) | (E) | | (F) |) |
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| | | below | Individual trustee or director | Institutional trustee | er | Key employee | est c loyee | ner | | | 0 | rganiza | ations |
| | | line) | Indiv | Insti | Officer | Key 6 | Highest compensated employee | Former | | | | | |
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| 1b | Sub-total | | | | | | ► | | 101,866. | (|). | 23, | 888. |
| с | Total from continuation sheets to Part VI | | | | | | | | 0. | C |). | | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 101,866. | (|). | 23, | 888. |
| 2 | Total number of individuals (including but n | | | | | | | no r | | | | - 1 | |
| - | compensation from the organization | | 000 | 1000 | a ui | 0011 | 0, 11 | | | | | | 1 |
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| 2 | Did the eventiation list on former officer | | | | | | | | | | | | - |
| 3 | Did the organization list any former officer, | | | e, ke | y en | npic | byee, | or | nignest compensated e | mpioyee on | | | v |
| | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | . 3 | | <u> </u> |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | the organization | | | v |
| | and related organizations greater than \$150 | | | | | | | | | | . 4 | · - | <u> </u> |
| 5 | Did any person listed on line 1a receive or a | | | | | - | | | - | | | | |
| | rendered to the organization? If "Yes," com | plete Schedul | e J f | or su | ıch j | pers | son . | | | | 5 | | X |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co | mpensated ind | depe | ende | nt c | onti | racto | ors t | that received more than | \$100,000 of compe | ensatio | n from | I |
| | the organization. Report compensation for | the calendar y | ear e | endir | ng w | vith | or w | ithir | n the organization's tax | year. | | | |
| | (A) | | | | | | | | (B) | | | (C) | |
| | Name and business | address | NC | ONE | 2 | | | | Description of s | ervices | Com | pensat | tion |
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| | Tabal success of inclusion during the second | | a.t. '' | | al + | 41- | • c | | | | | | |
| 2 | Total number of independent contractors (i | nciuaina but n | of lir | nited | 110 | TNO | se lis | stec | apove) who received n | iore man | | | |

| Form 990 (20 | | | OCIETY |
|--------------|----------|------|---------|
| Part VIII | Statemen | t of | Revenue |

HUMANE SOCIETY FOR TACOMA PIERCE COUNTY SOCIETY PREVENTION CRUELTY ANIMALS

91-0577128 Page 9

| | | Check if Schedule O cont | ains a response | to any question i | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclud from tax undel sections 512, 513, or 514 |
|----|----------|--|------------------------------|--------------------|----------------------|--|--|---|
| 1 | а | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | | Fundraising events | | 309,694. | | | | |
| | | Related organizations | | | | | | |
| | е | Government grants (contribut | ions) 1e | | | | | |
| | f | All other contributions, gifts, grant | ts, and | | | | | |
| | | similar amounts not included abov | /e 1 f | 2,032,400. | | | | |
| | g | Noncash contributions included in lines | 1a-1f: \$ | 25,179. | | | | |
| | | Total. Add lines 1a-1f | | | 2,342,094. | | | |
| | | | | Business Code | | | | |
| 2 | а | SERVICE FEES | | 541900 | 1,393,721. | 1,393,721. | | |
| | b | DROP OFF FEES | | 541900 | 250,579. | 250,579. | | |
| | с | SPAY & NEUTER FEES | | 541900 | 214,717. | 214,717. | | |
| | d | ADOPTION FEES | | 541900 | 175,469. | 175,469. | | |
| | | ANIMAL LICENSE REVENUE | | 561000 | 73,595. | 73,595. | | |
| | f | All other program service reve | nue | | , | , | | |
| | | Total. Add lines 2a-2f | | | 2,108,081. | | | |
| 3 | | Investment income (including | | | | | | |
| | | other similar amounts) | | | 7,571. | | | 7,5 |
| 4 | | Income from investment of tax | | | , | | | , |
| 5 | | Royalties | | F | | | | |
| Ŭ | | | (i) Real | (ii) Personal | | | | |
| 6 | a | Gross rents | (i) ricai | | | | | |
| | | Gross rents Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ' | a | Gross amount from sales of | (i) Securities 2,515,222. | (ii) Other | | | | |
| | b | assets other than inventory Less: cost or other basis | 2,515,222. | | | | | |
| | b | | 2,297,901. | | | | | |
| | _ | and sales expenses | | | | | | |
| | | Gain or (loss) | , | | 217,321. | | | 217,3 |
| | | Net gain or (loss) | | ▶ | 217,521. | | | 217,3 |
| ð | а | Gross income from fundraising including \$ 309 | | | | | | |
| | | • | | | | | | |
| | | contributions reported on line | - | 207,872. | | | | |
| | | Part IV, line 18 | | 10,333. | | | | |
| | | Less: direct expenses | | ´► | 107 520 | | | 107 5 |
| | | Net income or (loss) from func | - | > | 197,539. | | | 197,5 |
| 9 | а | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | - | ····· > | | | | |
| 10 | а | Gross sales of inventory, less | | | | | | |
| | | and allowances | | 65,465. 45,038. | | | | |
| | | Less: cost of goods sold | | · · · · · · | 20 427 | | | 20.4 |
| | С | Net income or (loss) from sale | | | 20,427. | | | 20,4 |
| | | Miscellaneous Revenu OTHER INCOME | e | Business Code | E 073 | E 073 | | |
| 11 | | - THER INCOME | | 561000 | 5,873. | 5,873. | | |
| | b | | | ┝────┤ | | | | |
| | c | | | ├ | | | | |
| | | All other revenue | | L | E 050 | | | |
| | е | Total. Add lines 11a-11d | | 🕨 | 5,873. | | | |

HUMANE SOCIETY FOR TACOMA PIERCE COUNTY Form 990 (2012) SOCIETY PREVE Part IX Statement of Functional Expenses SOCIETY PREVENTION CRUELTY ANIMALS

