** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2012 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change HUMANE SOCIETY OF HURON VALLEY Name change 38-1474931 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-3100 CHERRY HILL ROAD 734-662-5585 Amended return 6,208,829. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-ANN ARBOR, MI 48105 H(a) Is this a group return pending F Name and address of principal officer: TANYA HILGENDORF Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) (€ 527 4947(a)(1) or If "No." attach a list. (see instructions) J Website: ► WWW.HSHV.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -Year of formation: 1896 M State of legal domicile: MI Part I Summary Briefly describe the organization's mission or most significant activities: THE HUMANE SOCIETY OF HURON **Activities & Governance** VALLEY IS PASSIONATE ABOUT AND DEDICATED TO PREVENTING THE SUFFERING 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 <u>12</u> Number of independent voting members of the governing body (Part VI, line 1b) 114 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 817 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 2,291,992. 2,244,678. Contributions and grants (Part VIII, line 1h) Revenue 1,979,965 2,020,546. Program service revenue (Part VIII, line 2g) 93,151. 167,227. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -2,188. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -10,569. 4,362,920. 4,421,882. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 3,132,796. 2,868,159. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) <u>0.</u> **b** Total fundraising expenses (Part IX, column (D), line 25) 2,022,156. 1,831,220. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,699,379. 5,154,952. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -336,459. -733,070.Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 14,909,205. 13,173,959. 20 Total assets (Part X, line 16) 3,344,067. 2,453,579. 21 Total liabilities (Part X. line 26) Met 11,565,138. 10,720,380. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign TANYA HILGENDORF, PRESIDENT/CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JOHN R. BEBES P00053776 Paid Firm's name PLANTE & MORAN, 38-1357951 Preparer Firm's EIN Firm's address P.O. BOX 307 Use Only SOUTHFIELD, MI 48037 Phone no. (248)352-2500

May the IRS discuss this return with the preparer shown above? (see instructions)

Other program services (Describe in Schedule O.)

Total program service expenses

including grants of \$

) (Revenue \$

4.584.941.

