

TAX RETURN FILING INSTRUCTIONS

**** FORM 990 PUBLIC DISCLOSURE COPY ****

FOR THE YEAR ENDING

December 31, 2012

Prepared for	Society For the Prevention of Cruelty To Animals, Tampa Bay, Florida, Inc. 9099 130th Avenue North Largo, FL 33773
Prepared by	Lewis, Birch & Ricardo, LLC 1401 Court Street Clearwater, FL 33756-6146
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by August 15, 2013.

Form **990**

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
9099 130TH AVENUE NORTH
 City, town, or post office, state, and ZIP code
LARGO, FL 33773
F Name and address of principal officer: **CHRIS ALLEN**
SAME AS C ABOVE

D Employer identification number
59-0715928

E Telephone number
(727) 586-3591

G Gross receipts \$ **7,947,761.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.SPCAFI.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1940** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BE THE COMMUNITY LEADER IN ANIMAL ADVOCACY BY PREVENTING ANIMAL CRUELTY, PROMOTING HUMANE CARE,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	86
	6 Total number of volunteers (estimate if necessary)	6	300
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,185,869.	Current Year 3,379,947.
	9 Program service revenue (Part VIII, line 2g)	144,215.	332,011.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	203,160.	376,858.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,409.	63,776.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,579,653.	4,152,592.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		975,258.	2,077,421.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 603,894.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		568,554.	1,202,441.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,543,812.	3,279,862.	
19 Revenue less expenses. Subtract line 18 from line 12	35,841.	872,730.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,211,742.	End of Year 9,319,508.
	21 Total liabilities (Part X, line 26)	594,818.	689,087.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,616,924.	8,630,421.

Part II Signature Block

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

Sign Here Signature of officer: **MARTHA BODEN, CEO** Date: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **BETTY ISLER, CPA** Preparer's signature: *Betty Isler CPA* Date: **7-31-13** Check if self-employed PTIN: **P00541979**
 Firm's name: **LEWIS, BIRCH & RICARDO, LLC** Firm's EIN: **32-0000304**
 Firm's address: **1401 COURT STREET CLEARWATER, FL 33756-6146** Phone no.: **(727) 446-3058**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: BE THE COMMUNITY LEADER IN ANIMAL ADVOCACY BY PREVENTING CRUELTY, PROMOTING HUMANE CARE, AND REDUCING PET OVERPOPULATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,396,061. including grants of \$) (Revenue \$ 351,895.) SPCA TAMPA BAY RESCUES, REHABS AND RE-HOMES DOGS, CATS, RABBITS, BIRDS, FERRETS AND POCKET PETS - HAMSTERS, GUINEA PIGS, MICE AND RATS. WE ALSO NETWORK WITH LARGE ANIMAL AND WILDLIFE RESCUES TO PLACE OTHER ANIMALS.

EACH YEAR THE SPCA SERVES MORE THAN 10,000 ANIMALS IN NEED. HERE IS AN OVERVIEW OF OUR PROGRAMS AND SERVICES FOR THE TAMPA BAY COMMUNITY.

SPCA TAMPA BAY HAS BEEN AT THE FOREFRONT OF HUMANE CARE IN PINELLAS COUNTY SINCE ITS BEGINNINGS IN 1940. SPCA SERVICES FOR THE COMMUNITY INCLUDE ANIMAL CRUELTY INVESTIGATION, LOST/FOUND PET ASSISTANCE, ANIMAL ADMISSION AND PET CREMATION ASSISTANCE, PET ADOPTION, ANIMAL TRANSPORT FOR SICK/INJURED STRAYS AND ESTATE PLANNING WITH PETS IN MIND. LOCATED

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,396,061.