91-0577128 Page 10

| | on 501(c)(3) and 501(c)(4) organizations must com | | * | | 1 |
|----------|--|------------------------------|---|--|---------------------------------------|
| | Check if Schedule O contains a respon | | s Part IX | (0) | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 101 000 | 17 217 | 01 402 | 2 05 |
| | trustees, and key employees | 101,866. | 17,317. | 81,493. | 3,05 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 1 157 016 | 1 270 602 | E0 116 | 106 10 |
| 7 | Other salaries and wages | 1,457,916. | 1,279,693. | 52,116. | 126,10 |
| 8 | Pension plan accruals and contributions (include | 100 615 | 156 00F | 12 650 | 12 06 |
| ~ | section 401(k) and 403(b) employer contributions) | 182,615. 345,873. | 156,095. 300,065. | <u>12,659.</u> 24,267. | <u>13,86</u> 21,54 |
| 9 | Other employee benefits | 172,480. | 146,632. | 13,145. | <u>41,54</u> 12,70 |
| 0 | Payroll taxes | 1/2,480. | 140,032. | 13,143. | 12,70 |
| 1 | Fees for services (non-employees): | | | | |
| a | Management | 39,691. | 7,480. | 26,805. | 5,40 |
| b | Legal | 59,091. | /,400. | 20,005. | 5,40 |
| | Accounting | | | | |
| | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 16,788. | 1,679. | 9,975. | 5,13 |
| 12 | Advertising and promotion | 153,260. | 72,234. | 26,493. | 54,53 |
| 3 | Office expenses | 53,933. | 31,550. | 9,383. | 13,00 |
| 4 | Information technology | | 51,550. | 9,303. | 13,00 |
| 15 | Royalties | 114,173. | 109,504. | 2,671. | 1,99 |
| 16 | Occupancy | 7,813. | 7,274. | 498. | 4 |
| 7 | | 7,013. | /, 2/4• | 490. | |
| 8 | Payments of travel or entertainment expenses | | | | |
| ~ | for any federal, state, or local public officials | 17,502. | 2,184. | 14,845. | 47 |
| 9 | Conferences, conventions, and meetings | 38,501. | 36,825. | 1,001. | 67 |
| 20 | Interest | 50,501. | 50,025. | 1,001. | 07 |
| 21 | Payments to affiliates Depreciation, depletion, and amortization | 166,693. | 159,375. | 4,410. | 2,90 |
| 2 | | 22,155. | 21,734. | 241. | 18 |
| 3 4 | Insurance Other expenses. Itemize expenses not covered | 22,133. | 21,1340 | 271 • | 10 |
| 4 | above. (List miscellaneous expenses in the 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | COMMUNITY VET SERVICES | 351,567. | 351,567. | | |
| a b | ANIMAL FOOD & PROVISION | 229,252. | 229,225. | 27. | |
| с С | REPAIRS & MAINTENANCE | 85,582. | 68,806. | 16,205. | 57 |
| d | MISCELLANEOUS | 67,624. | 25,072. | 41,900. | 65 |
| | All other expenses | 96,467. | 78,889. | 17,315. | 26 |
| 5 | Total functional expenses. Add lines 1 through 24e | 3,721,751. | 3,103,200. | 355,449. | 263,10 |
| :5 :6 | Joint costs. Complete this line only if the organization | -, | | | |
| .0 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here Fight and following SOP 98-2 (ASC 958-720) | | | | |

| H | IUMANE | SOCIETY | FOR | TACOMA | PIERCE | COUNTY |
|---|---------|---------|------|---------|--------|--------|
| S | SOCIETY | PREVEN | TION | CRUELTY | ANIMAI | S |

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| | ιA | Dalaille Sileel | | | |
|---------------|----------------|--|---------------------------------|----------------|---------------------------|
| | | Check if Schedule O contains a response to any question in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 1,697. | 1 | 1,697. |
| | 2 | Savings and temporary cash investments | 3,653,736. | 2 | 4,242,615. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 57,732. | 4 | 670,678. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| <i>"</i> | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| As | 8 | Inventories for sale or use | 63,462. | 8 | 63,041. |
| | 9 | Prepaid expenses and deferred charges | 102,862. | 9 | 21,710. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D10a5,613,719Less: accumulated depreciation10b2,434,449 | | | |
| | b | | 3,173,547. | 10c | 3,179,270. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | 4 600 000 |
| | 15 | Other assets. See Part IV, line 11 | 4,320,471. | 15 | 4,609,380. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 11,373,507. | 16 | 12,788,391. |
| | 17 | Accounts payable and accrued expenses | 407,936. | 17 | 205,475. |
| | 18 | Grants payable | 110 001 | 18 | 112 006 |
| | 19 | Deferred revenue | 118,921. | 19 | 113,896. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| Liabilities | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| hilid | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Lia | | key employees, highest compensated employees, and disqualified persons. | | | |
| | ~~ | Complete Part II of Schedule L | 770,592. | 22 | 945,304. |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 110,392. | 23 | 945,504. |
| | 24 25 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | | | 10,444. | 25 | 5,855. |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,307,893. | 26 | 1,270,530. |
| | 20 | Organizations that follow SFAS 117 (ASC 958), check here ► X and | | 20 | 1/1/0/0000 |
| ç | | complete lines 27 through 29, and lines 33 and 34. | | | |
| - Second | 27 | Unrestricted net assets | 8,409,939. | 27 | 9,335,199. |
| Fund Balances | 28 | Temporarily restricted net assets | 628,706. | 28 | 1,155,693. |
| d B | 29 | Permanently restricted net assets | 1,026,969. | 29 | 1,026,969. |
| ů. | | Organizations that do not follow SFAS 117 (ASC 958), check here | , , | | , , |
| г Ц | | and complete lines 30 through 34. | | | |
| ets (| 30 | Capital stock or trust principal, or current funds | | 30 | |
| SSE | 31 | | | 31 | |
| ∋t A | 32 | | | 32 | |
| ž | 33 | | 10,065,614. | 33 | 11,517,861. |
| | 34 | Total liabilities and net assets/fund balances | 11,373,507. | 34 | 12,788,391. |
| Net Assets or | 31 32 33 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 32 33 | |

Form **990** (2012)

Form 990 (2012)
Part X Balance Sheet

HIMANE COCTERV FOR TACOMA DIFFCE COUNTY

| HOMANE | SOCIETI | FOR | TACOMA | PIERCE | COONTY |
|---------|---------|-----|---------|--------|--------|
| SOCIETY | PREVEN | TON | CRUELTY | ANTMAT | S |

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| Form | 1990 (2012) SOCIETY PREVENTION CRUELTY ANIMALS | 91-0 | 577128 | Pag | ge 12 |
|------|--|-----------|------------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,89 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,72 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,17 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 10,06 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 27 | 5,0 | 92. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 11,51 | 7,8 | 61. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | - | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | te basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | 37 | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | • | | | 37 |
| | Act and OMB Circular A-133? | | 3a | | x |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | 1 |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | 000 | <u> </u> |
| | | | Form | 990 | (2012) |