4e

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)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		Х
		5		-25
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) HUMANE SOCIETY OF 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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			37
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b	21	
C	William In the Control of the Contro	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section Sect		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. Find applicable						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I/I not applicable OI bit the organization comply with backup withholding rules for reportable payment to vendors and reportable gaming (gambling) winnings to prize winners? 2a 114 2b If all least one is reported on line 2a, did the organization fall enguined dend employment tax returns? 2b If all least one is reported on line 2a, did the organization fall enguined federal employment tax returns? 2b If all least one is reported on line 2a, did the organization fall enguined federal employment tax returns? 2c If the organization have unrelated business gross income of \$1,000 or more outring the year? 3c Did the organization have unrelated business gross income of \$1,000 or more outring the year? 3c Did the organization have unrelated business gross income of \$1,000 or more outring the year? 3c Did the organization have unrelated business gross income of \$1,000 or more outring the year? 3c Did the organization the area of the foreign country. If you not a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 3c Did any taxonism for filing requirements for Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts. 3c Did any taxonism for filing requirements for Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts. 3c Did any taxonism for filing requirements for Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts. 3c Did any taxonism for filing requirements for Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts. 3c Did Have a filing for the same accounts by a prohibited tax shelter franancial on Country of the organization and party to a prohibited tax was or is a party to a prohibited tax shelter franancial on Country of the organization of the development of the organization filing form 8886.7 3c Did Have a filing for the filing form 8886.7 3c Did Have a filing for filing form 886.7 3c Did Have a	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9			
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Filed for the calendar year ending with or within the year covered by this return 2a 114	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this result. 114	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
freed for the calendar year ending with or within the year covered by this return 11		(gambling) winnings to prize winners?			1c	X	<u> </u>
b if a 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) 3a Did the organization have unrelated business gross income of \$7,000 or more during the year? 3a X 3b If Yes, *has it filed a Form 990 T for this year? If *No*, *provide an explanation in Schedule O 3b A at any time during the calendary 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 accountly? 4a X 4b If Yes, *the reth rename of the foreign country \subset in the foreign special or the properties of Foreign Bank and Financial accountly? 5b If Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gilts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If If Yes, *to dit the organization notity the donor of the value of the goods or services provided? 7c If Yes, *to dit the organization receive a payment in excess of 3/5 made party as a contribution and party for goods and services provided to the payor? 7d If Yes, *to line form 8282? 7d Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes, *to line form 8282? 7d If Yes, *to line form 8282? 7d If Yes, *to line form 8282? 7d If Yes,	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a	114			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filled a Form 980 T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts. 5b If "Yes," either the name of the foreign country." ▶ 5c einstructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 56, did the organization file Form 8886.17 6c If "Yes," to line 5a or 56, did the organization file Form 8886.17 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions? 6c Different organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Different organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c Different organization selle, exchange, or otherwise dispose of tangible personal property for which it was required? 6d If "Yes," find the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If "Yes," did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If "Yes," did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 899 as required? 7d If the organization make any taxable distribution sunder section 4966? 7d Sponsoring organizations maintaining door advised funds as described in organization maintaining d	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	<u> </u>
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly or "Yes," enter the name of the foreign country. ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or that device the schariable contributions? 5b If "Yes," to line Sa or 5b, did the organization this form 8886-1? 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 deductibles a chariable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). a) bill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). a) bill the organization neceive appyment in exess of \$76 made parity as contribution and party for goods and services provided to the payor? 7a X 5 If Yes, "indicate the number of Forms 8882 filed during the year appy premiums on a personal benefit contract? 7b If Yes, "indicate the number of Forms 8882 filed during the year. 7c If bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7b If the organization received any funds, directly or indirectly, on a personal benefit contract? 7c If If the organization meaker any taxable distr		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization required as whether transaction at any time during the tax year? Sa Was the organization include with a was or is a party to a prohibited tax shelter transaction? 5b	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial accountity? b If "Yes," enter the name of the foreign country; " See instructions for fling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any atsable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b Did was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tween or tax deductible as charitable contributions? 6a Z Y 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Ibl the organization state may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8/28? b If "Yes," did the organization received any funds, directly or indirectly, on pay premiums on a personal benefit contract? 7 Old the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C? 8 Sponsoring organization make any taxable distributions under section 4968? b Did the organization make any taxable distributions under section 4968? c) Sponsoring organization make any taxable distributions under section 4968? b) Did the organization make any taxable distributions under section 4968? c) Section 501(c)(2) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 b) Gross income from members or shareholders b) Gross income from members or shareholders c) Gross incom	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
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. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. So Usas Was the organization party to a prohibited tax shelter transaction? So Usas Turney 1 in the Sa or Sb, Lotte Programs of the Contributions of the Shell She	4a			• •			
See instructions for filing requirements for Form TD F00-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization regnalization secretion from 8886-T? 6b Did ry Yes," do line 5a or 5b, did the organization file Form 8886-T? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive a payment in excess of \$75 made partly as a contribution or gifts were not tax deductible? 7c 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 or possible of the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7b Sponsoring organizations maintaining donor advised funds and section 598(a)3 supporting organizations. Did the supporting organization is maintaining donor advised funds and section 598(a)3 supporting organization file Form 899 as Population or advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9a Sponsoring organizations maintaining donor advised funds and section 598(a)3 supporting organizations. Did t			accou	nt)?	4a		X
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 ao r 5b, did the organization file Form 8886-T? 8 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive apparent in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8828? 7 Did the organization receive apparent in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 9 If "Yes," indicate the number of Forms 8282 filed during the year 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 13 Sensoning organizations and activity or organization property, did the organization file Form 8899 as required? 14 If the organization make any taxable distributions under section 4966? 15 Sensoning organization make any taxable distributions under section 4966? 16 Did the organization make any taxable distribution or doner advisor, or related person? 17 Section 501(c)(12) organizations. Enter: 18 In the organization make and stribution to a donor, donor advisor, or related person? 19 Did the organization make any taxable distributions under section 49667.							.,
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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			X
Sec	tion 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 la 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion 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?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		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?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MI		_	
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) and 990-T (vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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, an	d finan	icial	
	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 organiza	ion:	` —	
	KAREN HAWVER - 734 661-3524 3100 CHERRY HILL ROAD, ANN ARBOR, MI 48105			
	3100 CHERRY HILL ROAD, ANN ARBOR, MI 48105			

232006 12-10-12

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.

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

- 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.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	oox, unless person is bot officer and a director/trus		h an	compensation	compensation	amount of		
	week	<u> </u>		u a u	II CCIO	17 11 113	TCC)	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			ısatec		(W-2/1099-MISC)	(***-2/1099-141130)	organization
	organizations	truste	al tru		yee	educ		(** = *********************************		and related
	below	Individual trustee or director	Institutional trustee	.e.	Key employee	Highest compensated employee	ner			organizations
	line)	ibul	Insti	Officer	Key	High	Former			
(1) MARK HEUSEL	1.00								_	
BOARD VICE-CHAIR		Х		Х				0.	0.	0.
(2) DENNIS WOJCIK	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
(3) MICHAEL WALSH	1.00								_	_
BOARD CHAIR		Х		X				0.	0.	0.
(4) LAURENCE JONAS	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(5) DIANA KERN	1.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(6) PETER FINK	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(7) A.J. JONES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JOHN KOSELKA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) SUSAN KORNFIELD	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(10) TOM PIOTROWSKI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) KATHY POWER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SHARON ROTHWELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ANNE STAEBLER	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(14) SCOTT TATRO	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(15) TANYA HILGENDORF	40.00								_	
PRESIDENT/CEO				X				118,774.	0.	6,230.
(16) KAREN HAWVER	32.00								_	_
FINANCE DIRECTOR				X				46,919.	0.	0.

