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Form **990-EZ**

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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)

Sponsonng 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.

B Check the applicable Paper Check only one
Serve Personal Properties Personal Pro
Serve Personal Properties Personal Pro
Secretary P.O. BOX 601 City or town, state or country, and ZIP + 4 F. Group Exemption Number
Archaeted Indicated Indi
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: WWW.HSLCVA.ORG H Check only one) X 501(c)(3) 4 (Insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990 or 990-EZ). Website: WWW.HSLCVA.ORG H Check only one) X 501(c)(3) 4 (Insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ). K Check fithe 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 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 \$ 98,638
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Schedule A (Form 990 or 990-EZ). Cher (specify) Mebsite: WWW.HSLCVA.ORG
Schedule A (Form 990 or 990-EZ). Website: WWW.HSLCVA.ORG
Website: ► WWW.HSLCVA.ORG
Organization type (check only one)
K Check Inf 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. Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1). 1 Contributions, grits, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 Gross amount from sale of assets other than inventory. 5 Less cost or other basis and sales expenses. 5 Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule). 5 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. 5 Constructions reported on line 1). 5 Less direct expenses other than fundraising expenses. 5 Event income or (loss) from special events and activities (Subtract line 6b from line 6a). 5 Recurrence or (loss) from special events and activities (Subtract line 6b from line 6a). 5 Consideration of the contributions reported on line 1). 5 Less cost of goods sold. 5 Consess profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 Consession of the contributions of cont
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Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part)
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Program service revenue including government fees and contracts Membership dues and assessments Investment income Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here Gross revenue (not including \$
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 10 10
10 Grants and similar amounts paid (attach schedule)
The state of the s
11 Benefits paid to or for members RECEIVED
12 Salaries, other compensation, and employee benefits
For Professional fees and other payments to independent confictions and payments and payments to independent confictions and payments and payments to independent confictions and payments an
14 Occupancy, rent, utilities, and maintenance 101 mm 2 2,730
15 Finiting, publications, postage, and shipping
16 Other expenses (describe ► OGDEN, UTSEE STATEMENT 1) 16 66,586
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 25,958
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 25,958
19 Net assets or fund balances at beginning of year (from line 27, column (A))
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) 20 Other changes in net assets or fund balances (attach explanation) 20 In the changes in net assets or fund balances (attach explanation)
20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 20 Determine the changes in net assets or fund balances at end of year Combine lines 18 through 20 21 121,442
Part # 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
114 622 105 000
23 Land and buildings 24 Other assets (describe ► PREPAID EXPENSES) 27 • 24 0
25 Total assets 114,660.25 125,890
26 Total liabilities (describe ► SEE STATEMENT 2) 19,176.26 4,448
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 95, 484. 27 121, 442
832171 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Form 990-EZ (2008)

