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)

OMB No. 1545-0047 2008

Open to Public Inspection

Department of the Treasury

	irtment of t nai Revenu	the Treasury ie Service		The organization may h	ave to use a copy of	this return to satisfy st	tate reportin	ng requirem	ents.	Ope	n to Public II	spection
	For the	2008 calenda	ar year, o	r tax year beginning	7/01	, 2008, an	nd ending	6/3	30		2009	
	Check if a										fication Number	
_	II	ess change	Please use IRS label	Greenhill Huma	ane Societ	v, SPCA			93-0	04674	412	
	\vdash	change	or print or type.	88530 Greenhi	ll Road	2 ,			E Telepho	ne numb	er	
	\vdash	· ·	See	Eugene, OR 974				:	541	-689	-1503	
	\vdash	return	specific Instruc-	,						003	2000	
	Termi	ination	tions.						<u> </u>		. 1 21	2,901.
		nded return						114-5 1- 465-	G Gross re			
	Appli			and address of principal office	m Cary Lie	eberman		* -	a group retur affiliates incl		liates?	
				As C Above					attach a list.		tructions)	s Ц 140
1	Tax-e:	xempt status			rt no.) 4	947(a)(1) or	527					
J	Webs	ite: ► www	.gree	n-hill.org					exemption nu			
K	Type of	organization:	X Corpora	ation Trust Asso	ciation Other►	L Year	r of Formation	on: 194	4 M/s	tate of le	egal domicile: C	R
	rt I	Summa	rv									
	1 B	riefly describ	e the ord	anization's mission or	most significant	activities: Gre	enhill	L <u>Huma</u>	<u>ne Soc</u>	<u>iety</u>	,_SPCA_w	<u>ill</u>
45	r	rovide s	safe s	<u>helter for ani</u>	mals in t	ransition, s	serve	as adv	<u>rocates</u>	for	animals	<u>and</u>
nce	- #	heir nec	nnle.	work to end ar	imal over	population a	and ed	ucate	the pu	blic	about_	
rna		neriesio	nn and	responsibilit	v towards	all animals	S		_			
×e		heck this box	(>	if the organization disc	continued its ope	erations or dispose	ed of more	e than 25	% of its a	ssets.		
ŏ	3 N	umber of vot	ina mem	bers of the governing	body (Part VI, li	ne 1a)				3		12
න්	 4 N	umber of ind	ependen	t voting members of th	e governing boo	ly (Part VI, line 1b))). .			4		12
Activities & Governance	l 5 To	otal number (of emplo	vees (Part V, line 2a).						5		52
λţ	6 ⊤⊲	otal number o	of volunt	eers (estimate if neces	sary)		<i></i>			6		300
ĕ	7a To	otal gross un	related b	ousiness revenue from	Part VIII, line 12	2, column (C)				7a		6,670.
	b N	et unrelated	business	taxable income from I	Form 990-T, line	34	<u></u>			7b	<u></u>	<u>8,985.</u>
								F	rior Year		Current	
	8 c	ontributions a	and gran	its (Part VIII, line 1h)			<i></i> .		673,8			1,484.
Revenue	9 P	rogram servi	ce reven	ue (Part VIII, line 2g).			, <i>, , .</i>		322,9			8,083.
Š				art VIII, column (A), lin					33,3			<u>4,096.</u>
æ				II, column (A), lines 5,					35,6		6	6,319.
	12 T	otal revenue	– add li	nes 8 through 11 (mus	t equal Part VIII	, column (A), line	12)	1	.,065,6	96.	1,27	1,790.
	13 G	rants and sir	nilar amo	ounts paid (Part IX, co	lumn (A), lines	l - 3),						
				members (Part IX, cole								
	15 S	alaries other	r comper	nsation, employee ben	efits (Part IX, co	lumn (A), lines 5-1	10)		520,4	122.	78	9,264.
ses				ig fees (Part IX, colum								
Expenses				- ' - '				Chillippe Continued production				
Ä	וסו	otai tundraisi	ing expe	nses (Part IX, column	(D), III le 25) -		,005.		436,3	2/17	38	0,826.
				X, column (A), lines 11					956,7			0,020.
				nes 13-17 (must equal								$\frac{0,090.}{1,700.}$
	19 R	evenue less	expense	s. Subtract line 18 fror	n line 12	, ,	<u> </u>		108,9			
δģ						•			nning of Y		End of	
a in	20 T	otal assets (F	Part X, li	ne 16)		,	<i></i> .]	L,304,9			<u>4,695.</u>
Net Assets or Fund Balances	21 T	otal liabilities	(Part X	, line 26)				· <u> </u>	36,5	23.		4,235.
ž	22 N	let assets or	fund bala	ances. Subtract line 21	from line 20	<u></u> .		1	L,268,4	168.	1,34	0,460.
Pa	art II	Signatu										
-		Under penalties	s of perjury	, I declare that I have examine e. Declaration of preparer (oth	ed this return, includi	ng accompanying sched	ules and sta	atements, ar	nd to the best	of my k	nowledge and be	lief, it is
		true, correct, a	nd complete	e. Declaration otroreparer (oth	er than officer) is ba	sed on all information of	i willch prep	iaiei ilas air	7	, -,)	06	
Sig	qn		2-,	12h						<u> </u>	09	
He		Signature o	of officer	7				Da	ate			
		► Carv	Liebe	rman								
		Type or pri	int name ar	nd title.	A							
				111	100	Dat	te	c	heck if	P (s	reparer's identify ee instructions)	ng number
Pa	id				\mathcal{M}_{\wedge} ll_{-} , dl_{-}	Man II I	2)(-1)	10 e	elf- mployed			
Pr		Preparer's signature	► Mel	inda Handy	MINOUNA	MARKA 1	IN// 1/6	- 1		P	00547769)
pa	rer's		Г	cus 4 CPA		7 ()						
Ųs		Firm's name (or yours if self-		32 5th St				F	in ► 5	51-04	190656	
Or	าเร	employed), address, and			97477					(54		000
		ZIP + 4				instructions)					X Yes	No
Ма	y the IR	5 aiscuss thi	s return	with the preparer show	m above: (See	nanuciona)	<u> </u>				11	200 (2000)

Part IV Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 for public office? If 'Yes,' complete Schedule C, Part I. X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. 4 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I........ X 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 complete Schedule D, Part III. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Х Schedule D, Part IV. 10 X Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.... Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable.... 11 X Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII..... Х 12 Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... X 14a Did the organization maintain an office, employees, or agents outside of the U.S.?.... 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I..... X 14b 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, Part II X 15 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, Part III. Х 16 $\overline{\mathbf{x}}$ Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I... 17 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. . . 18 Х Х 19 Х Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H..... 20 X Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete 23 Х 23 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25..... Х 242 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. Х **25**a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from 25b Х a prior year? If 'Yes,' complete Schedule L, Part I.... Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II... Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial 27 contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III. Form 990 (2008)

	_		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
;	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively	28a	Х	
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV.	20a		
1	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
ı	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part 1	31		Х
32		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	TARRAGO KANA IN TARRAGO KANA IN TARRAGO	35		х
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		Х

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Form 990 (2008)