Form **990** (2012)

| Descriment of the meany 4947(a)(1) nonexempt charitable trust. Open to Public inspection Name of the organization HUMANE SOCIETY FOR TACOMA PIERCE COUNTY Employer identification number SOCIETY PREVENTION CRUBLITY ANIMALS Part1 Reason for Public Charity Status (All organizations must complete this part). See instructions. The organization is not a private foundation of churches, or association of churches described in section 170b(1)(A)(ii). A school described in section 170b(1)(A)(iii). A medical research organization described in a college or university owned or operated to 70b(1)(A)(iii). A medical research organization organization described in section 170b(1)(A)(iii). A morganization poperated for the benefit of a college or university owned or operated by a governmental unit described in section 170b(1)(A)(iv). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170b(1)(A)(iv). A norganization that normally receives (1) more than 33 1746 of its support from agovernmental unit of from the general public described in section 170b(1)(A)(iv). A community trust described in section 170b(1)(A)(iv). (Complete Part II.) A community trust described in section 170b(1)(A)(iv). (Complete Part II.) A community trust described in section 170b(1)(A)(iv). (Complete Part II.) A norganization that nomally receives (1) more than 33 1746 of its support from cancibulation agovera state strustion agover and a state agover and anot anot beact | | 00 or 990-EZ) | | te if the organization is | a section | 1 501(c)(3) | organizat | | | | омв №. 20 | 12 | |
|---|-----------|----------------|----------------------|----------------------------|--|-------------|-------------------|------------------------------|--------------|-------------|---------------------|----------|----------|
| Name of the organization HUMANE SOCIETY FOR TACOMA PIERCE COUNTY Employer identification number 901 Reason for Public Charity Status (all organizations must complete this part). See instructions. 91-0577128 Part I Reason for Public Charity Status (all organizations must complete this part). See instructions. 91-0577128 Image: Status (all organization and private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 Image: Anold association operated or chorphal service organization described in section 170(b)(1)(A)(iii). 1 A norganization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). 1 A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i). 1 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). 7 X A norganization that normally receives a substantial part of its support from ontributions, membership fees, and gross receipts from activities related business taxable income (less section 501(a)(A)(V). 1 A community trust described in section 170(b)(1)(A)(V). 1 A norganization organized and operated exclusively to test for public safety. See section 509(a)(A). 1 1 1 A | | | Δ1 | | - | | | instructio | nns | | - | | |
| SOCIETY PREVENTION CRUELTY ANIMALS 91-0577128 Part I Reason for Public Charity Status (AI organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through II, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 3 A hopplatid or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 6 A federal, state, or local governmental unit described in section 170(b)(1)(A)(V). 7 7 An organization that normally receives a substantial part of its support from agovernmental unit or from the general public described in section 170(b)(1)(A)(V). 9 8 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 9 9 An organization that normally receives: (1) more than 31 /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 m | Name of t | he organizati | | | | | | | | mplover | | | |
| Part1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, escatoribed in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A modical 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 section 170(b)(1)(A)(i)(). (Complete Part II.) A tederal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). A organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V). A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A norganization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization angenized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described organizations described organizations described in section 509(a)(2). Check the box that describes the type o supporting organization and complete lines 11 the tron | | ine ei gamzati | | | | | | | - | | | | |
| The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Litch Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 IX An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(v). Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organizations and complete lines 11 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). See section 509(a)(2). | Part I | Reason | | | | | | | tructions | | 1 0577 | 120 | |
| 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)(i). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/36 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 1/36 of its support from gross investment income and unrelated business taxable income (less section 509(a)(2). 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). 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 organization and compitel lines 11e throug111n. | | | | | | | | | | | | | |
| 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). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that described in section 509(a)(1) or section 509(a)(2). (Complete Part III.) 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 public/ supported organization described in section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively | | | - | | - | | - | - | | | | | |
| 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 7 Image: An organization detarl, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.) 11 An organization organization described in section 509(a)(1) or section 509(a)(2). (Complete Part III.) 10 An organization organization ado complete lines 11e through 11h. a Type II C Type III C< | | | | | | nbeu in se | | (D)(T)(A)(I) | • | | | | |
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| the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (section) (v) Did you notify the organization in col. (i) listed in your governing document? (i) of your support? (vi) Amount of monetary support | g | - | | • | | | - | | • • | | | | <u> </u> |
| (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). 11g(ii) (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (section) (iv) Is the organization in col. (i) of your support? (vi) Is the organization in col. (i) of your support? (vii) Amount of monetary support | | | | | | | | | | | | 1 | No |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your governing document? (i) Name of supported organization (iii) EIN (iii) EIN (iiii) Type of organization (described on lines 1-9 above or IRC section (section) (i) of your support? (i) of your support? (i) of your support? (vi) State organization in col. (| | | | | | | | | | | | | <u> </u> |
| h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (section) (i) Name of supported organization (iii) EIN (iiii) EIN (iiii) Type of organization (described on lines 1-9 above or IRC section (section) (i) of your support? (i) of your support? (i) of your support? (i) of your support? | | ., , | | | | | | | | | | | <u> </u> |
| (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (ee instructions)) (ee instructions) (iv) Is the organization in col. (i) Is the organization in col. (i) Is the organization (v) Did you notify the organization in col. (i) of your support? (v) Did you notify the organization in col. (i) of your support? (v) Did you notify the organization in col. (i) of your support? (v) Did you notify the organization in col. (v) Sthe organization in col. (vi) Amount of monetary support | | | | | | | | | | | 11g(iii) | | |
| above or IRC section governing document? (i) of your support? U.S.? | h | Provide the f | ollowing information | about the supported org | ganization | (s). | | | | | | | |
| above or IRC section governing document? (i) of your support? U.S.? | | | | 1 | | | | | (11) 10 | 44.0 | | | |
| above or IRC section governing document? (i) of your support? U.S.? | | | (ii) EIN | | | | | | organizatio | on in col. | | | netary |
| (see instructions)) | orga | anization | | | | | | | (i) organiz | ed in the l | sup | oport | |
| Yes No Yes No Yes No Yes No Image: Second | | | | | - | | ., . | | | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Total | | | |
|----------------------|---------------------|---------------------------|----|
| LHA For Paperwork Re | duction Act Notice, | , see the Instructions fo | or |
| Form 990 or 990-EZ. | | | |