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson	than	h an	(D) Reportable compensation	(E) Reportable compensation			(F) stimate nount	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated Light And Smrty.	ĺ	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MI	ıs	fi org an	other opensation the ganization relation	e ion ed
		_											
		_											
1b Sub-total c Total from continuation sheets to Part V								165,693. 0.		0.		6,2	0.
d Total (add lines 1b and 1c) Total number of individuals (including but in							no r	165,693. eceived more than \$100	0,000 of reportab	0 . ole		6,2	30.
compensation from the organization												Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edul	e J t	for such individual			4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors	•				•	•		•			5		Х
Complete this table for your five highest countries the organization. Report compensation for	-	-								npens	sation	from	
(A) Name and business	•		ONI					(B) Description of s		C		C) nsatio	n
2 Total number of independent contractors (ot li	mite	d to		se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization >					U						000 /	

	Form 990 (2012) HUMANE SOCIETY OF HURON VALLEY 38-1474931 Page											
Pa	rt V	Ш	Statement of Rever	nue								
			Check if Schedule O conta	ains a response	to any question							
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514			
ts s	1:	a	Federated campaigns	1a	11,339.				,			
irar			Membership dues		·							
Å,			Fundraising events		333,444.							
a #			Related organizations		·							
s, C			Government grants (contributi									
isi			All other contributions, gifts, grant									
Contributions, Gifts, Grants and Other Similar Amounts		-	similar amounts not included abov		1,899,895.							
ÖĘ		a	Noncash contributions included in lines		10,510.							
a G	i	_	Total. Add lines 1a-1f			2,244,678.						
					Business Code							
ي ا	2 :	а	CLINIC		541940	1,064,891.	1,064,891.					
اريخ			SHELTER		541940	875,486.	875,486.					
Sel		c	CRUELTY RESCUE AND SUP	PORT	541940	80,169.	80,169.					
e a		d	-			,	,					
Program Service Revenue		e										
<u>4</u>			All other program service reve	nue								
			Total. Add lines 2a-2f			2,020,546.						
	3	_	Investment income (including									
			other similar amounts)			110,456.			110,456.			
	4		Income from investment of tax									
	5		Royalties	•								
			•	(i) Real	(ii) Personal							
	6	а	Gross rents	, ,								
	1	b	Less: rental expenses									
			Rental income or (loss)									
	7 :	а	Gross amount from sales of	(i) Securities	(ii) Other							
			assets other than inventory	1,709,473.								
	-	b	Less: cost or other basis									
			and sales expenses	1,652,702.								
	(С	Gain or (loss)	56,771.								
			Net gain or (loss)			56,771.			56,771.			
و ا	8	а	Gross income from fundraising	g events (not								
nua			including \$ 333	<u>,444</u> of								
ě			contributions reported on line	1c). See								
P.			Part IV, line 18	а	24,370.							
Other Revenue	- 1	b	Less: direct expenses	b	56,175.							
	(С	Net income or (loss) from fund	Iraising events	_	-31,805.			-31,805.			
	9 :	а	Gross income from gaming ac									
			Part IV, line 19									
			Less: direct expenses									
			Net income or (loss) from gam		·····							
	10	a	Gross sales of inventory, less									
			and allowances									
			Less: cost of goods sold									
		С	Net income or (loss) from sales			21,236.	21,236.					
			Miscellaneous Revenu	e	Business Code							
	11 :	а										
	ı	b										
	•	С										
			All other revenue									
		е	Total. Add lines 11a-11d			4 404 005	0.044.505		125 100			
	12		Total revenue. See instructions.			4,421,882.	2,041,782.	0.	135,422.			