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096. Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. 1 a 0 1h c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 10 (gambling) winnings to prize winners?..... 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... Χ 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3a 3b X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)?...... **4**a **b** If 'Yes.' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5b c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c Prohibited Tax Shelter Transaction? 6a X 6a Did the organization solicit any contributions that were not tax deductible?..... b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible?..... 7 Organizations that may receive deductible contributions under section 170(c). Х a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?...... 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7с Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year..... e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Х benefit contract?..... X Żf X 7g X h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?... 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Х 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. X a Did the organization make any taxable distributions under section 4966?..... 9a X b Did the organization make any distribution to a donor, donor advisor, or related person?..... 96 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities..... 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them.)..... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?...... 12a

TEFA0105L 04/08/09

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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Form 990 (2008) Greenhill Humane Society, SPCA 93-0467412 Page 6

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

Section A. Governing Body and Management

<u> </u>	ection A. Governing bot	ay dila managoment						
	processes, or changes in Sch	hedule O. See instructions.			umstances,		Yes	No
1	1a Enter the number of voting m	nembers of the governing b	ody	1a	12			
					12			
2	2 Did any officer, director, trust officer, director, trustee or ke	tee, or key employee have employee?	a family relationship or a	business relationship with a	any other	2		Х
3	3 Did the organization delegate of officers, directors or trustee	control over management es, or key employees to a	duties customarily performanagement company of	med by or under the direct of the transfer of the means o	supervision	3		X
4						4		Х
						_		37
Ę	5 Did the organization become	aware during the year of a	material diversion of the	organization's assets?	· · · · · · · · · · · · · ·			
						6		Λ_
7	governing body?				<i></i> <u> </u>	7a		X
					2	7b		Λ
8	the following:							
For each "Yes' response to lines 2.7b below, and tor a "No" response to lines 8 of 30 below, describe the circumstances, processes, or changes in Schedule 0. See instructions. 1a Enter the number of voting members at the governing body. 1a Enter the number of voting members that are independent. 1b 12 2 bid any officer, director, trustee or key employee have a family relationship or a business relationship with any other officer, directors or trustees, or key employees to a management company or other person? 3 bid the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 bid the organization that any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 6 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization have local chapters, branches, or affiliates? 5 Did the organization have local chapters, branches, or affiliates? 6 Dess the organization have local chapters, branches, or affiliates? 6 Dess the organization have local chapters, branches, or affiliates? 6 Dess the organization have local chapters, branches, or affiliates? 6 Dess the organization have divertine policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization uses to review the Form 990. See Schedule 0. 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached								
							<u> </u>	
9						9a		<u>X</u>
	and branches to ensure their	operations are consistent	with those of the organiza	ation?		9 b		
10	10 Was a copy of the Form 990 p describe in Schedule O the p	provided to the organization organization organization organization	on's governing body before ation uses to review the F	e it was filed? All organizati form 990SeeSchedu	ons must .1 e 0	10	х	
11	11 Is there any officer, director of organization's mailing addres	or trustee, or key employeess? <i>If 'Yes,' provide the na</i>	e listed in Part VII, Sectio mes and addresses in Sc	n A, who cannot be reached hedule O	d at the	11		Х
For each 'Yes' response to lines 2.76 below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule 0. See instructions. I a Enter the number of voting members that are independent. I a Enter the number of voting members that are independent. I a Enter the number of voting members that are independent. I b Enter the number of voting members that are independent. I b Enter the number of voting members that are independent. I c b Comparison of the control over management duties customarily performed by or under the direct supervision of officers, directors or furstees, or key employee have a family relationship or a business relationship with any other officer, directors or trustees, or key employees to a management company or other person? J Did the organization never any significant changes to its organizational documents since the prior Form 990 was filed? Does the organization have members of stockholders? J Does the organization have members of stockholders? Does the organization have broad the governing body subject to approval by members, stockholders, or other persons? Does the organization ontemporaneously document the meetings held or written actions undertaken during the year by the following: T a Does the organization have broad the governing body? Bab X Bab								
				13	Γ	12-	$\overline{}$	No
12	-				I	124	^	
	to conflicts?		,		· · · · · · · · · · · · · · ·	12b	Х	
	c Does the organization regular Schedule O how this is done.	rly and consistently monitorsSee. Schedule	or and enforce compliance	e with the policy? It 'Yes,' as	escride in [
			0					
		a written whistleblower poli	cy?			13	Х	
		a written whistleblower poli a written document retentio	cy? on and destruction policy?			13	Х	
1!	15 Did the process for determini persons, comparability data,	a written whistleblower poli- a written document retention ing compensation of the for and contemporaneous sub-	cy? on and destruction policy? Ilowing persons include a ostantiation of the delibera	review and approval by ind ation and decision:	ependent	13 14	X	
1!	15 Did the process for determini persons, comparability data, a The organization's CEO, Exe	a written whistleblower poli- a written document retention ing compensation of the for and contemporaneous subsecutive Director, or top man	cy? In and destruction policy? Ilowing persons include a stantiation of the delibera agement official?	review and approval by ind ation and decision:	ependent	13 14 15a	X X	
1!	 Did the process for determini persons, comparability data, a The organization's CEO, Execute b Other officers of key employed 	a written whistleblower poli- a written document retention ing compensation of the for and contemporaneous subsecutive Director, or top marees of the organization?	cy? In and destruction policy? Ilowing persons include a stantiation of the delibera agement official?	review and approval by ind ation and decision:	ependent	13 14 15a	X X	
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	 15 Did the process for determini persons, comparability data, a The organization's CEO, Exe b Other officers of key employed Describe the process in Scheen 16a Did the organization invest in entity during the year? b If 'Yes,' has the organization in initial venture arrangements 	a written whistleblower polical written document retention ing compensation of the foliand contemporaneous subscutive Director, or top marees of the organization? edule O. (see instructions) in, contribute assets to, or produced a written policy of sunder applicable federal	ory?	review and approval by ind ation and decision: re or similar arrangement worganization to evaluate its to safeguard the organizatio	ependent ith a taxable participation n's exempt	13 14 15a 15b 16a	X X	X
16 Se	 Did the process for determini persons, comparability data, a The organization's CEO, Exect bother officers of key employed Describe the process in Scheen 16a Did the organization invest in entity during the year? b If 'Yes,' has the organization in joint venture arrangements status with respect to such an Section C. Disclosures 	a written whistleblower polical written document retention of the form and contemporaneous subsecutive Director, or top marees of the organization? edule O. (see instructions) in, contribute assets to, or publicable devices and a written policy of sunder applicable federal arrangements?	oy?	review and approval by ind ation and decision: re or similar arrangement worganization to evaluate its to safeguard the organizatio	ependent ith a taxable participation n's exempt	13 14 15a 15b 16a	X X	X
16 Se	 Did the process for determini persons, comparability data, a The organization's CEO, Exect bother officers of key employed Describe the process in Scheen 16a Did the organization invest in entity during the year? b If 'Yes,' has the organization in joint venture arrangements status with respect to such an Section C. Disclosures 	a written whistleblower polical written document retention of the form and contemporaneous subsecutive Director, or top marees of the organization? edule O. (see instructions) in, contribute assets to, or publicable devices and a written policy of sunder applicable federal arrangements?	oy?	review and approval by ind ation and decision: re or similar arrangement worganization to evaluate its to safeguard the organization	ependent ith a taxable participation n's exempt	13 14 15a 15b 16a	X X	X
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16 13 18	15 Did the process for determini persons, comparability data, a The organization's CEO, Exe b Other officers of key employed Describe the process in Schee 16a Did the organization invest in entity during the year? b If 'Yes,' has the organization in joint venture arrangements status with respect to such an Section C. Disclosures 17 List the states with which a comparable in the states with the state	a written whistleblower polical written document retention and contemporaneous subsecutive Director, or top marees of the organization? edule O. (see instructions) in, contribute assets to, or paradopted a written policy of sunder applicable federal arrangements?	in and destruction policy? Illowing persons include a stantiation of the deliberation and the stantiation of the deliberation of the stantiation of	review and approval by indation and decision: re or similar arrangement worganization to evaluate its to safeguard the organization th	ependent ith a taxable participation n's exempt (3)s only) avail	13 14 15a 15b 16a	X X X X	olic
16 13 18	 15 Did the process for determini persons, comparability data, a The organization's CEO, Exe b Other officers of key employed Describe the process in Schee 16a Did the organization invest in entity during the year? b If 'Yes,' has the organization in joint venture arrangements status with respect to such an in joint venture arrangements status with respect to such an in joint venture arrangements. 17 List the states with which a comparable state of 104 requires an organispection. Indicate how you we have a comparable of the possessible of the possessible in Schedule O whet statements available to the possessible of th	a written whistleblower polical written document retention and contemporaneous subsecutive Director, or top marees of the organization? edule O. (see instructions) in, contribute assets to, or paragraphical and a written policy of sunder applicable federal arrangements?	in and destruction policy? Illowing persons include a stantiation of the deliberation and the stantiation of the stantiation and taken steps are stantiation of the stantiation o	review and approval by indation and decision: re or similar arrangement worganization to evaluate its to safeguard the organization the organization to evaluate its to safeguard the organization the org	ependent ith a taxable participation n's exempt (3)s only) avail	13 14 15a 15b 16a 16b	X X X X X or put	olic
16 13 18	15 Did the process for determini persons, comparability data, a The organization's CEO, Exe b Other officers of key employed Describe the process in Schee 16a Did the organization invest in entity during the year? b If 'Yes,' has the organization in joint venture arrangements status with respect to such an Section C. Disclosures 17 List the states with which a comparable in the states with the state	a written whistleblower polical written document retention and contemporaneous subsecutive Director, or top marees of the organization? edule O. (see instructions) in, contribute assets to, or paradopted a written policy of sunder applicable federal arrangements?	in and destruction policy? Illowing persons include a stantiation of the deliberation and the deliberation of the desired of the desired of the deliberation of the desired of the deliberation of the delibe	review and approval by indation and decision: re or similar arrangement worganization to evaluate its to safeguard the organization the organization of the organizat	ependent ith a taxable participation n's exempt (3)s only) avail f interest policy ds of the organ	13 14 15a 15b 16a 16b	X X X X X or put finance in:	ofic