Forn	$_{ extsf{h}}$ 990-EZ (2008)	DOUN COUNTY		54-	-60733	10 Page 2
	art 排 Statement of Program Service Accomplishmer	nts (See the instructions for	Part III)		E:	cpenses
	it is the organization's primary exempt purpose? SEE STATEMENT		<u> </u>		(Required	for 501(c)(3)
						ganizations and
	cribe what was achieved in carrying out the organization's exempt purposes. In a		escribe the services) trusts, optional
_	rided, the number of persons benefited, or other relevant information for each pr				for others	<u>'</u>
28	SPAY/NEUTER PROGRAM ADMINISTERED IN					
	PERSONS WHO MIGHT NOT OTHERWISE SPA	Y OR NEUTER T	HEIR PETS	•		
	(Grants \$) If this amount includes foreign g	rants, check here	. •		28a	22,830.
29	PROVIDE FOSTER HOMES FOR ANIMALS AB		BUSED.			· · · · · · · · · · · · · · · · · · ·
LJ	110111111111111111111111111111111111111					
				$\overline{}$		22 512
	(Grants \$) If this amount includes foreign g		<u> </u>	<u> </u>	29a	22,513.
30	ASSIST THE COMMUNITY WITH FERAL COL					
	AND RELEASE SERVICES IN WHICH VETS	PROVIDE NECES	SARY SHOT	<u>S_</u>		
	AND OTHER SERVICES NEEDED TO CARE F	OR THESE ANIM	ALS.]	
	(Grants \$) If this amount includes foreign g	rants, check here	•		30a	13,425.
31	Other program services (attach schedule)					
JI	, ,		_		21.0	
	(Grants \$) If this amount includes foreign g	rants, check here		البيسا.	31a	E0 760
	Total program service expenses (add lines 28a through 31a)	 			32	58,768.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ex	ven if not compensated (See the	instructions	for Part IV)
		(h) Title and average hours	(a) Componention		ontributions	(a) Evanasa
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (if not paid, enter		employee	(e) Expense account and
	(a) Marile and address	position	-0)		efit plans & eferred	other allowances
		position	0 *.,		pensation	other anomanees
<u>rv</u>	M DETRICK-RILEY	PRESIDENT				
	* * * * * * * * * * * * * * * * * * *	15.00	0.		0.	_
_	<u> </u>				<u> </u>	0.
		VICE-PRESIDEN			_	
	O. BOX 601, LEESBURG, VA 20178	15.00	0.		0.	0.
_		SECRETARY				
Ρ.	O. BOX 601, LEESBURG, VA 20178	15.00	0.		0.	0.
		TREASURER				
	O. BOX 601, LEESBURG, VA 20178	15.00	0.		0.	0.
		DIRECTOR				
			_		^	_
	O. BOX 601, LEESBURG, VA 20178	2.00	0.		0.	0.
_		DIRECTOR				_
_	O. BOX 601, LEESBURG, VA 20178	2.00	0.		0.	0.
NA	NCY MARTIN	DIRECTOR				
P.	O. BOX 601, LEESBURG, VA 20178	2.00	0.		0.	0.
		DIRECTOR				
	O. BOX 601, LEESBURG, VA 20178	2.00	0.		0.	0.
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34 Were any changes made to the organization grooverning documents but not reported to the IRS? in rives, lates a contemed copy of the changes. If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but nut reported on form 990-T, attoring your reason form on texperting the income on form 990-T and statement explaining your reason for not reporting the income on form 990-T and statement explaining your reason for not reporting the income on form 990-T and statement explaining your reason for not reporting the income on form 990-T and statement explaining your reason form on the experting your part of the organization form on the profession of the organization of the organization of the organization or more organization of the instructions. 35a	Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)			
33 Dut the organization engage in any activity not previously reported to the IRSP If Yes, "attach a detailed description of each activity. Were any changes made to the organizing or governing documents but not reported to the IRSP If Yes, attach a continent copy of the changes. If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported to IRSP If Yes, and a continent copy of the changes. If Yes is a continent copy of the changes is a little organization have unrelated business gross is some of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35 bit Hore, has a filled a tax relum on Form 990-T for this year? 36 bit Hore organization had income on Form 990-T for this year? 37 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, complete applicable parts of Sch N 36 bit Hore organization in Error IT-120-PLI to this year? 37 X 38 bit Hore organization in Error IT-120-PLI to this year? 38 bit Hore organization in Error IT-120-PLI to this year? 39 Section 501(c)(7) organizations Enter. 30 In Yes, complete Schedule L, Part II and enter the total amount involved 30 Section 501(c)(7) organizations Enter. 30 Intuition flees and capatal contributions included on line 9 31 Intuition flees and capatal contributions included on line 9 32 Section 501(c)(3) and (4) organizations. Enter amount of tax imposed on organization engage in any section 4958 excess benefit transaction during the year under section 501(c)(3) and (4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under section 501(c)(3) and (4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under transaction? If Yes, complete masses of the section of the foreign country (such as a bank account, securities account, or other financial Accounts. 40b X 41 Latt the states with which				Yes	No
35 If the organization had micome from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on from 990-T, attach a statement explaining your reason for not reporting the micome or Form 990-T and the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35b If Yes, \$1 ast filled a tax relium on Form 990-T for this year? 37b If Yes, the analysis of the care and the standard of rect or indired, as described in the instructions 37c Enter amount of political expenditures, direct or indired, as described in the instructions 37c Enter amount of political expenditures, direct or indirect, as described in the instructions 37c Enter amount of political expenditures, direct or indirect, as described in the instructions 37d If Yes, complete Schedule L, Part II and enter the total amount involved 38a If Yes, complete Schedule L, Part II and enter the total amount involved 38b If Yes, complete Schedule L, Part II and enter the total amount involved 38c Sections 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 section 4912 ▶ 0 section 4915 ▶ 0 38c Sections 501(c)(3) and (4) organizations Did the organization engage in any section 4955 excess benefit transaction during the year or did if the come aware of an excess benefit transaction of the Yes, complete Schedule L, Part I and the year under sections 4912 ± 4955, and 4958 40c Enter amount of tax on line 40c reimbursed by the organization engage in any section 4955 excess benefit transaction of 11 Yes, complete Schedule L, Part I and the year under sections 4912 ± 4955, and 4958 40c Enter amount of tax on line 40c reimbursed by the organization engage in any section 4956 excess benefit transaction of 11 Yes, complete form	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		
reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T and the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 10 If Yes, has if filled a tax return on Form 990-T for this year? 35a Was there a bloudation, dissolution, termination, or substantial contraction during the year? If Yes, complete applicable parts of Sch N organization of the form 1120-P01 for this year? 35b Was there a bloudation, dissolution, termination, or substantial contraction during the year? If Yes, complete applicable parts of Sch N organization the Form 1120-P01 for this year? 35c Was there a bloudation, dissolution, termination, or substantial contraction during the year? If Yes, complete applicable parts of Sch N organization before from, or make any locate to a discount of the organization of the intervent of the organization state of the pende covered by this return? 35c If Yes, complete Schedule L, Part II and enter the total amount involved 35d N/A 35e If Yes, complete Schedule L, Part II and enter the total amount involved 35g N/A 35g N	34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
a bit the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b if "Yes," has filled a tax return on Form 990-T for this year? if "Yes," has filled a tax return on Form 990-T for this year? if "Yes," has filled a tax return on Form 990-T for this year? if "Yes," has filled a tax return on Form 990-T for this year? b if "Yes," has filled a tax return on Form 990-T for this year? b if "Yes," this filled a tax return on Form 990-T for this year? b if the organization for Form 1120-P0L for this year? b if the organization form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and shill unpast at the start of the pend covered by this return? b if "Yes," complete Schedule L, Part II and enter the total amount involved in a prior year and shill unpast at the start of the pend covered by this return? b if "Yes," complete Schedule L, Part II and enter the total amount minor they are under section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year ord did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I are transaction? If "Yes," complete Form 8888-T L stitle states with which a copy of this return is filed by NONE 1 List the states with which a copy of this return is filed by NONE 1 Lest the states with which a copy of this return is filed by NONE 1 Lest the states with which a copy of this return is filed by NONE 1 Lest the states with which a copy of this return is filed by NONE 1 Lest the states with which a copy of this return is filed by NONE 2 Located at b P.O. BOX 601, LESBURG, VA 3 At any time during the calendary year, did the organization have an interest in or a signature or other authority over a financial accounts.	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
tax requirements? If Yes, 'has if flied a tax return on Form 990-T for this year? Was there a liquidation, dessolution, termination, or substantial contraction during the year? If Yes, 'complete applicable parts of Sch N Dut the organization file Form 1120-POL for the year? But the amount of political expenditures, direct or indirect, as described in the instructions Dut the organization file Form 1120-POL for the year? But 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? If Yes, 'complete Schedule L, Part I land enter the total amount involved Section 501(c)(7) organizations Enter. Initiation fees and capital contributions included on line 9, for public use of club facilities Initiation fees and capital contributions included on line 9 Bection 501(c)(3) againzations. Enter amount of tax imposed on the organization during the year under section 4911 Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did to become aware of an excess benefit transaction from a prior year? If Yes,' complete Schedule L, Part I Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Enter amount of tax most of tax on line 40c remiburised by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shefter transaction? If Yes, complete Form 8886-T Load at A yes, in the during the calendar year, did the organization was an interest in or a signature or other financial accounts. All provides the provides of year of the foreign country lease the instructions for exceptions and filing requirements for Form TD F		reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
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The Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-P0L for this year	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans, 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 peniod covered by this return? 48b Did the organization borrow from, or make any loans, 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 peniod covered by this return? 48c Did Tyes, complete Schedule L, Part II and enter the total amount involved 58c Did Tyes, organizations. Enter amount of tax imposed on the organization during the year under section 4911 P	36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
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 peniod covered by this return? 1	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions] !		
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Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Graves, Treasurer Paid Preparer's signature▶ Date Check if self-Preparer's Identifying Number (See instr) Preparer's employed > Use Only EIN ▶ Firm's name (or yours Phone > if self-employed). address, and ZIP + 4 ➤ X Yes May the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (2008)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No 1545-0047