**SOCIETY FOR THE PREVENTION OF CRUELTY TO
ANIMALS, TAMPA BAY, FLORIDA, INC.**

Part IV Checklist of Required Schedules

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

**SOCIETY FOR THE PREVENTION OF CRUELTY TO
ANIMALS, TAMPA BAY, FLORIDA, INC.**

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Part IV Checklist of Required Schedules (continued)

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

Form **990** (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 23		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
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		
	2a 86		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	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)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		N/A
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		N/A
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	15	
b	Enter the number of voting members included in line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did 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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **BIBI GOEDDERT - (727) 586-3591**
9099 130TH AVE N, LARGO, FL 33773

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS ALLEN PRESIDENT	2.00	X						0.	0.	0.
(2) ERIN E. BANKS VP - GOVERNANCE	2.00	X						0.	0.	0.
(3) D. "REP" DELOACH III VP - DEVELOPMENT	2.00	X						0.	0.	0.
(4) JIM MCGINTY TREASURER	2.00	X						0.	0.	0.
(5) MARCIA PIACENTINO SECRETARY	2.00	X						0.	0.	0.
(6) JEFF M. FOX PAST PRESIDENT	2.00	X						0.	0.	0.
(7) PAMELA D. FARNSWORTH DIRECTOR	2.00	X						0.	0.	0.
(8) H. WILLIAM HELLER DIRECTOR	2.00	X						0.	0.	0.
(9) MARILYN HULSEY DIRECTOR	2.00	X						0.	0.	0.
(10) ELISE M. LACHER DIRECTOR	2.00	X						0.	0.	0.
(11) MICHAEL MASON DIRECTOR	2.00	X						0.	0.	0.
(12) MARK MARTUKOVICH DIRECTOR	2.00	X						0.	0.	0.
(13) JOHN F. RALPH, JR. DIRECTOR	2.00	X						0.	0.	0.
(14) GINGER REICHL DIRECTOR	2.00	X						0.	0.	0.
(15) MICHAEL J. RUMORE DIRECTOR	2.00	X						0.	0.	0.
(16) MARTHA BODEN CEO	40.00			X				115,558.	0.	563.
(17) BIBI GOEDDERT DIRECTOR OF FINANCE	40.00			X				59,950.	0.	138.

SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR. RIZAL LOPEZ DIRECTOR OF VET SERVICES	40.00			X				89,108.	0.	250.
1b Sub-total								264,616.	0.	951.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								264,616.	0.	951.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BEYOND DESIGN CONTRACTING, INC. 4545 MARIOTTI CT, STE F, SARASOTA, FL 34233	GENERAL CONTRACTOR	188,859.
WAKEBY FIRE & ASSOCIATES 22 BATES RD, STE 295, MASHPEE, MA 02649	MARKETING	114,674.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2

SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.

Form 990 (2012)

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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	175,925.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	36,001.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,168,021.				
	g Noncash contributions included in lines 1a-1f: \$		49,299.				
	h Total. Add lines 1a-1f		3,379,947.				
	Program Service Revenue		Business Code				
2 a ADOPTIONS		812910	200,881.	200,881.			
b CREMATION		812910	39,430.	39,430.			
c EDUCATIONAL PROGRAMS		812910	30,191.	30,191.			
d MEDICAL & AMBULANCE FEES		812910	26,184.	26,184.			
e BEHAVIORAL TRAINING		812910	14,044.	14,044.			
f All other program service revenue		812910	21,281.	21,281.			
g Total. Add lines 2a-2f			332,011.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		171,679.			171,679.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		3,649,556.	16,621.		
		c Gain or (loss)		221,800.	-16,621.		
	d Net gain or (loss)		205,179.			205,179.	
	8 a Gross income from fundraising events (not including \$ 175,925. of contributions reported on line 1c). See Part IV, line 18	a	114,267.				
		b Less: direct expenses	b	70,375.			
c Net income or (loss) from fundraising events			43,892.			43,892.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	74,598.					
	b Less: cost of goods sold	b	58,617.				
	c Net income or (loss) from sales of inventory		15,981.	15,981.			
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	812910	3,903.	3,903.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		3,903.				
12 Total revenue. See instructions.		4,152,592.	351,895.	0.	420,750.		