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

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or 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.

(B)	1	(c)					(D)	(E)	(F)	
Average		tion (•	-	hat app	ly)_	Reportable	·	Estimated amount of other	
hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	arriount of other compensation from the organization and related organizations	
4	Х						0.	0.	0.	
4	Х						0.	0.	0.	
				Ì						
4	X						0.	0.	0.	
4	X						0.	0.	0.	
4	X						0.	0.	0.	
						1				
4	X						0.	0.	0.	
]										
4	X						0.	0.	0.	
4	X						0.	0.	0.	
					-					
4	X					L	0.	0.	0.	
4	X						0.	0.	0.	
4	X		X			_	0.	0.	0.	
	ŀ									
4	X		X	L			0.	0.	0.	
4	X		X			<u> </u>	0.	0.	0.	
				1		ŀ				
4	X		X				0.	0.	0.	
4	Х		Х				0.	0.	0.	
4	X		X				0.	0.	0.	
							-			
40				Х			56,978.	0.	0. Form 990 (2008)	
	(B) Average hours per week 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(B) Average hours per week	(B) Average hours per week varieties and some service of the servi	(B) Average hours per week	(B) Average hours per week Average hours per week Average hours per week Average or individual trustee Average hours per week Average or director and trustee Average or director average	Average hours per week of individual trustee of director and director a	(B) Average hours per week Average hours per	C	Average Position (check all that apply) Reportable Compensation from the compens	

Part VII Section A. Officers, Directors, Trus		Кеу	<u>Er</u>	npl	oye	ees	, ar			
(A)	(B)			-	c)			(D)	(E)	(F)
Name and Title	Average hours per week		institutional trustee	Officer	_	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
									. (2027	
				_						
		_				_				
1 b Total				L.	<u> </u>			56,978.	.0.	0.
2 Total number of individuals (including those in 1a) w	ho rece	ived	mo	re th	an	\$10	0,00		mpensation from th	
organization ► 0								- Juli		Yes No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of representation and related organizations greater the individual 	idividual portable nan \$150	com 0,00	 iper 0? l	 ısati f 'Ye	on a	and omp	othe olete	er compensation for Schedule J for s	om uch	3 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atior for	n fro such	m a 1 pe	ny เ rsor	ınre 1. <u></u>	lated	d organization for	services	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	ed indep	end	ent	conf	trac	tors	that	received more th	an \$100,000 of	
(A) Name and business addres	s							Description	of Services	(C) Compensation
2 Total number of independent contractors (including compensation from the organization ► 0	those in	1) v	who	rece	eive	d m	ore t	than \$100,000 in		