Schedule A (Form 990 or 990-EZ) 2012

HUMANE SOCIETY FOR TACOMA PIERCE COUNTY

Schedule A (Form 990 or 990-EZ) 2012 SOCIETY PREVENTION CRUELTY ANIMALS

91-0577128 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|---|------------------------------|-----------------------|---------------------------|-------------------------------|---------------------|------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1,699,794. | 1,357,043. | 1,356,682. | 1,060,171. | 2,252,094. | 7,725,784. |
| 2 | Tax revenues levied for the organ- | | , , | , , | | , , | , , |
| _ | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1,699,794. | 1,357,043. | 1,356,682. | 1,060,171. | 2,252,094. | 7,725,784. |
| | The portion of total contributions | | | | | | · · · · · |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 7,725,784. |
| - | ction B. Total Support | | • | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | Amounts from line 4 | 1,699,794. | 1,357,043. | 1,356,682. | 1,060,171. | 2,252,094. | 7,725,784. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 105,771. | 17,671. | 12,267. | 8,943. | 7,571. | 152,223. |
| 9 | Net income from unrelated business | | | - | - | - | - |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 7,878,007. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 11 | ,126,634. |
| 13 | First five years. If the Form 990 is for | r the organization's | first, second, third | l, fourth, or fifth tax | x year as a sectio | n 501(c)(3) | |
| | organization, check this box and stor | here | | | - | | |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2012 (| line 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 98.07 % |
| 15 | Public support percentage from 2011 | Schedule A, Part | II, line 14 | | | 15 | 94.40 % |
| 16a | 33 1/3% support test - 2012. If the o | organization did no | t check the box on | line 13, and line 1 | 4 is 33 1/3% or n | nore, check this bo | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ► X |
| b | 33 1/3% support test - 2011. If the o | organization did no | t check a box on li | ne 13 or 16a, and I | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | | | | | | ▶□ |
| 17a | 10% -facts-and-circumstances tes | | | | | | or more, |
| | and if the organization meets the "fac | ts-and-circumstan | ces" test, check th | is box and stop he | ere. Explain in Par | t IV how the organ | ization |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a p | oublicly supported | organization | | |
| b | 10% -facts-and-circumstances tes | t - 2011. If the orga | anization did not cl | neck a box on line | 13, 16a, 16b, or ⁻ | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne "facts-and-circu | mstances" test, ch | eck this box and s | top here. Explain | in Part IV how the | |
| | organization meets the "facts-and-cire | cumstances" test. | The organization q | ualifies as a public | ly supported orga | anization | |
| 18 | Private foundation. If the organization | n did not check a l | box on line 13, 16a | , 16b, 17a, or 17b, | , check this box a | nd see instruction | s ► |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2012

Part II

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| <u>Sec</u> | ction A. Public Support | | - | - | | | | - |
|------------|--|-------------------|-------------------------|---------------------------|--------------------|----------|---------|------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e | e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | | |
| | 3 received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| | Add lines 7a and 7b | | | | | | | |
| | Public support (Subtract line 7c from line 6.) | | | | | | | |
| | ction B. Total Support | | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | 6 | e) 2012 | (f) Total |
| | Amounts from line 6 | (u) 2000 | (8) 2000 | (0) 2010 | (4) 2011 | , (i | J 2012 | () () |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | | |
| b | Unrelated business taxable income | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | |
| | Add lines 10a and 10b | | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | | |
| 12 | assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| | First five years. If the Form 990 is for | the organization' | l s first second thi | l rd fourth or fifth t | I | 1 = 501(| | l |
| 14 | - | - | | | • | | | |
| 500 | check this box and stop here | c Support Pe | rcontago | | | | | |
| | Public support percentage for 2012 (li | | | aaluma (f) | | 15 | | 0/ |
| | | | | | | | | <u>%</u> |
| | Public support percentage from 2011 | | | | | 16 | | % |
| | ction D. Computation of Inves | | | | | | | |
| | Investment income percentage for 20 | | | | | 17 | | % |
| | Investment income percentage from 2 | | | | | | (| % |
| 19a | 33 1/3% support tests - 2012. If the | | | | | | | |
| F | more than 33 1/3%, check this box ar | | | | | | | |
| L. | 33 1/3% support tests - 2011. If the | | | | | | | |
| 00 | line 18 is not more than 33 1/3%, che | | | | | | | |
| 20 | Private foundation. If the organization | a dia not check a | box on line 14, 19 | a, or 190, check t | his box and see in | structio | DIIS | ▶∟ |

| SCHEDULE C | P | olitical Campaign | and Lobbyii | ng Activities | S | OMB No. 1545-0047 |
|---|--|--|---|--|--|--|
| (Form 990 or 990-EZ) | For Orga | anizations Exempt From Incom | e Tax Under section | 501(c) and section | 527 | 2012 |
| Department of the Treasury Internal Revenue Service | Complete | e if the organization is describe ► See separa | ed below. ► Attach t ate instructions. | to Form 990 or Form | n 990-EZ. | Open to Public Inspection |
| Section 501(c)(3) org Section 501(c) (other Section 527 organization answ Section 501(c)(3) org Section 501(c)(3) org If the organization answ Section 501(c)(4), (5) Name of organization | anizations: Com r than section 50 ations: Complete wered "Yes," to panizations that I panizations that I wered "Yes," to n, or (6) organizat HUMANE SOCIETY ete if the org | Form 990, Part IV, line 3, or Fo pplete Parts I-A and B. Do not con 01(c)(3)) organizations: Complete Part I-A only. Form 990, Part IV, line 4, or Fo have filed Form 5768 (election un have NOT filed Form 5768 (electi Form 990, Part IV, line 5 (Proxy | rm 990-EZ, Part V, lir mplete Part I-C. Parts I-A and C below rm 990-EZ, Part VI, li nder section 501(h)): C on under section 501(rax), or Form 990-E MA PIERCE C LTY ANIMALS er section 501(c) | v. Do not complete Pa ne 47 (Lobbying Act complete Part II-A. Do (h)): Complete Part II- iz, Part V, line 35c (F OUNTY or is a section s | art I-B. ivities), th not comp B. Do not c Proxy Tax) Employe | ivities), then lete Part II-B. complete Part II-A. I, then r identification number 91 – 0577128 |
| 2 Political expenditure | es | ation's direct and indirect points | | | ▶\$ | |
| | | | | | | |
| | | anization is exempt und | | | ¢ | |
| Enter the amount of Enter the amount of | f any excise tax | incurred by the organization und incurred by organization manage | er section 4955 | 5 | ► \$ | |
| | | n 4955 tax, did it file Form 4720 t | | | | Yes No |
| | | | | | | Yes No |
| b If "Yes," describe in | i Part IV. | | | | | |
| Part I-C Comple | ete if the org | anization is exempt und | er section 501(c) | , except section | 501(c)(| 3). |
| 1 Enter the amount di | irectly expended | I by the filing organization for sec | ction 527 exempt func | tion activities | ▶\$ | |
| 2 Enter the amount of | f the filing organ | ization's funds contributed to oth | ner organizations for s | ection 527 | | |
| exempt function act | tivities | | | | ▶\$ | |
| | | . Add lines 1 and 2. Enter here a | | , | | |
| | | | | | | |
| | | 1120-POL for this year? | | | | Ves No |
| made payments. Fo contributions receiv | or each organiza ved that were pro | nployer identification number (EI) tion listed, enter the amount paic omptly and directly delivered to a additional space is needed, provi | d from the filing organi: a separate political org | zation's funds. Also e janization, such as a | enter the a | mount of political |
| (a) Name | · · · · | (b) Address | (c) EIN | (d) Amount paid | from | (e) Amount of political |
| (a) Warne | | (b) Address | | filing organization funds. If none, en | on's co ter -0 | promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| For Paperwork Reducti | on Act Notice | see the Instructions for Form 9 | 90 or 990-E7 | Schor | dule C (Eo | rm 990 or 990-F7) 2012 |