**SOCIETY FOR THE PREVENTION OF CRUELTY TO
ANIMALS, TAMPA BAY, FLORIDA, INC.**

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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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	265,565.	194,076.	54,071.	17,418.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,471,178.	1,158,807.	21,249.	291,122.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,300.	3,217.	532.	1,551.
9 Other employee benefits	177,184.	119,381.	16,438.	41,365.
10 Payroll taxes	158,194.	137,876.	9,041.	11,277.
11 Fees for services (non-employees):				
a Management				
b Legal	674.		674.	
c Accounting	12,330.		12,330.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	20,082.		20,082.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	166,023.	139,638.	26,215.	170.
12 Advertising and promotion	20,819.	18,592.		2,227.
13 Office expenses	276,823.	67,985.	45,341.	163,497.
14 Information technology	66,901.	524.	31,838.	34,539.
15 Royalties				
16 Occupancy	109,738.	78,911.	21,694.	9,133.
17 Travel	26,048.	25,091.	24.	933.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,441.	11,385.	6,273.	5,783.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	139,498.	113,357.	9,149.	16,992.
23 Insurance	58,197.	46,257.	4,423.	7,517.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLINIC MEDICINE & SUPPL	155,289.	155,289.		
b KENNEL FOOD & SUPPLIES	79,196.	78,543.	533.	120.
c DONATED SUPPLIES	43,505.	43,255.		250.
d _____				
e All other expenses	3,877.	3,877.		
25 Total functional expenses. Add lines 1 through 24e	3,279,862.	2,396,061.	279,907.	603,894.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**SOCIETY FOR THE PREVENTION OF CRUELTY TO
ANIMALS, TAMPA BAY, FLORIDA, INC.**

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Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	405,232.	1	981,274.		
	2 Savings and temporary cash investments	88,221.	2	218,390.		
	3 Pledges and grants receivable, net	521,328.	3	171,539.		
	4 Accounts receivable, net	4,744.	4	17,161.		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
	7 Notes and loans receivable, net				7	
	8 Inventories for sale or use	50,179.	8	22,553.		
	9 Prepaid expenses and deferred charges	43,202.	9	47,879.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,786,942.			
	b Less: accumulated depreciation	10b	1,557,167.			
	11 Investments - publicly traded securities	1,998,585.	10c	2,229,775.		
	12 Investments - other securities. See Part IV, line 11	4,817,768.	11	5,438,971.		
	13 Investments - program-related. See Part IV, line 11		12			
	14 Intangible assets		13			
	15 Other assets. See Part IV, line 11		14			
16 Total assets. Add lines 1 through 15 (must equal line 34)	282,483.	15	191,966.			
	8,211,742.	16	9,319,508.			
Liabilities	17 Accounts payable and accrued expenses	152,514.	17	223,654.		
	18 Grants payable		18			
	19 Deferred revenue	22,498.	19	11,085.		
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	419,806.	25	454,348.		
	26 Total liabilities. Add lines 17 through 25	594,818.	26	689,087.		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	5,711,136.	27	6,990,918.		
	28 Temporarily restricted net assets	1,152,322.	28	795,520.		
	29 Permanently restricted net assets	753,466.	29	843,983.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
33 Total net assets or fund balances	7,616,924.	33	8,630,421.			
34 Total liabilities and net assets/fund balances	8,211,742.	34	9,319,508.			

Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,152,592.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,279,862.
3	Revenue less expenses. Subtract line 2 from line 1	3	872,730.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,616,924.
5	Net unrealized gains (losses) on investments	5	212,162.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-71,395.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,630,421.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.** Employer identification number **59-0715928**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) 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)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,528,931.	2,481,303.	2,879,698.	1,185,869.	3,379,947.	12,455,748.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,528,931.	2,481,303.	2,879,698.	1,185,869.	3,379,947.	12,455,748.
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)						1,905,194.
6 Public support. Subtract line 5 from line 4.						10,550,554.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2,528,931.	2,481,303.	2,879,698.	1,185,869.	3,379,947.	12,455,748.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	147,805.	128,063.	196,152.	122,665.	171,679.	766,364.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	12,596.	9,889.	9,538.	17,855.	3,903.	53,781.
11 Total support. Add lines 7 through 10						13,275,893.
12 Gross receipts from related activities, etc. (see instructions)					12	3,354,540.
13 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	79.47 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	86.20 %
16a 33 1/3% support test - 2012. 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 33 1/3% support test - 2011. 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"/>	
17a 10% -facts-and-circumstances test - 2012. 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 10% -facts-and-circumstances test - 2011. 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"/>	
18 Private foundation. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a 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 carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