1 41		ii Statement of Re				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
·	1a	Federated campaigns		1a					
ANT		Membership dues	t	1 b					
S O		Fundraising events	ŀ	1 c					
RA		Related organizations	l l	1 d					4125.000
2 2		Government grants (contribution		1 e					
S E		•	· ·						
돌빌	t	All other contributions, gifts, g similar amounts not included a	rants, and labove	1f	951,484.				
EO		Noncash contribns included in		\$	59,899.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		Total. Add lines 1a-1f				951,484.			
曲		······			Business Code				
PROGRAM SERVICE REVENUE	2a	Adoption Income	e	. . [161,112.	161,112.		
쮼		Receiving Incom				28,368.	28,368.		
ջ	С	Medical Service	es			5,322.	5,322.		
Ä	d	Spay/Neuter Ser	rvices			81,593.	81,593.		
A.	е	Other Service	Income			21,688.	21,688.		
8	f	All other program service	e revenue	≘ [
<u> </u>	g	Total. Add lines 2a-2f				298,083.		1000	
	3	Investment income (incl				40 057	40 057		
ĺ		other similar amounts).				-42,957.	-42,957.		
		Income from investment							
	5	Royalties							
			(i) Re	eal	(ii) Personal				
		Gross Rents							
		Less: rental expenses.					10000000		1000000
		Rental income or (loss)							
	d	Net rental income or (lo	SS)		(ii) Other				
	7a	Gross amount from sales of	(I) Sect	tuines	(ii) Other		9965666		0.00
		assets other than inventory , .							
	b	Less: cost or other basis and sales expenses			1,139.				
	_	Gain or (loss).			-1,139.		2.566.555		
		Net gain or (loss)			<u> </u>	-1,139.	-1,139.		
							,		
<u> </u>	8a	Gross income from fund (not including. \$	iraising ev	vents			5.665.66		
EVENUE		of contributions reported	d on line	lc).			0.000000000		
_ ←		See Part IV, line 18			72,811.				
ОТНЕК	b	Less: direct expenses		_	23,162.				
6	C	Net income or (loss) fro	m fundrai	ising e	vents	49,649.			49,649.
		Gross income from gam							
	Ju	See Part IV, line 19			a				
	b	Less: direct expenses.	. <i>.</i>	1	b				
	c	Net income or (loss) fro	m gaming	g activi	ti <u>es</u>				
	10a	Gross sales of inventory	v. less ret	urns					
		and allowances	. 				\$40 DE SEE		
	b	Less: cost of goods sold	d. <i></i>	ا	b 16,810.	4.6.500		16 670	
	Ç	Net income or (loss) fro		of inve		16,670.		16,670.	
		Miscellaneous Reven			Business Code	ii.			7 (JA)
	11a		_ _		<u> </u>				
	b		_ _	⊦					
	¢								
	-	All other revenue							
i		Total. Add lines 11a-11d							
	12	Total Revenue. Add line	es 1h, 2g,	3, 4, 5	5, 6d, 7d, 8c, 9c,	1,271,790.	253,987.	16,670.	49,649.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must com-	(A)	(B)	(C)	(D)
Do 1 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	56,978.	0.	39,885.	17,093.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	613,176.	559,935.	30,631.	22,610.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	7,468.	6,852.	394.	222.
10	Payroli taxes	111,642.	90,877.	13,285.	7,480.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
	Lobbying				
е	Prof fundraising svcs. See Part IV, In 17		ar Education of Party Control		
	Investment management fees				
	Other	8,337.	7,379.	898.	60.
12	Advertising and promotion	45 56	14.045	0.660	170
13	Office expenses	17,793.	14,946.	2,669.	178.
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				· · ·
21	Payments to affiliates				225
22	Depreciation, depletion, and amortization	33,654.	28,270.	5,048.	336.
	insurance	7,120.	6,699.	421.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
a	Animal Care	176,422.	176,422.		
	Printing and Publications	35,292.	17,814.	656.	16,822.
	Utilities	22,098.	18,562.	3,316.	220.
	Repairs and Maintenance	18,409.	15,463.	2,762.	184.
	Postage and Shipping	16,049.	8,105.	768.	7,176.
	All other expenses	45,652.	24,310.	2,714.	18,628.
	Total functional expenses. Add lines 1 through 24f	1,170,090.	975,634.	103,447.	91,009.
	Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		·····			Form 990 (2008)

					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			90,903.	1	52,228.
	2	Savings and temporary cash investments			478,369.	2	408,912.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			15,142.	4	5,701.
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule	s, trust	ees, key employees,		5	
	6	Receivables from other disqualified persons (as define					
		and persons described in section 4958(c)(3)(B). Comp			**************************************	6	10000 10000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000
A S	7	Notes and loans receivable, net				7	52,333.
ASSETS	8	Inventories for sale or use			6,984.	8	7,237.
T S	9	Prepaid expenses and deferred charges	, , , , , ,		3,040.	9	
	10a	Land, buildings, and equipment: cost basis	10a	1,079,118.			
		Less: accumulated depreciation. Complete Part VI of					
		Schedule D	10 b	427,054.	663,907.	10c	652,064.
	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	196,759.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			46,646.	15	29,461.
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)		1,304,991.	16	1,404,695.
	17	Accounts payable and accrued expenses			2,593.	17	2,725.
	18	Grants payable				18	
	19	Deferred revenue				19	
Ļ	20	Tax-exempt bond liabilities				20	
A B	21	Escrow account liability. Complete Part IV of Schedule				21	
L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per					
Ë		of Schedule L			C 02E	22	5,233.
S	23	Secured mortgages and notes payable to unrelated th			6,835.	23	5,233.
	24	Unsecured notes and loans payable			27,095.	24 25	56,277.
	25	Other liabilities. Complete Part X of Schedule D			36,523.	26	64,235.
	26	Total liabilities. Add lines 17 through 25	V an	d complete lines	30,323.	20	04,233.
N E T			M an	id combiete imes			
_	27	27 through 29 and lines 33 and 34. Unrestricted net assets			1,268,468.	27	1,339,377.
Ş	28	Temporarily restricted net assets				28	1,083.
SSETS	29	Permanently restricted net assets				29	
Q R	2.5	Organizations that do not follow SFAS 117, check her		and complete			
		lines 30 through 34.	•				
F UND	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, and equip				31	
BALAZCWの	32	Retained earnings, endowment, accumulated income,				32	
Ñ	33	Total net assets or fund balances.			1,268,468.	33	1,340,460.
Ē	34	Total liabilities and net assets/fund balances			1,304,991.	34	1,404,695.
Pa	нX						
		counting method used to prepare the Form 990:	Cash	X Accrual	Other	•	Yes No
2		re the organization's financial statements compiled or r					
		re the organization's financial statements audited by ar					2b X
	c If "	Yes' to 2a or 2b, does the organization have a committee	ee that	assumes responsibility	y for oversight of the au	dit,	2 v
	rev a Δc	iew, or compilation of its financial statements and selection regulity of a federal award, was the organization regulity	ction of red to u	i an independent accou Indergo an audit or au	intant? dits as set forth in the S	inale	
	Au	dit Act and OMB Circular A-133? Yes,' did the organization undergo the required audit or					3b
BA		,					Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2008