For Paperwork luction Act Notice, see the Instructions for Form 990 or 990-E LHA

Schedule C (Form 990 or 990-EZ) 2012

HUMANE SOCIETY FOR TACOMA PIERCE COUNTY

| Sohoo | ule C (Form 990 or 990-EZ) 2012 | | | | IELTY ANTMAL | | 0577128 Page 2 |
|-------|---|--------------------------|------------------------------|------------------------------------|---|---|------------------------------------|
| | t II-A Complete if the org | anizatio | on is exer | mpt under sectio | on 501(c)(3) and fil | ed Form 5768 | STILZO Pagez |
| | (election under sec | | | | | | |
| | eck ► if the filing organizat expenses, and shar | tion belon e of exces | gs to an affi ss lobbying | expenditures). | n Part IV each affiliated | group member's nar | me, address, EIN, |
| BCn | eck 🕨 🛄 if the filing organizat | tion check | ked box A ar | nd "limited control" pr | ovisions apply. | | |
| | | | bying Expe neans amou | nditures Ints paid or incurred. |) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influ | ience pub | lic opinion (| grass roots lobbying) | | | |
| | Total lobbying expenditures to influ | | | | | | |
| | Total lobbying expenditures (add li | | | | | | |
| | Other exempt purpose expenditure | | | | | | |
| е | Total exempt purpose expenditure | | | | | | |
| | Lobbying nontaxable amount. Ente | | | | | | |
| Γ | If the amount on line 1e, column (a) o | r (b) is: | The lob | bying nontaxable am | ount is: | | |
| Γ | Not over \$500,000 | | 20% of | the amount on line 1e | | | |
| Γ | Over \$500,000 but not over \$1,000 | 0,000 | \$100,00 | 0 plus 15% of the exc | cess over \$500,000. | | |
| Γ | Over \$1,000,000 but not over \$1,5 | 00,000 | \$175,00 | 0 plus 10% of the exc | cess over \$1,000,000. | | |
| | Over \$1,500,000 but not over \$17, | 000,000 | \$225,00 | 0 plus 5% of the exce | ess over \$1,500,000. | | |
| | Over \$17,000,000 \$1,000,000. | | | | | | |
| | | | | | | | |
| g | Grassroots nontaxable amount (en | ter 25% c | of line 1f) | | | | |
| h | Subtract line 1g from line 1a. If zero | o or less, e | enter -0 | | | | |
| i | Subtract line 1f from line 1c. If zero | or less, e | enter -0 | | | | |
| j | If there is an amount other than zer | ro on eithe | er line 1h or | line 1i, did the organiz | ation file Form 4720 | | |
| | reporting section 4911 tax for this | year? | | | | | Yes No |
| | | | at made a s | | Section 501(h) n do not have to comp es 2a through 2f on pa | | |
| | | Lobl | bying Expe | nditures During 4-Ye | ar Averaging Period | | |
| | Calendar year (or fiscal year beginning in) | (a) | 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | | |
| | Lobbying ceiling amount | | | | | | |
| | (150% of line 2a, column(e)) | | | | | | |
| C | Total lobbying expenditures | | | | | | |
| Ь | Grassroots nontaxable amount | | | | | | |
| | Grassroots ceiling amount | | | | | | |
| | (150% of line 2d, column (e)) | | | | | | |
| f | Grassroots lobbying expenditures | | | | | | |

Schedule C (Form 990 or 990-EZ) 2012

HUMANE SOCIETY FOR TACOMA PIERCE COUNTY

Schedule C (Form 990 or 990-EZ) 2012 SOCIETY PREVENTION CRUELTY ANIMALS 91-0577128 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Page 3

(election under section 501(h)).

| | ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description | (8 | a) | (k |) |
|-------|---|-----------|------------|-------|----------|
| of th | e lobbying activity. | Yes | No | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | |
| а | Volunteers? | Х | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | | |
| | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| | Grants to other organizations for lobbying purposes? | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Х | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| с | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | on 501(c) | (5), or se | ction | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | - | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | "No," O | R (b) Par | | ne 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | cal | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| | Current year | | | | |
| b | Carryover from last year | | 2 b | | |
| С | Total | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p expenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |

