

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

## 2008

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

<b>A For the 2008 calendar year, or tax year beginning</b>		<b>and ending</b>		
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b>		
		<b>WILLIAMSON COUNTY HUMANE SOCIETY INC.</b>		<b>D Employer identification number</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>10930 E. CRYSTAL FALLS PKWY.</b>		<b>E Telephone number</b>
		City or town, state or country, and ZIP + 4 <b>LEANDER TX 78641</b>		<b>F Group Exemption Number</b>

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ **hswc.net**

**J Organization type** (check only one) —  501(c) ( **3** ) ◀ (insert no )  4947(a)(1) or  527

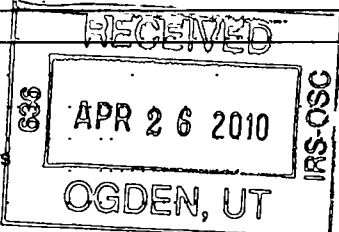
**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **620,439**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	216,811
	2 Program service revenue including government fees and contracts	2	299,632
	3 Membership dues and assessments	3	
	4 Investment income	4	3,959
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	See Stmt 1
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	92,537
	b Less: direct expenses other than fundraising expenses	6b	45,243
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	47,294	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ <b>See Statement 2</b> )	8	7,500	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	575,196	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	354,016
	13 Professional fees and other payments to independent contractors	13	5,950
	14 Occupancy, rent, utilities, and maintenance	14	64,799
	15 Printing, publications, postage, and shipping	15	7,067
	16 Other expenses (describe ▶ <b>See Statement 3</b> )	16	182,423
	17 <b>Total expenses.</b> Add lines 10 through 16	17	614,255
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-39,059
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	308,755
	20 Other changes in net assets or fund balances (attach explanation) <b>See Statement 4</b>	20	-14,057
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	255,639



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		85,689	22	125,785
23 Land and buildings		437,277	23	399,206
24 Other assets (describe ▶ <b>See Statement 5</b> )		21,700	24	18,429
25 <b>Total assets</b>		544,666	25	543,420
26 <b>Total liabilities</b> (describe ▶ <b>See Statement 6</b> )		235,911	26	287,781
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		308,755	27	255,639

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

Form 990-EZ (2008)

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SCANNED MAY 19 2010

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <i>See Statement 7</i>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	<i>See Statement 8</i>	
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> <b>560,141</b>
29		
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
30		
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
31	Other program services (attach schedule) (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b> <b>21,648</b>
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b> <b>581,789</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KIM LUTZ	PRESIDENT	0	0	0
SUSAN A LANDGRAF, J.D.	VICE PRES	0	0	0
KIMBERLY BRONNER	SECRETARY	0	0	0
JANET OTT	TREASURER	0	0	0
HR STRICKLAND	BOARD MEMBER	0	0	0
SHANDELL MARIE BURGESS	BOARD MEMBER	0	0	0
BRIAN K BUZZAIRD	BOARD MEMBER	0	0	0
TERRIE CUMBIE	BOARD MEMBER	0	0	0
VICKI JONES	BOARD MEMBER	0	0	0
JULIA WHITLEY	BOARD MEMBER	0	0	0
KELLY SMITH	BOARD MEMBER	0	0	0
JULIANA DE ROSA	EX. DIRECTOR	4,519	0	0
GRETCHEN GUYER	EX. DIRECTOR	3,715	0	0
ROBERTA LEVERICH	EX. DIRECTOR	22,692	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<b>X</b>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. <span style="float:right">▶ <b>37a</b> _____</span>		
b	Did the organization file Form 1120-POL for this year?		<b>X</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<b>X</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right"><b>38b</b> _____</span>		
39	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on line 9 <span style="float:right"><b>39a</b> _____</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right"><b>39b</b> _____</span>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶ _____</span> , section 4912 <span style="float:right">▶ _____</span> , section 4955 <span style="float:right">▶ _____</span>		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		<b>X</b>
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____</span>		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____</span>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>X</b>
41	List the states with which a copy of this return is filed <span style="float:right">▶ <u>None</u></span>		
42a	The books are in care of <span style="float:right">▶ <b>H. R. STRICKLAND</b></span> Telephone no. <span style="float:right">▶ <b>512-255-1114</b></span> <b>10930 E. CRYSTAL FALLS PKWY</b> Located at <span style="float:right">▶ <b>LEANDER, TX</b></span> ZIP + 4 <span style="float:right">▶ <b>78641</b></span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<b>X</b>
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country: <span style="float:right">▶ _____</span>		<b>X</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <b>43</b> _____</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

<b>46</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
<b>48</b>	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b>	If "Yes," was the related organization(s) a section 527 organization?		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$100,000 ▶

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

Total number of other independent contractors each receiving over \$100,000 ▶

**Sign Here** 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.

*Janet Ott* Date *3-29-10*  
 Signature of officer  
 *Janet Ott, Board of Directors, Treasurer*  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature <i>E. L. Chappell Jr.</i>	Date <i>3/26/10</i>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr) <b>P00271675</b>
Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Gindler, Chappell, Morrison &amp; Co., P.C. 100 E. Anderson Lane, Ste. 250 Austin, TX 78752</b>	EIN <b>74-2532710</b>	Phone no <b>512-833-9600</b>	