)pen to Rublic

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Gre	enl	iil]	. Hu	mane	Soc	iety,	SPCA											
Par	1	Rea	ason	for P	ublic	Char	ity Statu	s (All orga	anizations	must o	comple	ete this	s part.) (see	instruc	tions)		
The c	rgar																	
1		A ch	urch,	convent	tion o	f church	es or asso	ciation of ch	urches desc	ribed in s	section	1 70(b)(1)(A)(i).					
2																		
3		A ho	spital	or coop	perativ	ve hospi	ital service	organization	described in	n sectio	า 170(b)	iii)(A)(i)). (Atta	ch Sche	dule H.)			
4		A m	edical	researc	ch org	anizatio	n operated	in conjunct	ion with a ho	spital de	scribed	in secti	on 170(b)(1)(A)(iii). Ente	r the hospi	tal's	
_		nam	e, city	, and st	tate:		- -							montal.	mit dosor	ibod in se		
		170(Ь)ζ1χ	4)(iv). ((Comp	olete Pa	rt II.)							Heritai t	niit desci	ibed in sec	Cuon	
5 7	ᄫ	An c	roani	zation th	hat no	rmally r	receives a s	substantial d	ant of its sup	port fron	n a gove	ernment	al unit d	or from t	he gener	al public d	escribe	ed .
8	Ш	Асо	mmui	nity trus	t desc	cribed in	section 17	7 <mark>0(b)(</mark> 1)(A)(v	i). (Complete	Part II.))							
9		from inve June	activ stmer 30,	ities rela t incom 975. Se	ated t le and se sec	o its exe l unrelat c tion 50 !	empt functi ted busines 9(a)(2). (Co	ons – subje s taxable in mplete Part	ct to certain come (less s III.)	exception 5	ns, and I1 tax) f	(2) no r rom bus	nore tha inesses	an 33-175 acquire	d by the	organization	om urc	155
10		An c	rgani	zation o	rgani	zed and	operated e	exclusively to	test for put	olic safet	y. See s	section :	509(a)(4). (see i	nstructio	ns)		
11		mare	a nuhl	ichy eun	norta	d organ	nizations de	scribed in s	ection 509(a)	Y(1) or se	ection 50	J9(a)(Z).	tions of . See s e	or carr ection 50	y out the 19(a)(3).	purposes Check the	of one box th	or at
		а	Type	e		b	Type II	•	: Type III	l — Func	tionally	integrate			d 🗌			
е		than	found	ng this t dation m	box, I nanag	certify t ers and	that the org	anization is one or mor	not controlle e publicly su	ed directl pported	y or ind organiza	irectly b	y one or escribed	r more d I in secti	isqualifie on 509(a	ed persons ()(1) or sec	other tion	
f		If the	e orga									Type II o	r Type	III suppo	orting org	janization,		
g		Sind	e Aug	just 17,	2006	, has the	e organizat	ion accepted	dany gift or	contribu	tion fror	n any of	the foll	lowing p	ersons?			
																	Yes	No
		(i)	a pe	rson wh	no dire	ectly or	indirectly c	ontrols, eith	er alone or to	ogether v	vith per	sons des	cribed	in (ii) ar	d (III)	11 a (i)		
		(ii)																
h		•																
•		Name	of Su	ported				(iii) Type of (described above or	organization on lines 1-9 IRC section	(iv) l organizat (i) listed	s the ion in col. I in your	(v) Did y the organ col.	ization in (i) of	organizat	on in col.	(vii) Amoun	nt of Supp	port
										Yes	No	Yes	No	Yes	No			
	te organization is not a private foundation because it is: (*Please check only one organization.*) A church, convention of churches or association of churches described in section 170(X)(X)(X). A school described in section 170(X)(X)(X)(X). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(X)(X)(X)(X)(X)(X)(X)(X)(X)(X)(X)(X)(X)(
	Reason for Public Charity Status (All organizations must complete this part.) (see instructions) organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(D). A school described in section 170(b)(1)(A)(D). A school described in section 170(b)(1)(A)(D). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(D). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). A norganization (b) (Complete Part III) A community trust described in section 170(b)(1)(A)(V). (Complete Part III) A community trust described in section 170(b)(1)(A)(V). (Complete Part III) A community trust described in section 170(b)(1)(A)(V). (Complete Part III) A community trust described in section 170(b)(1)(A)(V). (Complete Part III) A community trust described in section 170(b)(1)(A)(V). (Complete Part III) A community 10(Complete Part III) A community 10(Complete Part III) A norganization that normally receives: (1) more than 33-12 % of its support from ontributions, membership fees, and gross receipts support from 30(Complete Part III) A norganization organization of section 170(b)(1)(A)(V)(V)(V)(V)(V)(V)(V)(V)(V)(V)(V)(V)(V)																	
	A school described in section 170(bX1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(bX1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(bX1)(A)(iii). Enter the hospital's name, city, and state: 5																	
	Reason for Public Charity Status (All organizations must complete this part.) (see instructions) organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(bXT)(A)(D. A school described in section 170(bXT)(A)(D). (Attach Schedule E.) A medical research organization operated in conjunction with a hospital described in section 170(bXT)(A)(B). 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(bXT)(A)(D). (Complete Part II) A federal, state, or local governmental unit described in section 170(bXT)(A)(A)(A). A norganization operated processes a substantial part of its support from a governmental unit or from the general public described in section 170(bXT)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)																	
					_ _					<u> </u>								
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Tota									- 45 - 1	 -t aw = f=	u Eo '	200		Sobodii	e Λ (For	m 990 or 0	90-E7\	2008
BAA	For	r Priv	асу А	ct and I	Paper	work Re	eduction A	ct Notice, se	e the instruc	ะแอกร 10	L L OLIU ;	7 7 U.		Scriedu	C M (LOH	III 330 01 3	JU-LL)	2000

Schedule A (Form 990 or 990-EZ) 2008 Greenhill Humane Society, SPCA 93-0467412 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	.)			
Sec	tion A. Public Support		,				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.').	429,561.	750,707.	502,359.	673,848.	1,001,827.	3,358,302.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3	429,561.	750,707.	502,359.	673,848.	1,001,827.	3,358,302.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
	Public support. Subtract line 5 from line 4						3,358,302.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	429,561.	750,707.	502,359.	673,848.	1,001,827.	3,358,302.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	6,122.	1,373.	11,104.	18,017.	12,358.	48,974.
9	Net income form unrelated business activities, whether or not the business is regularly carried on.			2,733.	11,416.	8,985.	23,134.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						3,430,410.
12	Gross receipts from related activ	ities, etc. (see inst	tructions)			12	0.
	First five years. If the Form 990 i organization, check this box and	stop here		l, third, fourth, or	fifth tax year as	a section 501(c)(3)►□
Sec	tion C. Computation of Pu	blic Support F	ercentage				07.00
	Public support percentage for 20						97.9% 99.0%
	Public support percentage for 20						
	33-1/3 support test — 2008. If the and stop here. The organization	qualifies as a publ	icly supported org	janization			В
	33-1/3 support test — 2007. If the and stop here. The organization	qualifies as a publ	icly supported org	anization	• • • • • • • • • • • • • • • • • • • •		[
	a 10%-facts-and-circumstances ter or more, and if the organization in the organization meets the 'facts	meets the 'facts-ar -and-circumstance	nd-circumstances es' test. The organ	test, check this b nization qualifies	oox and stop here as a publicly supp	e. Explain in Part i ported organization	v now n ►
	o 10%-facts-and-circumstances tea or more, and if the organization or organization meets the 'facts-and	meets the 'facts-ar d-circumstances' i	nd-circumstances' test. The organiza	test, check this bation qualifies as	oox and stop here a publicly support	ted organization	v now the ▶ □
	Private foundation. If the organiz	zation did not chec	k a box on line, 1	3, 16a, 16b, 17a,			
BAA					50	chequie 🗛 (Form 9	990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 Greenhill Humane Society, SPCA