Part IV Supplemental Information

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

| SC | HEDULE D | | Supplement | al Financi | al Statement | S | | OMB No. 154 | 5-0047 |
|-------|---|-----------------|---|----------------------|---|-------------|-------------------|-----------------------------|------------|
| (Forn | n 990) | | - | - | red "Yes," to Form 990 | | | 201 | Z |
| | ment of the Treasury I Revenue Service | | Part IV, line 6, 7, 8, 9, 1 ► Attach to Form | | 11d, 11e, 11f, 12a, or 12 parate instructions. | 2b. | | Open to Inspectio | |
| Nam | e of the organizatio | | NE SOCIETY FOR ETY PREVENTION | | | Y | | r identification $91-05771$ | |
| Par | t I Organiza | tions Mai | ntaining Donor Advis | ed Funds or C | Other Similar Fund | s or A | | | |
| | organizatior | n answered "" | Yes" to Form 990, Part IV, li | ne 6. | | | | | |
| | | | | (a) Dono | r advised funds | () | 5) Funds a | nd other accour | nts |
| 1 | Total number at en | nd of year | | | | | | | |
| 2 | Aggregate contribu | utions to (dur | ng year) | | | | | | |
| 3 | Aggregate grants f | irom (during y | ear) | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | onors and donor advisors ir | | | | | | |
| | are the organization | n's property, | subject to the organization' | s exclusive legal c | ontrol? | | | 📖 Yes | └── No |
| 6 | | | rantees, donors, and donor | | | | | | |
| | | | for the benefit of the donor | | • • • | | - | | |
| Der | | | | | | | | 🔛 Yes | └── No |
| Par | | | ments. Complete if the o | * | | Part IV, | line 7. | | |
| 1 | | | ements held by the organiza | · – | | | | | |
| | | - | ublic use (e.g., recreation or | education) | Preservation of an hi | | | | |
| | | | | L | Preservation of a cer | rtified his | storic struc | ture | |
| • | Preservation | • • | | | | | | | |
| 2 | | | the organization held a qua | lified conservation | i contribution in the form | тогасо | nservation | easement on tr | ie last |
| | day of the tax year | • | | | | I | Hala | l at the End of the | Tay Voar |
| • | Total number of an | neon ation of | acmonto | | | | 2a | | Tax I cai |
| | | | asements | | | | 2a 2b | | |
| | | | servation easements | | | | 20 2c | | |
| | | | ents included in (c) acquired | | | | 20 | | |
| u | | | | | | | 2d | | |
| 3 | | | ents modified, transferred, r | | | | | ing the tax | |
| - | year ► | | | ereacea, erangale | | ie eigui | | | |
| 4 | | where proper | y subject to conservation e | asement is locate | d 🕨 | | | | |
| 5 | | | ritten policy regarding the p | | | : | | | |
| | | | he conservation easements | | | | | Yes | No No |
| 6 | | | ed to monitoring, inspecting | | | | | | |
| 7 | Amount of expense | es incurred in | monitoring, inspecting, and | d enforcing conser | vation easements during | g the ye | ar 🕨 \$ | | |
| 8 | Does each conserv | vation easem | ent reported on line 2(d) abo | ove satisfy the req | uirements of section 17 | 0(h)(4)(B |)(i) | | |
| | and section 170(h) | (4)(B)(ii)? | | | | | | 🔲 Yes | 🗌 No |
| 9 | | | ganization reports conserva | | | | | alance sheet, a | nd |
| | include, if applicab | le, the text of | the footnote to the organiz | ation's financial st | atements that describes | s the org | anization's | accounting for | |
| | conservation easer | | | | | | | | |
| Par | | | ntaining Collections | | | Other S | Similar A | ssets. | |
| | Complete if | the organiza | tion answered "Yes" to Forr | n 990, Part IV, line | 8. | | | | |
| 1a | | | ermitted under SFAS 116 (A | | | | | | |
| | historical treasures | s, or other sim | ilar assets held for public e | xhibition, educatio | n, or research in further | ance of | public serv | rice, provide, in | Part XIII, |
| | | | ancial statements that desc | | | | | | |
| b | | | ermitted under SFAS 116 (A | | | | | | |
| | | | s held for public exhibition, | education, or rese | arch in furtherance of p | ublic ser | vice, provi | de the following | amounts |
| | relating to these ite | | | | | | | | |
| | | | 990, Part VIII, line 1 | | | | | | |
| _ | (ii) Assets include | | | | | | ▶.\$_ | | |
| 2 | | | eld works of art, historical tr | | | al gain, | provide | | |
| | - | - | to be reported under SFAS | | - | | • | | |
| a | | | , Part VIII, line 1 | | | | | | |
| b | Assets included in | rorm 990, Pa | art X | | | | ▶ \$ | | |

| | | SOCIETY FO | | | | |
|----------|---|-----------------------|-----------------------|----------------------|----------------------|------------------------|
| | | PREVENTIO | | | | 577128 Page 2 |
| Par | rt III Organizations Maintaining C | ollections of Ar | t, Historical Tr | easures, or Ot | her Similar As | sets(continued) |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check any of the | following that are a | significant use of i | its collection items |
| | (check all that apply): | | | | | |
| а | Public exhibition | d | Loan or exc | hange programs | | |
| b | Scholarly research | е | | | | |
| с | Preservation for future generations | | | | | |
| 4 | Provide a description of the organization's co | llections and explair | n how thev further t | ne organization's e | xempt purpose in F | Part XIII. |
| 5 | During the year, did the organization solicit o | • | | • | | |
| - | to be sold to raise funds rather than to be ma | | | | r | Yes No |
| Par | t IV Escrow and Custodial Arran | | | | | |
| | reported an amount on Form 990, Par | | | | | v, iii o o, or |
| 12 | Is the organization an agent, trustee, custodi | | lian for contribution | e or other seedte n | ot included | |
| Ia | | | • | | r | Yes No |
| b | on Form 990, Part X? | | | | L | |
| a | If "Yes," explain the arrangement in Part XIII | and complete the to | llowing table: | | | • • |
| | | | | | | Amount |
| | Beginning balance | | | | | |
| d | Additions during the year | | | | | |
| е | Distributions during the year | | | | | |
| f | Ending balance | | | | | |
| | Did the organization include an amount on Fo | | | | | Yes No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | |
| Par | Tt V Endowment Funds. Complete in | f the organization an | swered "Yes" to Fo | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years ba | ck (e) Four years back |
| 1a | Beginning of year balance | 1,787,122. | 1,792,976. | 1,602,603 | . 1,312,13 | 6. 1,150,333. |
| b | Contributions | | | | | 500,000. |
| с | Net investment earnings, gains, and losses | 154,276. | 4,747. | 194,458 | . 292,85 | 5335,607. |
| d | Grants or scholarships | | | | | |
| е | Other expenditures for facilities | | | | | |
| | and programs | | | | | |
| f | Administrative expenses | 11,059. | 10,601. | 4,085 | . 2,38 | 8. 2,590. |
| g | End of year balance | 1,930,339. | 1,787,122. | | - | |
| 2 | Provide the estimated percentage of the curr | , , | | | | , , , . |
| ے a | Board designated or quasi-endowment | 62.27 | % | | | |
| | Permanent endowment > 37.73 | % | | | | |
| b | | | | | | |
| С | Temporarily restricted endowment | % | | | | |
| - | The percentages in lines 2a, 2b, and 2c should | | | | | |
| за | Are there endowment funds not in the posse | ssion of the organiza | ation that are held a | nd administered to | r the organization | |
| | by: | | | | | Yes No |
| | (i) unrelated organizations | | | | | 3a(i) X |
| | (ii) related organizations | | | | | |
| b | If "Yes" to 3a(ii), are the related organizations | | | | | 3b |
| 4 | Describe in Part XIII the intended uses of the | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent. See Form 990 | , Part X, line 10. | | | |
| | Description of property | (a) Cost or of | ther (b) Cost | or other (c) | Accumulated | (d) Book value |
| | | basis (investr | , | . , | lepreciation | |
| 1a | Land | | 16 | 4,322. | | 164,322. |
| | Buildings | | 4,44 | 7,490. 1 | ,650,204. | 2,797,286. |
| | Leasehold improvements | | | | | |
| | Equipment | | 1,00 | 1,907. | 784,245. | 217,662. |
| | Other | | , | - | | |
| | . Add lines 1a through 1e. (Column (d) must e | | X. column (R) line 1 | 0(c).) | | 3,179,270. |
| Jul | | | , | - (*/*/ | Cohod | ule D (Form 990) 2012 |
| | | | | | Scheu | |