SOCIETY FOR THE PREVENTION OF CRUELTY TO

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

NOTE: INFORMATION REPORTED FOR 2011 REPRESENTS THE SHORT YEAR BEGINNING JULY 1, 2011 AND ENDING DECEMBER 31, 2011. PRIOR TO THIS PERIOD, THE ORGANIZATION REPORTED ON A FISCAL YEAR BASIS ENDING JUNE 30TH. TAX YEAR 2012 IS THE FIRST FULL CALENDAR YEAR REPORTED.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

**SOCIETY FOR THE PREVENTION OF CRUELTY TO
ANIMALS, TAMPA BAY, FLORIDA, INC.**

Employer identification number

59-0715928

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.	Employer identification number 59-0715928
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>752,834.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>95,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>100,406.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>321,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>90,517.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>107,127.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.	Employer identification number 59-0715928
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	_____ _____ _____	\$ <u>242,424.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	_____ _____ _____	\$ <u>147,688.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	_____ _____ _____	\$ <u>463,551.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>	_____ _____ _____	\$ <u>97,556.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>	_____ _____ _____	\$ <u>105,547.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.	Employer identification number 59-0715928
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.	Employer identification number 59-0715928
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization **SOCIETY FOR THE PREVENTION OF CRUELTY TO
ANIMALS, TAMPA BAY, FLORIDA, INC.**

Employer identification number
59-0715928

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,830,103.	4,915,719.	4,318,552.	3,818,121.	4,634,778.
b Contributions	303,643.	432,362.	696,936.	557,463.	511,294.
c Net investment earnings, gains, and losses	398,006.	-85,646.	428,435.	256,711.	-136,019.
d Grants or scholarships					
e Other expenditures for facilities and programs	549,846.	422,352.	505,550.	295,141.	
f Administrative expenses	20,082.	9,980.	22,654.	18,602.	1,191,932.
g End of year balance	4,961,824.	4,830,103.	4,915,719.	4,318,552.	3,818,121.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 66.96 %
- b Permanent endowment 17.01 %
- c Temporarily restricted endowment 16.03 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		32,302.		32,302.
b Buildings		3,305,242.	1,240,741.	2,064,501.
c Leasehold improvements				
d Equipment		412,442.	281,407.	131,035.
e Other		36,956.	35,019.	1,937.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,229,775.

SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATION UNDER GIFT ANNUITIES	454,348.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	454,348.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,306,617.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	212,162.
b	Donated services and use of facilities	2b	16,325.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-54,380.
e	Add lines 2a through 2d	2e	174,107.
3	Subtract line 2e from line 1	3	4,132,510.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,082.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	20,082.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,152,592.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,293,120.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	16,325.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	17,015.
e	Add lines 2a through 2d	2e	33,340.
3	Subtract line 2e from line 1	3	3,259,780.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,082.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	20,082.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,279,862.

Part XIII Supplemental Information

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

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT CONSISTS OF SEVERAL

INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. ITS ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. THE BOARD OF DIRECTORS HAVE INTERPRETED THE WISHES OF DONORS AND STATE LAW AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY.

Part XIII Supplemental Information (continued)

PART X, LINE 2: THE SOCIETY HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. INCOME EARNED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE SOCIETY IS TREATED AS A PUBLICLY SUPPORTED ORGANIZATION, AND NOT AS A PRIVATE FOUNDATION. THE SOCIETY HAS ADOPTED THE PROVISIONS OF ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DOES NOT BELIEVE IT HAS ANY MATERIAL INCOME TAX EXPOSURE RELATING TO UNCERTAIN TAX POSITIONS. THE SOCIETY'S INCOME TAX FILINGS FOR PERIODS AFTER THE FISCAL YEAR ENDED JUNE 30, 2009 REMAIN SUBJECT TO EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN THE VALUE OF SPLIT INTEREST AGREEMENTS	-54,380.
--	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE OFF OF UNCOLLECTIBLE PLEDGES	17,015.
------------------------------------	---------