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

		Red the bex on the	ic 5 of Falt 1.7				
Sec	tion A. Public Support	-					
		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.').						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
3	Gross receipts from activities that are not an unrelated trade or business						
4						1	11000000
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
, ,	2, 3 received from disqualified						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11,						
c	· ·						
8	Public support (Subtract line						
_							
Sec						AMAZINA	
		(a) 2004	(h) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Calci	itual year (or itsear yr beginning my	(u) 200 F	(5) 2000	(0) 2000	(-)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
^	Augustus forma linia C						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).					a godine 501/A/	
10 a b c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, secon	d, third, fourth, c	or fifth tax year as	a section 501(c)(3	
10 a b c 11 12 13 14 Sec	dar year (or fiscal yr beginning in) Circlis, grants, contributions and membership fees received, (Do Circlis, grants, contributions and membership fees received, (Do Circlis services) and the property of t						
10 a b c 11 12 13 14 Sec	tion A. Public Support metre year for feat y relighted (b) Gits, greats, contributions and membraship feat received, (D) Ont include 'unusual grants'. Gross received from the property of the						
10 a b c 11 12 13 14 Sec 15	tion A. Public Support dar year (or fiscal y beginning in) daily against, contributions and membership fiscal received, for or include funishing and membership fiscal received, for or include funishing and membership fiscal received, for or include funishing and membership fiscal received for or include funishing and funis						
10 a b c 11 12 13 14 Sec 15 16	ion A Public Support dary gare for least pelipating in)						
10 a b c 11 12 13 14 Sec 15 16 Sec	tion A, Public Support start year for fise by beginning to by all support for start by beginning to by all supports, contributions and membership less received. (Do not include 'unusual grants'.) arranges received from the sold or services performed, or activities threshold to a cotivity hat is related to the activities threshold to the or services performed, or activities threshold to the activities threshold thres						
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage for Investment Income pe	ublic Support loss (line 8, column 2007 Schedule A, vestment Inco or 2008 (line 10c, rom 2007 Schedul	Percentage (f) divided by line Part IV-A, line 27 me Percentag column (f) divided e A, Part IV-A, lire	e 13, column (f)). g le l by line 13, colume 27h	mn (f))		% % %
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	section A. Public Support landers pear for larger hespinesis in bit of the public state of the public stat						
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage for 33-1/3 support tests — 2008. If the more than 33-1/3%, check this base 123-143 support tests — 2008. If the control of	108 (line 8, column 2007 Schedule A, vestment Inco or 2008 (line 10c, rom 2007 Schedul ne organization did ox and stop here. ne organization did this box and stop	Percentage (f) divided by line Part IV-A, line 27 me Percentage column (f) divided e A, Part IV-A, line I not check the bo The organization I not check a box I not check a pox	e 13, column (f)). g le by line 13, colume 27h x on line 14, and qualifies as a pure on line 14 or 19azation qualifies a	mn (f)). d line 15 is more the supported or and line 16 is more supported or an analysis of the line 15 is more than	15 16 17 18 nan 33-1/3%, and rganization	% % % %

Schedule A	(Form 99	90 or 99	0-EZ) 2	800	Gree	<u>nhill</u>	. Huma	ne So	ciety	, SPC	A		93.	-046/4	12	Page 4
Schedule A	Supple Part II,	ement line 1	al Info 7a or	rmati 17b;	ion. Co or Par	omplet t III, li	te this ne 12.	part to Provid	provide any	de the other	explan additio	ation r nal info	equirec ormatio	by Pain. (see	rt II, lin instruc	e 10; ctions)
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection
Employer Identification number

Gre	enhill Humane Society, SPCA			3-0467412	
Par	Organizations Maintaining Dono	r Advised Funds or Other Simil	ar Funds or Acco	ounts Complete	e if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.		•	
		(a) Donor advised funds	(b) Fur	nds and other accou	unts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
_	Did the organization inform all donors and don		Lin donor advised		
5	funds are the organization's property, subject t	o the organization's exclusive legal contr	ol?	Yes	☐ No
6					
•	Did the organization inform all grantees, donor used only for charitable purposes and not for timpermissible private benefit??.	he benefit of the donor or donor advisor	or other	TYes	No
M.	Impermissible private benefit?	ato if the organization answered	'Ves' to Form 99	0 Part IV line	
			163 (0) 01111 33	o, r artiv, mic	
1	Purpose(s) of conservation easements held by		ation of an historicall	v important land are	99
	Preservation of land for public use (e.g., re	⊢	ration of certified historican	•	sa
	Protection of natural habitat	Freserv	ration of certified first	nic structure	
_	Preservation of open space	and lifted access ration postribution in the	form of a consequati	ion essement on the	a last day
2	Complete lines 2a-2d if the organization held a of the tax year.	qualified conservation contribution in the	e toriii di a conservati	on easement on the	e last day
	- Control of the Cont			Held at the End of t	he Year
,	Total number of conservation easements		2a		
ì	Total acreage restricted by conservation easer	nents	2b		
	: Number of conservation easements on a certif				
	Number of conservation easements included in				
3	Number of conservation easements modified,	ransferred, released, extinguished, or te	rminated by the organ	nization during the t	axable
_	year ►				
4	Number of states where property subject to co	nservation easement is located 🕨			
5	Does the organization have a written policy reg	parding the periodic monitoring inspection	n. violations, and		
•	enforcement of the conservation easement it h	olds?		Yes	∐ No
6	Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing easements du	iring the year 🟲 🔃		
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements durin	g the year ► \$		
8	Does each conservation easement reported or	line 2(d) above satisfy the requirements	of section		
-	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIV, describe how the organization rep	orts conservation easements in its reven	ue and expense state	ment, and balance	sheet, and
	include, if applicable, the text of the footnote to conservation easements.	the organization's financial statements	that describes the org	janization's account	ang ror
Pai	III Organizations Maintaining Colle	ections of Art. Historical Treasu	res. or Other Sin	nilar Assets	
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV	/, line 8.		
1 :	If the organization elected, as permitted under	SEAS 116, not to report in its revenue s	tatement and balance	sheet works of art	, historical
	treasures, or other similar assets held for publ	ic exhibition, education, or research in th	irtherance of public se	ervice, provide, in P	art XIV,
	the text of the footnote to its financial stateme				
l	 If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items: 	SFAS 116, not to report in its revenue s ic exhibition, education, or research in fu	tatement and balance irtherance of public se	sheet works of art, ervice, provide the f	, nistorical following
	(i) Revenues included in Form 990, Part VIII,	line 1		►\$	
	(ii) Assets included in Form 990. Part X			▶\$	
2	If the organization received or held works of a amounts required to be reported under SFAS	 historical treasures, or other similar as 	sets for financial gair	ı, provide the follow	ving
	Revenues included in Form 990, Part VIII, line	1		⊁\$	
	A L : L L L' Farra 000 Dark V				

Part III Organizations Mainta							
3 Using the organization's accession that apply):	n and other reco	ords, check a	_		nificant use of its collec	tion items (d	heck all
a Public exhibition		d	Loan or ex	change programs			
b Scholarly research		e	Other				AN-T-
c Preservation for future genera							
4 Provide a description of the organ Part XIV.						in	
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or rec other than to be	eive donation maintained a	ns of art, hist as part of the	orical treasures, or o organization's collec	other similar ction?	Yes	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arra	ngements	Complete 0 Part X	if organization a	answered 'Yes' to	Form 990	, Part
1a Is the organization an agent, trus					assets not		
included on Form 990, Part X?						Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the	e following tal	ole:		Amount	
						Amount	
c Beginning balance							
d Additions during the year							
e Distributions during the year					. 1e		
f Ending balance					[1f]		
2a Did the organization include an ar		990, Part X,	line 21?			Yes	∐No
b If 'Yes,' explain the arrangement	in Part XIV.			n/ 1/ 5	30 D + D / L 10		
Part V Endowment Funds Co							
	(a) Current yea	22/20/20/20/20/20) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears Dack
1 a Beginning of year balance	37,1	49.					
b Contributions							
c Investment earnings or losses	-7,6	88.					
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	of the year end	d balance he	ld as:				
a Board designated or quasi-endow	ment 🟲	100.00%					
b Permanent endowment	8						
c Term endowment ►	ş						
3a Are there endowment funds not in organization by:						Ye	
(i) unrelated organizations			,			3a(i) X	
(ii) related organizations						3a(ii)	X
b If 'Yes' to 3a(ii), are the related o	rganizations list	ted as require	ed on Schedu	le R?		. 3b	X
4 Describe in Part XIV the intended	uses of the ord	anization's e	endowment fu	nds. See Part	XIV		
Part VI Investments-Land, B	uildinas, an	d Equipm	ent. See F	orm 990, Part X	, line 10.		
Description of investment) Cost or oth	er basis (b) Cost or other basis (other)	(c) Depreciation	(d) Book	: Value
1a Land		*		3,742.			3,742.
b Buildings.	_			799,577.	258,873.	54	40,704.
c Leasehold improvements				97,800.	26,415.	,	71,385.
d Equipment				164,136.	139,054.		25,082.
e Other				13,863.	2,712.		11,151.
Total. Add lines 1a-1e (Column (d) sho		990 Part X	column (B)				52,064.
BAA	ana equal i offi	Joo, , air M,				dule D (Form	
PAR						•	-