HUMANE SOCIETY FOR TACOMA PIERCE COUNTY SOCIETY PREVENTION CRUELTY ANIMALS

| | | UELTY ANIMALS | 91 | -0577128 | Page 3 |
|--|----------------|-----------------|-----------------------|------------------|---------------|
| Part VII Investments - Other Securities. Set | | | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of v | aluation: Cost or enc | l-of-year market | value |
| (1) Financial derivatives | | | | | |
| (2) Closely-held equity interests | | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| (I) | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | | | |
| Part VIII Investments - Program Related. Se | | | | | |
| (a) Description of investment type | (b) Book value | (c) Method of v | aluation: Cost or end | l-of-year market | value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | | |
| Part IX Other Assets. See Form 990, Part X, line | | | | | |
| | Description | | | (b) Book va | |
| (1) ENDOWMENTS | | | | 1,930 | |
| | RPETUAL TR | USTS | | 1,166 | |
| (3) CHARITABLE REMAINDER TRUS | T. | | | 1,510 | |
| (4) LOAN FEES | | | | 2 | ,603. |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | 4 600 | 200 |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | | | ▶ | 4,609 | ,380. |
| Part X Other Liabilities. See Form 990, Part X, | line 25. | | | | |
| 1. (a) Description of liability | | (b) Book value | | | |
| (1) Federal income taxes | | | | | |
| (2) DEPOSITS | | 5,855. | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 25.) 🕨 | 5,855. | | | |

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

| | HUMANE SOCIETY FOR TACOMA | PIERCE COUNT | | |
|------|--|-------------------|--------------------|----------------|
| Sche | dule D (Form 990) 2012 SOCIETY PREVENTION CRUELTY | ANIMALS | 91- | 0577128 Page 4 |
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With Revenue | per Retur | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 5,229,369. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains on investments | 275, | 092. | |
| b | Donated services and use of facilities | 2b | | |
| с | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d 55, | 371. | |
| е | Add lines 2a through 2d | | 2e | 330,463. |
| 3 | Subtract line 2e from line 1 | | 3 | 4,898,906. |
| 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 | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 4,898,906. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statem | ents With Expense | <u>əs per Retı</u> | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 3,777,122. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | | | |
| | Other (Describe in Part XIII.) | | 371. | |
| е | Add lines 2a through 2d | | | 55,371. |
| 3 | Subtract line 2e from line 1 | | 3 | 3,721,751. |
| 4 | Amounts 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 | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| с | Add lines 4a and 4b | | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 3,721,751. |
| Pai | t XIII Supplemental Information | | | |

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| COST OF GOODS SOLD | 45,038. |
|---------------------------------------|---------|
| SPECIAL EVENT COSTS | 10,333. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 55,371. |

| PART | XI | C, LINE | 2D - | - OTHER . | ADJUS | STMENT | rs: | |
|------|----|---------|------|-----------|-------|--------|-----|----------------------------|
| COST | OF | GOODS | SOLD | REPORTE | D ON | LINE | 10B | 45,038. |
| | | | | | | | | Schedule D (Form 990) 2012 |

| Schedule D (Form 990) 2012 | SOCIETY | PREVENTION | TACOMA PIERCE COUNTY CRUELTY ANIMALS | 7 91-0577128 Page 5 |
|------------------------------|-----------------|------------|---|------------------------|
| Part XIII Supplemental Infor | mation (continu | led) | | |
| DIRECT FUNDRAISING | COSTS | | | 10,333. |
| TOTAL TO SCHEDULE D | , PART XI | I, LINE 2D | | 55,371. |
| | | | | |
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| SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Complete i or if t | Supplementa Fundraising f the organization ans he organization enteror Attach to Form 990 or | g or Ga wered "Yes' ed more that | mir ' to Fo n \$15,0 | ng / orm 99 | Activities 0, Part IV, lines 17, 1 Form 990-EZ, line | 6a. | r 19, | OMB No 20 Open To Inspectio | 12 Public |
|--|--|--|---|-----------------------------------|---|--|---------|--|--------------------------------------|--|
| Name of the organization | | SOCIETY FOR | | | | | | Employer i | dentificati | on number |
| | | PREVENTION | | | | | | 91-057 | 7128 | |
| Part I Fundraisi required to c | Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. | | | | | | | | | |
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. | | | | | | | | | | |
| (i) Name and address or entity (fundr | | (ii) Activity | | | Did aiser ustody itrol of utions? | from activity | | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | | nount paid etained by) Inization |
| | | | | Yes | No | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total | | L | | I | | | | | | |
| 3 List all states in whic or licensing. | | n is registered or licens | | | outions | s or has been notified | d it is | exempt from | n registratio | on |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