SOCIETY FOR THE PREVENTION OF CRUELTY TO

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		3K PET WALK	LUNCHEON	1	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	213,837.	55,741.	15,022.	284,600.
	2 Less: Contributions	166,136.		9,789.	175,925.
	3 Gross income (line 1 minus line 2)	47,701.	55,741.	5,233.	108,675.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,318.			2,318.
	6 Rent/facility costs		10,660.		10,660.
	7 Food and beverages	2,713.	55.		2,768.
	8 Entertainment	400.			400.
	9 Other direct expenses	42,370.	6,228.	5,233.	53,831.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(69,977)
	11 Net income summary. Combine line 3, column (d), and line 10				38,698.

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7					

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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.** Employer identification number **59-0715928**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	X	1	4,994.	STOCK QUOTE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>PET SUPPLIES</u>)	X	244	43,504.	FAIR MARKET VALUE
26 Other ▶ (<u>EVENT SUPPLIE</u>)	X	2	800.	FAIR MARKET VALUE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization	SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.	Employer identification number	59-0715928
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND REDUCING PET OVERPOPULATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ON TEN ACRES IN LARGO, FLORIDA, SPCA PROGRAMS INCLUDE A FREE PET BEHAVIOR HELPLINE SERVICE, CANINE TRAINING, CAT AND CRITTER CARE WORKSHOPS THROUGH ITS SNIFF UNIVERSITY, AND CHILDREN'S SUMMER CAMPS AND BIRTHDAY PARTIES. VISIT WWW.SPCATAMPABAY.ORG FOR MORE INFORMATION.

24-HOUR EMERGENCY AMBULANCE FOR SICK & INJURED ANIMALS: SICK AND INJURED ANIMALS THAT ARE FOUND ANYWHERE IN PINELLAS COUNTY CAN RECEIVE AROUND-THE-CLOCK AMBULANCE PICKUP AND EMERGENCY MEDICAL CARE. ALL IT TAKES IS A CALL FROM YOU. IF YOU SEE A SICK OR INJURED ANIMAL CALL 727-586-3591 IMMEDIATELY AND FOLLOW THE EMERGENCY INSTRUCTIONS. WE ASK THAT YOU CONTAIN THE ANIMAL IN NEED, AND WAIT FOR OUR AMBULANCE DRIVER TO ARRIVE. THERE'S NO COST TO YOU AND YOU MAY HELP SAVE SOMEONE'S BELOVED PET.

ADOPTIONS: DOGS, PUPPIES, CATS, KITTENS, RABBITS, FERRETS, POCKET PETS AND BIRDS. SPCA TAMPA BAY HAS THOUSANDS OF ADORABLE, ADOPTABLE ANIMALS AVAILABLE FOR ADOPTION. PERSONALIZED PET INTRODUCTION SERVICE HELPS YOU MATCH A NEW PET WITH YOUR OTHER ANIMALS.

-SPAYING OR NEUTERING - CATS, DOGS, RABBITS

-MICROCHIP - IN CASE YOUR PET GETS LOST

-VACCINATIONS INCLUDING RABIES (ANIMALS 3 MONTHS AND OLDER)

-COUNTY LICENSE TAG (FOR PINELLAS RESIDENTS ONLY)

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-PET INSURANCE FOR 30 DAYS

-TRAINING CLASS DISCOUNTS

-UNCONDITIONAL LOVE AND COMPANIONSHIP

ADMISSIONS: SPCA TAMPA BAY IS AN OPEN ADMISSION FACILITY - OWNERS WHO FIND THAT THEY CAN NO LONGER KEEP THEIR PETS CAN ADMIT THEM TO OUR CARE SIX DAYS A WEEK. SICK/INJURED STRAY DOGS AND CATS ARE ALSO ADMITTED.

PETS THAT ARE MEDICALLY AND EMOTIONALLY SUITABLE FOR ADOPTION ARE PROVIDED WITH SHELTER, FOOD AND MEDICAL CARE UNTIL NEW HOMES ARE FOUND FOR THEM. THE ADMISSION PROCESS INCLUDES THE COMPLETION OF A PET PERSONALITY PROFILE DESIGNED TO HELP SPCA STAFF, VOLUNTEERS AND NEW PET OWNERS LEARN ABOUT THE PET'S PREVIOUS LIFE AND HABITS.