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Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 Part XIV Supplemental Information (continued)	Page 5
Part XIV Supplemental Information (continued)	
	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization						Employer identifica		
Greenhill Humane Society,	, SPCA					93-046741		
Part Fundraising Activities.	Complete if	the orga	anizatior	n answered 'Yes' to	Form	990, Part I\	/, line 17.	
1 Indicate whether the organization of X Mail solicitations X Email solicitations	raised funds thro	ough any o	of the follo	wing activities. Check a X Solicitation of non-q Solicitation of gove	II that a governm rnment	pply. ent grants		
Phone solicitations X In-person solicitations				X Special fundraising	events		•	
2a Did the organization have written of employees listed in Form 990, Par	or oral agreeme t VII) or entity in	nt with any n connecti	/ individua on with pro	l (including officers, dire ofessional fundraising se	ectors, t ervices?	rustees or key	Yes	XNo
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or ent e organization.	ities (fundr Form 990l	aisers) pu EZ filers a	rsuant to agreements ure not required to comp	nder wh lete this	ich the fundrais table.	er is to be	
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser ly or control ibutions?	(iv) Gross receipts from activity	(v) At (or fundr	nount paid to retained by) aiser listed in col.(i)	(vi) Amount p (or retained organizati	d by)
		Yes	No					
		ļ			·			
							: · · ·	
		<u>.</u>		:		<u></u>		
		<u></u>						
Total	<u></u>		<i></i> >				<u> </u>	0.
List all states in which the organiz or licensing. OR	ation is register	ed or licer	sed to sol	icit funds or has been n	otified if	is exempt from	registration	
	- -	_	-					
			.					
			- -			. _		
				 				
								
			 -					

Par	tII	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a orm 990-EZ, line 6	nswered 'Yes' to F Sa. List events with	orm 990, Part IV, I gross receipts gre	ine 18, or ater than \$5,000.
R			(a) Event #1 Special Events (event type)	(b) Event #2	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
R E V E N U E	1	Gross receipts	72,811.			72,811.
Ĕ	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	72,811.			72,811.
	4	Cash prizes				Market .
D R E C T	5	Non-cash prizes				
	6	Rent/facility costs				
EXPENSES	7	Other direct expenses	23,162.			23,162.
S	8	Direct expense summary. Add lines 4- th Net income summary. Combine lines 3 ar				23,162. 49,649.
Pal			ation answered 'Ye	es' to Form 990, Pa	art IV, line 19, or re	
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
N U E	1	Gross revenue				
	2	Cash prizes				
D P E N C T S	3	Non-cash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Combine li	nes 1 and 7 in column	(d)	>	
						YES NO
9	Ente Isth	er the state(s) in which the organization op ne organization licensed to operate gaming	erates gaming activities activities in each of the	ese states?		9a
		lo,' Explain:				
		re any of the organization's gaming license res,' Explain:	s revoked, suspended (or terminated during the	tax year?	10a
11		s the organization operate gaming activities				11
12	ls th adm	ne organization a grantor, beneficiary or truninister charitable gaming?	ustee of a trust or a me	mper of a partnership of	r other entity formed to	12

Schedule G (Form 990 or 990-EZ) 2008 Greenhill Humane Society, SPCA	93-04674		Page 3
1	1	Υ Υ	ES NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility		+	
b An outside facility	100	+ 1	
14 Provide the name and address of the person who prepares the organization's gaming/special ever	nts books and records.		
Name: ►			
Address: <u></u>			
15a Does the organization have a contact with a third party from whom the organization receives game		. 15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$	and the amount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address:			
N 5			
Name: •			
Address: ►			
Address: -			
16 Gaming manager information			
Name: ►			
Gaming manager compensation ▶ \$			
Description of services provided:			
Director/officer Employee Independent contractor			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
	ands to rotain the		
a Is the organization required under state law to make charitable distributions from the gaming proc state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organization			
organization's own exempt activities during the tax year: ► \$			
BAA TEEA3703L 07/18/08	Schedule G (Form 9	90 or 990	-EZ) 2008

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047 2008

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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						or 25b, or Fo		,, .	,	11110		
(a) Name of disqualified person	n			((b) Description	of transaction			Ė		(c) Cor	recte
(a) Name of disqualified persor											Yes	N.