Schedule G (Form 990 or 990-EZ) 2012

| HUMANE | SOCIETY | FOR | TACOMA | PIERCE | COUNTY |
|--------|---------|-----|--------|--------|--------|
|--------|---------|-----|--------|--------|--------|

| - | | le G (Form 990 or 990-EZ) 2012 SOCIETY | | | | 0577128 Page 2 |
|-----------------|-------|---|----------------------------|---|---------------------------------------|---|
| Pa | irt I | II Fundraising Events. Complete if the of fundraising event contributions and g | - | | | |
| | | of fundraising event contributions and g | (a) Event #1 | (b) Event #2 | (c) Other events | |
| | | | | | NONE | (d) Total events |
| | | | DOG-A-THON | | | (add col. (a) through |
| Ð | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 207,872. | | | 207,872. |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 207,872. | | | 207,872. |
| | | | | | | |
| | 4 | Cash prizes | | | | |
| S | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| Direct E | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | 10,333. |
| | 10 | , | | | | (10,333, |
| Pa | | Net income summary. Combine line 3, colum III Gaming. Complete if the organization | nn (d), and line 10 | 000 Dart IV/ line 10, or v | | 197,539. |
| FC | | \$15,000 on Form 990-EZ, line 6a. | answered res to Form | 1990, Part IV, line 19, or i | reported more than | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Reve | | | | | | |
| | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | Νο | No | No | |
| | 7 | Direct expense summary. Add lines 2 throug | h 5 in column (d) | | ► | () |
| | 8 | Net gaming income summary. Combine line | 1, column d, and line 7 | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | • |
| 9 | | ter the state(s) in which the organization opera | | | | |
| | | the organization licensed to operate gaming a | ctivities in each of these | states? | | . La Yes and No |
| b | lf " | No," explain: | | | | |
| | _ | | | | | |
| | | ere any of the organization's gaming licenses r Yes," explain: | revoked, suspended or te | erminated during the tax | year? | Yes No |
| | | , expression | | | | |
| | | | | | | |

| HUMANE SOCIETY FOR TACOMA PIERCE COUNTY | 1-057 | 71 20 | - |
|---|-------------|----------|----------|
| | | | |
| 11 Does the organization operate gaming activities with nonmembers? | L | Yes | └── No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | Yes | |
| to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: | ······ 1 | _ 1es | |
| a The organization's facility | 13 | | % |
| b An outside facility | | | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records | | <u> </u> | /0 |
| Name | | | |
| Address | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | 🗌 No |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun | . + | | |
| of gaming revenue retained by the third party \triangleright \$ and the amount of gaming revenue retained by the third party \triangleright \$ | n | | |
| c If "Yes," enter name and address of the third party: | | | |
| | | | |
| Name | | | |
| Address ► | | | |
| 16 Gaming manager information: | | | |
| | | | |
| Name | | | |
| Gaming manager compensation <a> \$ | | | |
| Description of services provided 🕨 | | | |
| | | | |
| | | | |
| Director/officer Employee Independent contractor | | | |
| | | | |
| 17 Mandatory distributions: | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | _ | ٦ | |
| retain the state gaming license? | L | Yes | └── No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in | the | | |
| organization's own exempt activities during the tax year > \$ | | () | <u> </u> |
| Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columning and 17b, as applicable. Also according to the provide any additional information and 17b, as applicable. | | | |
| lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional infor | nation (see | einstruc | tions). |
| | | | |
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Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047 2 l

Open to Public

. Inspection

| Internal Revenue Service | Attach to Form 990. | Inspection |
|--------------------------|---|--------------------------------|
| Name of the organization | HUMANE SOCIETY FOR TACOMA PIERCE COUNTY | Employer identification number |
| | SOCIETY PREVENTION CRUELTY ANIMALS | 91-0577128 |
| Part I Types of | Property | |

| Pa | rt I Types of Property | | | | • | | | |
|-----|---|--------------------------------------|--------------------------------------|--|---|-----------|-----|-----|
| | | (a) Check if applicable | (b) Number of contributions or | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of d noncash contrib | eterminir | • | |
| 1 | Art - Works of art | | | ronn 990, Part vin, ine rg | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (PRIZES) | X | 12 | | ESTIMATED N | | T | VAL |
| 26 | Other (ADVERTISING) | X | 2 | | MARKET VALU | | | |
| 27 | Other (SUPPLIES) | Х | 9 | 2,447. | ESTIMATED N | MARKE | T | VAL |
| 28 | Other 🕨 () | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | | | | | | | |
| | for which the organization completed Form 828 | 3, Part IV, | Donee Acknowled | gement 29 | | | | |
| | | | | | | | /es | No |
| 30a | During the year, did the organization receive by | | | - | | | | |
| | at least three years from the date of the initial c | | | | | | | v |
| | the entire holding period? | | | | | 30a | | x |
| | If "Yes," describe the arrangement in Part II. | , | | , , , , | | | | v |
| 31 | Does the organization have a gift acceptance p | | | | | 31 | | X |
| 32a | Does the organization hire or use third parties of | | - | | | | | v |
| | contributions? | | | | | 32a | | X |
| | If "Yes," describe in Part II. | | | | a a lucial | | | |
| 33 | If the organization did not report an amount in o | column (c) f | or a type of prope | rty for which column (a) is ch | iecked, | | | |
| | describe in Part II. | | | | | | | 1 |

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

Schedule M (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

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Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047

HUMANE SOCIETY FOR TACOMA PIERCE COUNTYEmployer identification numberSOCIETY PREVENTION CRUELTY ANIMALS91-0577128

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE.

FORM 990, PART VI, SECTION A, LINE 7A: DONORS ARE CONSIDERED MEMBERS AND

THEY ELECT THE BOARD OF DIRECTORS AT ANNUAL MEETING IN MARCH.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PROVIDED TO

THE SOCIETY'S FINANCE COMMITTEE FOR REVIEW. AFTER FINANCE COMMITTEE

APPROVAL, THE DRAFT COPY IS FORWARDED TO ALL MEMBERS OF THE BOARD OF

DIRECTORS. THE FORM IS FILED AFTER A RESOLUTION TO APPROVE IS PASSED BY

THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: ANY ITEMS DISCLOSED IN THE CONFLICT OF INTEREST DISCLOSURES ARE IDENTIFIED AND REVIEWED WITH THE BOARD

OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: THE SOCIETY'S EXECUTIVE COMMITTEE HIRES THE EXECUTIVE DIRECTOR AND CONDUCTS AN ANNUAL PERFORMANCE EVALUATION. COMPENSATION IS REVIEWED ANNUALLY AND MAY BE ADJUSTED TO REFLECT MARKET AND INDUSTRY COMPENSATION STANDARDS.

FORM 990, PART VI, SECTION C, LINE 19: THE SOCIETY MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER APPROPRIATE DOCUMENTS AVAILABLE UPON REQUEST.

THE SOCIETY HAS A FINANCE COMMITTEE THAT PROVIDES OVERSIGHT TO THE

| | <u>O (Form 990 or 9</u> ne organization | HUMANE | | | | MA PIER | | UNTY | | Page 2 Employer identification number |
|-------|--|---------|---------|------|------|-----------|------|------|------|--|
| | | SOCIETY | PREVEN' | LION | CRUI | ELTY ANII | MALS | | | 91-0577128 |
| AUDIT | PROCESS | THIS | PROCESS | HAS | NOT | CHANGED | FROM | THE | PRIO | R YEAR. |
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