OWNERS HAVE 48 HOURS TO RECLAIM YOUR PET AND MAKE ALTERNATIVE ARRANGEMENTS FOR THE ANIMAL'S CARE. WHEN YOU RECLAIM YOUR PET, YOU WILL ALSO BE RESPONSIBLE FOR RABIES AND THE COUNTY LICENSE IF YOUR PET IS NOT UP TO DATE. THIS SERVICE IS CURRENTLY AVAILABLE FOR ANIMALS BROUGHT IN BY THEIR OWNERS.

LOST & FOUND ANIMAL ASSISTANCE: SPCA TAMPA BAY OFFERS AN ONLINE REPORTING AND SEARCH FUNCTION AT: SPCAFL.ORG THIS SERVICE ALLOWS YOU TO POST A LOST PET PHOTO AND ADVISORY ONLINE. OUR STAFF CHECKS THE POSTINGS EACH DAY AND COMPARES YOUR INFORMATION WITH THE SICK/INJURED STRAYS IN OUR CARE. IF WE HAVE YOUR LOST PET, WE WILL CONTACT YOU IMMEDIATELY.

PET BEHAVIOR HELP & TRAINING AT SNIFF UNIVERSITY: WE HAVE THE

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EXPERIENCE TO HELP YOU AND YOUR PET SHARE A HARMONIOUS LIFE TOGETHER.

IMAGINE THE EXPERIENCE OUR TRAINERS HAVE WORKING AS THEY DO WITH

THOUSANDS OF DOGS AND CATS IN OUR CARE EACH YEAR.

FREE BEHAVIOR HELPLINE. GET TIPS AND ADVICE FROM EXPERIENCED TRAINERS.

CALL 24 HOURS A DAY, 7 DAYS A WEEK TO LEAVE A MESSAGE: 727-586-3591

EXT. 133. TELL US WHAT TYPE OF ANIMAL YOU HAVE, THE BEHAVIOR THAT YOU

WOULD LIKE TO CORRECT, AND DON'T FORGET TO LEAVE YOUR NAME AND PHONE

NUMBER. A QUALIFIED TRAINER WILL RETURN YOUR CALL PROMPTLY.

BASIC CANINE CLASSES INCLUDE A 6-WEEK SERIES AS WELL AS ONE-TIME

STARTER SESSIONS. SPECIAL CLASSES ARE AVAILABLE FOR YOUNGER DOGS.

PARTICIPATE IN ACTIVITIES & SOCIAL OUTINGS ON THE SPCA CAMPUS. WE OFFER

A VARIETY OF PET-FRIENDLY ACTIVITIES ON OUR 10-ACRE CAMPUS. BE SURE TO

VISIT OUR WEBSITE SPCATAMPABAY.ORG AND WATCH FOR EMAILS!

SPAY-NEUTER ASSISTANCE: SPCA TAMPA BAY PARTNERS WITH ORGANIZATIONS SUCH

AS "SPOT" TO PROVIDE LOW COST SPAY-NEUTER CLINIC TO HELP LOWER THE

BIRTH RATE OF ANIMALS MOST AT-RISK OF ENDING UP IN PINELLAS COUNTY

SHELTERS.

CHILDREN'S PROGRAMS AT SPCA TAMPA BAY - WE OFFER SOME WONDERFUL

ACTIVITIES THAT ALLOW CHILDREN TO LEARN ABOUT DOGS, CATS, FARM ANIMALS,

BIRDS, SMALL ANIMALS AND WILD ANIMALS AS WELL AS FLORIDA MAMMALS. THESE

INCLUDE BROWNIE & JUNIOR GIRL SCOUT WORKSHOPS AND SUMMER CAMPS GEARED

TO VARIOUS AGE GROUPS. HANDS-ON ACTIVITIES AND CRAFTS PROVIDED.