2 Enter the amount of tax imposed on the section 4958	e organizat	ion mana	gers or d	isqualified pe	rsons duri	ng the year i	under	> \$				
Enter the amount of tax, if any, on line				organization.				▶ \$				
Loans to and/or From Into To be completed by organ Part V, line 38a.	erested F nizations	Persons that an	swered	'Yes' on F	orm 990	, Part IV,	line 2	26 or	Forn	n 990)-EZ	,
(a) Name of interested person and purpose	(b) Loan the orga	to or from inization?	(c) princi	Original pal amount	(d) Ba	(d) Balance due		(e) in default?		roved ard or ittee?	(g) Writter agreemen	
	То	From	·				Yes	No	Yes	No	Yes	N
							-					
											ļ	L
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		! I					1	l		l	ı	1
ral let				▶ \$								
art III Grants or Assistance Ber To be completed by organ	nefittina	Interes	ted Per	sons.	orm 990), Part IV,	line 2	l 27.				1
Grants or Assistance Ber To be completed by organ (a) Name of Interested person	nefitting nizations	Interes that an	ted Per swered	sons. 'Yes' on F			line 2		or type o	f assist	ance	
To be completed by organ	nefitting nizations	Interes that an	ted Per swered	sons. 'Yes' on F					or type o	f assist	ance	
To be completed by organ	nefitting nizations	Interes that an	ted Per swered	sons. 'Yes' on F					or type o	f assist	ance	
To be completed by organ	nefitting nizations	Interes that an	ted Per swered	sons. 'Yes' on F					or type o	f assist	ance	
To be completed by organ	nefitting nizations	Interes that an	ted Per swered	sons. 'Yes' on F					or type o	f assist	ance	
Grants or Assistance Ber To be completed by organ (a) Name of interested person	nefitting nizations	Interes that an	ted Per swered hip between the organ	Yes' on F interested person ization					or type o	f assist	ance	
To be completed by organ	nefitting	Interest that an	ted Per swered hip between the organ	Yes' on F interested person ization	n and	(c) A	amount of	grant o				
Grants or Assistance Ber To be completed by organ (a) Name of interested person	nefitting nizations nizations nvolving nizations	Interest that an	ted Per swered hip between the organ ted Per swered	Yes' on F interested person ization	orm 990	(c) A	amount of	grant o	28b,		BC. (e) Shorgani	izatio nues
Grants or Assistance Ber To be completed by organ (a) Name of interested person art IV Business Transactions In To be completed by organ (a) Name of interested person	nefitting nizations nvolving nizations	Interes that an b) Relations Interes that an elationship seted persor organization	ted Per swered hip between the organ ted Per swered between and the	Yes' on F interested personization sons. 'Yes' on F	orm 990	(c) A (c) A (d) De	line 2	28a, 2	28b,	or 28	8C.	izatio nues
Grants or Assistance Ber To be completed by organ (a) Name of interested person art IV Business Transactions In To be completed by organ	nefitting nizations nvolving nizations	Interes that an b) Relations Interes that an elelationship	ted Per swered hip between the organ ted Per swered between and the	Yes' on F interested personization sons. 'Yes' on F	orm 990	(c) A	line 2	28a, 2	28b,	or 28	BC. (e) Shorgani	izatio nue:
Grants or Assistance Ber To be completed by organ (a) Name of interested person art IV Business Transactions In To be completed by organ (a) Name of interested person	nefitting nizations nvolving nizations	Interes that an b) Relations Interes that an elationship seted persor organization	ted Per swered hip between the organ ted Per swered between and the	Yes' on F interested personization sons. 'Yes' on F	orm 990	(c) A (c) A (d) De	line 2	28a, 2	28b,	or 28	BC. (e) Shorgani	izatio nue:
Grants or Assistance Ber To be completed by organ (a) Name of interested person art IV Business Transactions In To be completed by organ (a) Name of interested person	nefitting nizations nvolving nizations	Interes that an b) Relations Interes that an elationship seted persor organization	ted Per swered hip between the organ ted Per swered between and the	Yes' on F interested personization sons. 'Yes' on F	orm 990	(c) A (c) A (d) De	line 2	28a, 2	28b,	or 28	BC. (e) Shorgani	izatio nue:

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

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

Gre	Greenhill Humane Society, SPCA 93-0467412							
Par	Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Metho	(d) d of de revenu		ng
1	Art-Works of art							
2	Art-Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded							
10	Securities-Closely held stock							
11	Securities-Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other.							
18	Collectibles							·
19	Food inventory							
20	Drugs and medical supplies.	X	18,239	33,044.	FMV			
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts.							
25	Other ► (Professional Sv)	Х	140	26,855.	FMV			

26	Other > ()							
27 28	Other ► ()							
		<u> </u>						
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done	on during the	e tax year for contribution	ons for which the	29			
	organization completed form 8265, i art 14, bone	c / told low loc	agomone		<u> </u>		Yes	No
30a	a During the year, did the organization receive by control hold for at least three years from the date of the in	nitial contrib	ution, and which is not	requirea to be usea for	exempt	20		Х
	purposes for the entire holding period?					30 a		
ŀ	If 'Yes,' describe the arrangement in Part II.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		21		v
	Does the organization have a gift acceptance police				15?	31		X
32	Does the organization hire or use third parties or use the contributions?	related orgai	nizations to solicit, proc	ess, or sell		32 a		Х
ł	If 'Yes,' describe in Part II.							
33	If the organization did not report revenues in colu	mn (c) for a	type of property for whi	ch column (a) is checke	ed,			

Schedule M (Form 990) 2008 Greenhill Humane Society, SPCA	93-0467412 Page 2
Part II Supplemental Information. Complete this part to provide and 33. Also complete this part for any additional information.	le the information required by Part I, lines 30b, 32b, nation.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047 2008

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

93-0467412

Greenhill Humane Society, SPCA 93-0467412
Form 990, Part III, Line 4a - Program Service Accomplishments
Sheltering and Adoptions - In FY 08/09, Greenhill Humane Society achieved an 88% save
rate for cats and an even higher rate for dogs, at 98%. During this period,
Greenhill found homes for 711 dogs, 972 cats, and 97 small animals. Greenhill
receives animals from other shelters and animal welfare agencies in Oregon and
California giving them a second chance at finding a loving home when time and
resources have run out at their shelter - 549 animals found homes through this
program. All of the animals at Greenhill are provided with a high level of medical
care and an enriching environment that includes behavioral training and exercise
programs
Spay/Neuter Services - During the year ended June 30, 2009, Greenhill performed 3,184
surgeries in their regular on-site clinic and over 400 surgeries through the
trap-neuter-release program at no cost to feral colony caretakers.
Community Outreach - Educating the community and promoting the animals and programs
of Greenhill Humane Society, SPCA is crucial to helping achieve the vision of finding
loving homes for all animals. Greenhill reaches out to schools and other groups to
educate about the importance of responsible pet ownership and the humane treatment of
animals. Nearly every weekend throughout most of the year, Greenhill participates in
off-site adoption and awareness events. In addition, photos and descriptions of
animals available for adoption are available on Greenhill's website and every major
on-line "petworking" site. Greenhill's website receives an average of 570 visits per
day with an average stay of 2.42 minutes
Volunteer & Foster Programs - Greenhill Humane Society has approximately 200 active

Name of the organization	Employer identification number 93-0467412
Greenhill Humane Society, SPCA	75 0407412
Form 990, Part III, Line 4a - Program Service Accomplishments (continued)	
volunteers and 100 active foster families. Volunteers and fost	er families help in
the daily care, training, socializing, and rehabilitation of an	imals brought to the
shelter. The volunteer and foster program works with schools,	community service
programs, and the general public to help promote humane educati	on through hands-on
animal welfare experience.	
Form 990, Part VI, Line 10 - Form 990 Review Process	
A draft of the form 990 will be provided to the Finance Committ	tee (FC) for their
review. Before the form is filed the FC refers the form 990 to	the full board for
its review and discussion.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	onflicts
Each Director, Principal Officer and Member of a committee with	n governing board
delegated powers annually signs a statement which affirms they	have:
A.Received a copy of the conflicts of interest policy	
B.Has read and understands the policy	
C.Has agreed to comply with the policy	
D.Understands the organization is charitable and in order to ma	aintain its federal
tax exemption it must engage primarily in activities which acco	omplish one or more of
its tax exempt purposes.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	& Key Employees
Executive committee of board reviews compensation data as a particular committee of board reviews compensation data as a particular committee of board reviews compensation data as a particular committee of board reviews compensation data as a particular committee of board reviews compensation data as a particular compensation data as a particular committee of board reviews compensation data as a particular comp	rt of annual review
and salary adjustments. Compensation agreements and benefits as	re reviewed for
reasonableness, based on competent survey information and the	result of arm's length
bargaining.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
The governing documents, conflict of interest policy and finance	cial statements are
made available to the public by written or in-person request.	Additionally, copies

Schedule 0 (Form 990) 2008	Page 2
Name of the organization	Employer identification number
Greenhill Humane Society, SPCA	93-0467412
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	(continued)
of the most recent and past year's 990's are made available for	download from 3rd
party websites including Guidestar and Charity Navigator.	