2008 Open to Public Inspection

Name of the organization **Employer identification number** 54-6073310 THE HUMANE SOCIETY OF LOUDOUN COUNTY Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III · Functionally integrated Type III - Other a L Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col in col (i) listed in your organization in col organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section No Yes No Yes Yes (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2008

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	ınclude any "unusual grants.")	42,325.	40,900.	41,305.	33,523.	56,131.	214,184.	
2	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 · 3	42,325.	40,900.	41,305.	33,523.	56,131.	214,184.	
5	The portion of total contributions							
	by each person (other than a						ı	
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the			l				
	amount shown on line 11,			ľ	'			
	column (f)						2,182.	
6	Public Support. Subtract line 5 from line 4						2,182. 212,002.	
Sec	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
7	Amounts from line 4	42,325.	40,900.	41,305.	33,523.	56,131.	214,184.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	2,053.	696.	1,475.	65.	5.	4,294.	
9	Net income from unrelated business					, ,		
	activities, whether or not the							
	business is regularly carried on				22,951.	41,502.	64,453.	
10	Other income. Do not include gain		. <u>-</u>					
	or loss from the sale of capital							
	assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10						282,931.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12	14,019.	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)		
	organization, check this box and stop	here .	· ·	•	•			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2008 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	74.93 %	
15	Public support percentage from 2007	Schedule A, Part	IV-A, line 26f			15	91.21 %	
16a	33 1/3% support test - 2008. If the c	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	ox and	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$	
b	b 33 1/3% support test - 2007. 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 qual						▶□	
17a	10% -facts-and-circumstances tes	t - 2008. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"				•	3		
b	10% -facts-and-circumstances tes	_	-		=	7a, and line 15 is	10% or	
	more, and if the organization meets the	_						
	organization meets the "facts-and-circ				•		▶□	
18	Private foundation. If the organization		-	•			s •	
							or 990-EZ) 2008	

	ction A. Public Support	n yanızatıons	Described in	Occion Sosia	//=/ (Complete only	y if you checked the be	ox on line 9 of Part I
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(a) 2004	(6) 2003	(0) 2000	10,2001	10/2000	
•	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 · 5						
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7g from line 6)				.,		
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	b Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)	Ab	I	1	<u> </u>	504(-)(2)	
14	First five years. If the Form 990 is for	tne organization	's tirst, second, thi	ra, tourth, or titth t	ax year as a sect	ion 501(c)(3) organi	zation,
<u></u>	check this box and stop here	o Support D	roontogo	 			
	ction C. Computation of Publi					145	
	Public support percentage for 2008 (I			column (1))		15	
16						10	%
	ction D. Computation of Inves					17	
17		•	•	***		18	<u>%</u> %
18	•				o 15 is more than		_
19	a 33 1/3% support tests - 2008. If the more than 33 1/3%, check this box as						
ı	b 33 1/3% support tests - 2007. If the	=	-				and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶□

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. 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.