Name of the organization **SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, TAMPA BAY, FLORIDA, INC.**

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TOURS & SPEAKER'S BUREAU PRESENTATIONS - YOU CAN GET A BEHIND-THE-SCENES TOUR OF OUR 10-ACRE FACILITY. WE WELCOME AFTER-SCHOOL GROUPS, ORGANIZATIONS, SCOUT TROOPS, CHURCHES AND COMMUNITY GROUPS. EDUCATIONAL TOURS PROVIDE A HISTORICAL PERSPECTIVE ON HUMANE ANIMAL SHELTERING. MEET OUR RESIDENT FARM ANIMALS AND LEARN ABOUT THE CARE WE PROVIDE FOR MORE THAN 10,000 HOMELESS PETS EACH YEAR. WE ALSO PROVIDE ON-LOCATION PRESENTATION ON TOPICS SUCH AS "THE CYCLE OF HUMAN-ANIMAL ABUSE."

VOLUNTEER OPPORTUNITIES - THE MANY SERVICES OFFERED BY SPCA TAMPA BAY WOULD NOT BE POSSIBLE WITHOUT THE HELP OF OUR VOLUNTEERS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE CEO AND ACCOUNTING MANAGER. ONCE IT HAS BEEN APPROVED, IT IS PROVIDED TO THE FULL BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR, MEMBERS OF THE BOARD OF DIRECTORS ARE ASKED TO SIGN AN "ANNUAL CONFLICT OF INTEREST STATEMENT" REAFFIRMING THEIR ACKNOWLEDGEMENT OF THE POLICY. IT IS REQUIRED THAT THE BOARD OF DIRECTORS, COMMITTEE MEMBERS, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES SUBMIT A "DETERMINATION LETTER" IN THE EVENT THAT THEY NEED TO REQUEST FOR DETERMINATION CONCERNING POSSIBLE CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF OFFICERS OR KEY EMPLOYEES IS DETERMINED BASED ON THE MARKET AND COMPETITION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

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AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT	-54,380.
WRITE OFF OF UNCOLLECTIBLE PLEDGES	-17,015.
TOTAL TO FORM 990, PART XI, LINE 9	-71,395.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE FINANCIAL STATEMENT REVIEW AND SELECTION OF THE INDEPENDENT CPA. THE COMMITTEE REVIEWS THE MONTHLY STATEMENT OF ACTIVITIES, INVESTMENT ACTIVITIES, REVIEW REPORTS, AND ACTIVELY PARTICIPATES IN THE FINANCIAL DECISION MAKING OF THE ORGANIZATION. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

2012 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
2	BUILDING	VARIABLE	SSL	.000	16	2,698,532.			2,698,532.	921,863.		87,235.
4	MOBILE HOME	VARIABLE	SSL	.000	16	16,398.			16,398.	16,398.		0.
6	SHELTER ADDITIONS DONOR WALL	VARIABLE	SSL	.000	16	555,841.			555,841.	172,688.		16,832.
8	IMPROVEMENT	VARIABLE	SSL	.000	16	12,958.			12,958.	2,916.		1,296.
11	LAND IMPROVEMENTS	VARIABLE	SSL	.000	16	21,513.			21,513.	21,513.		0.
	* 990 PAGE 10 TOTAL BUILDINGS					3,305,242.		0.	3,305,242.	1,135,378.	0.	105,363.
	FURNITURE & FIXTURES											
3	FURNITURE & FIXTURES	VARIABLE	SSL	.000	16	36,956.			36,956.	31,879.		3,140.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					36,956.		0.	36,956.	31,879.	0.	3,140.
	MACHINERY & EQUIPMENT											
5	SHELTER EQUIPMENT	VARIABLE	SSL	.000	16	345,262.			345,262.	211,452.		25,656.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					345,262.		0.	345,262.	211,452.	0.	25,656.
	TRANSPORTATION EQUIPMENT											
7	VEHICLES	VARIABLE	SSL	.000	16	67,180.			67,180.	38,960.		5,339.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					67,180.		0.	67,180.	38,960.	0.	5,339.
	LAND											
1	LAND	VARIABLE	SSL			32,302.			32,302.			0.