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	159,423	150,383	206,940	166,333	216,811	899,890
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3	159,423	150,383	206,940	166,333	216,811	899,890
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						899,890

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	159,423	150,383	206,940	166,333	216,811	899,890
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,724	2,288	3,959	7,971
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,924	8,070	7,285	8,454	6,580	37,313
<b>11 Total support.</b> Add lines 7 through 10						945,174
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,970,434
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	95.2089 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	96.6490 %
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

**Part II, Line 10 - Other Income Detail**

**OTHER INCOME** \$ **37,313**

**Supplemental Information**

Miscellaneous Income includes rental income from a field owned by the organization, aluminum can recycling and other forms of recycling.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		<b>DIRECT MAIL CAM</b>	<b>DOG LEG GOLF CL</b>	<u>1</u>	(Add col (a) through col (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	56,890	24,856	7,373	89,119
	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	56,890	24,856	7,373	89,119
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	20,837	14,109	147	35,093
	8	Direct expense summary. Add lines 4 through 7 in column (d)				▶
9	Net income summary. Combine lines 3 and 8 in column (d)				▶	54,026

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No %	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No %	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No %
7	Direct expense summary. Add lines 2 through 5 in column (d)				▶
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				▶

9 Enter the state(s) in which the organization operates gaming activities:

- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," Explain:

- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		<input checked="" type="checkbox"/>
10a		<input checked="" type="checkbox"/>
11		<input checked="" type="checkbox"/>
12		<input checked="" type="checkbox"/>

**13** Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

<b>13a</b>		%
<b>13b</b>		%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ **H. R. STRICKLAND**  
**10930 E. CRYSTAL FALLS PKWY**  
 Address ▶ **LEANDER**

**TX 78641**

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

<b>15a</b>	<b>X</b>
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- 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

Name ▶

Address ▶

**16** Gaming manager information.

Name ▶

Gaming manager compensation ▶ \$

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 retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

<b>17a</b>	<b>X</b>
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**Amended Return Explanation**

Description

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Amendment is being filed to reclassify professional expenses to contributed services.

# Federal Statements

## Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

	Description	How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
	Donation					\$	\$	\$	\$
	Total					\$ 0	\$ 0	\$ 0	\$ 0

## Federal Statements

**Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
MISCELLANEOUS	\$ 7,500
Total	\$ 7,500

**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
AUTOMOBILE EXPENSE	6,417
INTEREST	16,916
Insurance	9,995
ANIMAL CARE	126,642
BAD DEBT EXPENSE	589
DISPOSAL FEES	3,799
DUES & SUBSCRIPTIONS	931
AMORTIZATION	100
MISCELLANEOUS	979
MAINTENANCE AND REPAIR	16,055
Total	\$ 182,423

**Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
Contributed Services	\$ 29,819
Contributed services	-23,772
Loss on disposal of assets	-13,970
Loss on donated assets	-6,134
Total	\$ -14,057

**Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
Grants Receivable	\$	\$ 6,132
Accounts Receivable	6,611	1,704
Prepaid Expenses and Deferred Charges	1,032	
DONATED PROPERTY INVENTORY	13,814	10,350
UTILITY DEPOSIT	30	30
PETSMART GIFT CARD	213	213
	21,700	18,429

**Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 7,379	\$ 6,787
Deferred Revenue		7,000
OTHER PAYABLES	400	565
ACCRUED LEAVE TIME PAYABLE	1,562	3,745
CURRENT PORTION OF LONG TERM DEBT	11,751	12,601

## Federal Statements

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities (continued)

Description	Beginning of Year	End of Year
LONG TERM DEBT	\$ 201,319	\$ 188,718
LINE OF CREDIT	13,500	66,009
ACCRUED SALARIES		2,356
	235,911	287,781

**Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

A no-kill animal shelter and adoption center focused on promoting humane treatment of animals. Our mission is to provide innovative programs and services to eliminate pet overpopulation and to improve the lives of pets and people in Williamson County, Texas.

**Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments****Description**

To accomplish our mission WCHS focuses on three main program areas:

1) High volume pet adoptions:

Our facility is open six days a week for adoptions. Trained adoption counselors match pet characteristics and temperament to family lifestyles. We conduct offsite adoptions at local businesses and events every weekend. We have cats available for adoption at our local PetSmart seven days a week. We post pets available for adoption on Petfinder, Petango and other online resources to expand our reach. We work with local municipal shelters and breed rescue groups to place animals. In 2008, 1,213 pets were placed into new homes through our adoption services.

2) Low cost spay/neuter services:

WCHS operates the only low cost spay/neuter clinic in Williamson County. The clinic completes 30-40 surgeries every Tuesday and Thursday each week including appointments for the public and for animals in our adoption program. In 2008, 2,475 low cost spay/neuter surgeries were performed.

3) Pet retention services:

WCHS operates a once a month low cost wellness clinic providing vital vaccinations and wellness care to low income pet owners. All of the pets adopted from our facility are microchipped and low cost microchipping is available to the public six days a week to ensure lost pets are quickly reunited with their guardians. New adopters receive education on responsible pet ownership and humane education is available for school and scout groups. In 2008, 537 clients and 851 pets were served at our low cost wellness clinics.