OMB No 1545-0047

Name of the organization

Inspection

Name of the organization						Employer ide	ntification number	
THE HUM	OUNTY		54-6073	310				
					ine 1			
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name of Individual or entity (fundralser)	(ii) Activity	fundi fundi have co or con contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				-	
Total 3 List all states in which the organization	n is registered or licensed to solicit f	unds	or has	been notified it is ex		t from registrati	on or licensing.	
	-						· - · · - ·	
	 							
								
						<u> </u>		

Schedule G (Form 990 or 990-EZ) 2008 THE HUMANE SOCIETY OF LOUDOUN COUNTY 54-6073310 Page 2

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. (c) Other Events (a) Event #1 (b) Event #2 (d) Total Events PET FIRST SUPER PET NONE (Add col. (a) through AID CLASS EXPO col. (c)) (event type) (total number) (event type) Revenue 250 725 975. Gross receipts 0. 0 Less: Charitable contributions 250. 725 975. Gross revenue (line 1 minus line 2) 0 0 4 Cash prizes 0 0. Non-cash prizes Direct Expenses 0. 325. 325. Rent/facility costs 250. 175 425. Other direct expenses 750 . 8 Direct expense summary. Add lines 4 through 7 in column (d) 225. Net income summary. Combine lines 3 and 8 in column (d) 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. (b) Pull tabs/Instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo coi. (a) through coi. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Non-cash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes % Volunteer labor 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) Yes No 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? 9a b If 'No,' Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain: Does the organization operate gaming activities with nonmembers? 11 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?

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2008 THE HUMANE SUCTETY OF LOUDOUN COUNTY	24-6	<u>0/331</u>	<u>. U P</u>	age 3
		,		Yes	No
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility . 13	Ba	%		
ь	An outside facility	lb	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books a	ınd records:			
	Name		-		
	Address ▶		_		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenu	e? .	15a	-	
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	e 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				
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	•	17a	ļ	ļ
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	ın the			
	organization's own exempt activities during the tax year			1	1

Schedule G (Form 990 or 990-EZ) 2008

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
BANK SERVICE CHARGES			95.
FERAL EXPENSE			13,425.
FINANCIAL ASSISTANCE			6,057.
FOSTER EXPENSE			22,513.
INSURANCE			1,030.
MISCELLANEOUS EXPENSE			187.
NEWSLETTER EXPENSE			348. 22,830.
SPAY/NEUTER EXPENSE SUPPLIES			101.
TOTAL TO FORM 990-EZ, LINE	16		66,586.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE		8,760.	0.
ACCRUED EXPENSES		0.	0.
DEFERRED INCOME		10,416.	4,448.
TOTAL TO FORM 990-EZ, LINE 2	26	19,176.	4,448.

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

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STATEMENT

THE HUMANE SOCIETY OF LOUDOUN COUNTY, VA (HSLC) IS A NO KILL, ANIMAL WELFARE ORGANIZATION FOUNDED IN 1966 TO RESCUE AND REHABILITATE ABANDONED, FERAL AND NEGLECTED ANIMALS FROM LOUDOUN COUNTY, VA. OUR MISSION IS TO PROVIDE A SECOND CHANCE FOR OUR NEEDY FOUR-LEGGED FRIENDS AND TO WORK TOWARD A TIME WHEN ALL ANIMALS HAVE LOVING HOMES. BY VISITING SCHOOLS, RETIREMENT HOMES AND OTHER PUBLIC VENUES WE TRY TO ENRICH PEOPLES LIVES WITH THE MAGIC OF ANIMALS UNCONDITIONAL LOVE AND TO TEACH HUMANS THE VALUE OF PROPER CARE AND RESPONSIBILITY OF BELOVED PETS.