Form 990 (2012) HUMANE SOCIET Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		скропосо	gonorai exponees	одронове
	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,	171 024	117 212	20 710	25 001
_	trustees, and key employees	171,924.	117,213.	29,710.	25,001
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
_		2,366,606.	2,256,932.	85,940.	23,734
7 8	Other salaries and wages Pension plan accruals and contributions (include	2,500,000•	2,230,332•	00,040.	23,134
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	398,337.	369,119.	18,231.	10,987
10	Payroll taxes	195,929.	182,841.	9,070.	4,018
11	Fees for services (non-employees):			270.00	
	Management				
	Legal				
	Accounting	26,500.		26,500.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,183.		12,183.	
g					
	column (A) amount, list line 11g expenses on Sch O.)	83,039.	64,873.	18,166.	
12	Advertising and promotion	195,602.	185,142.		10,460
13	Office expenses	88,818.	47,127.	1,982.	39,709
14	Information technology	39,237.	19,088.	20,149.	
15	Royalties	1== 004	100 110		
16	Occupancy	175,826.	139,143.	36,683.	
17	Travel	12,902.	12,902.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	22 445	20 421		1 014
19	Conferences, conventions, and meetings	33,445.	32,431.	F C27	1,014
20	Interest	140,683.	129,429.	5,627.	5,627
21	Payments to affiliates	275 502	264 560	E E10	E E10
22	Depreciation, depletion, and amortization	275,593. 81,854.	264,569. 76,760.	5,512. 5,094.	5,512
23	Other expanses Itemize expanses not severed	01,004.	70,700.	5,094.	
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 0.)				
а	MEDS AND SUPPLIES	511,620.	478,057.	28,514.	5,049
a b	MEMBERSHIP DRIVE EXPENS	118,460.			118,460
c	MICROCHIPS	86,788.	86,788.		-, - 30
d	ANIMAL REMOVAL OUTSIDE	79,160.	79,160.		
	All other expenses	60,446.	43,367.	12,325.	4,754
25	Total functional expenses. Add lines 1 through 24e	5,154,952.	4,584,941.	315,686.	254,325
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)				

Form 990 (2012)
Part X Balance Sheet

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
1	Cash - non-interest-bearing	612,698.	1	541,831
2	Savings and temporary cash investments	1,187,269.	2	1,235,377
3	Pledges and grants receivable, net	827,721.	3	339,987
4	Accounts receivable, net	61,137.	4	25,069
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	
8 7	Notes and loans receivable, net	21,000.	7	115,130
Assets 8	Inventories for sale or use	5,207.	8	3,054
9	Prepaid expenses and deferred charges	106,601.	9	95,482
	a Land, buildings, and equipment: cost or other	,		
	basis. Complete Part VI of Schedule D 10a 8,190,609.			
	Less: accumulated depreciation 10b 941,907.	7,428,700.	10c	7,248,702
11	Investments - publicly traded securities	4,556,524.	11	7,248,702 3,466,824
12	Investments - other securities. See Part IV, line 11	, , -	12	.,,
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	102,348.	15	102,503
16	Total assets. Add lines 1 through 15 (must equal line 34)	14,909,205.	16	13,173,959
17	Accounts payable and accrued expenses	276,418.	17	374,722
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ဖ္ 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,			
21 22 22 22 22 23 23 24 25 25 25 25 25 25 25	key employees, highest compensated employees, and disqualified persons.			
5	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	3,067,649.	23	2,078,857
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		25	
26	Total liabilities. Add lines 17 through 25	3,344,067.	26	2,453,579
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
မွ	complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	11,517,003.	27	10,594,609
28	Temporarily restricted net assets	48,135.	28	125,771
29	Permanently restricted net assets		29	
Ī	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
<u></u>	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
S 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Retained earnings, endowment, accumulated income, or other funds		32	
Z 33	Total net assets or fund balances	11,565,138.	33	10,720,380
34	Total liabilities and net assets/fund balances	14,909,205.	34	13,173,959

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		X
		ı ı			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,42		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,15		
3	Revenue less expenses. Subtract line 2 from line 1	3	-73		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,56		
5	Net unrealized gains (losses) on investments	5	20	7,8	02.
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	-31	9,4	90.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	10,72	0,3	80.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		X
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cther		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

HUMANE SOCIETY OF HURON VALLEY

Employer identification number 38-1474931

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	:.) See inst	ructions.				
The orgar	nization is not a	a private foundation	because it is: (For lines 1	1 through ⁻	11, check	only one b	ox.)					
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲			tal service organization of			170(b)(1)	A)(iii).					
4		•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital	l's nan	ne.
-	city, and stat				•				•			,
5 🔲	•		benefit of a college or ur	niversity ov	wned or or	nerated by	a governi	mental uni	t describ	ned in		
5	_	(b)(1)(A)(iv). (Comple	-	iivoroity o	Wilca or of	ociated by	a governi	nontal ani	t dooonic	JCG 111		
•			•			470(1)(4						
6 L 7 X			ent or governmental unit									
7 <u>X</u>			eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	ribed	ın
		b)(1)(A)(vi). (Comple										
8			ection 170(b)(1)(A)(vi).									
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 u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after June 3	30, 197	⁷ 5.
	See section	509(a)(2). (Complete	Part III.)									
10	An organizati	on organized and or	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	l).				
11 🔲			perated exclusively for th						out the	e purposes o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See sec	tion 509(a	a)(3). Ch	eck the box	that	
		· · · · · ·	organization and comple		-		,		.,,-,-			
	a Type I			ype III - Fu	-		d	Typ	e III - No	n-functional	lv inte	arated
е 🗀	,,	•	t the organization is not		-	-						_
c			han one or more publicly									
		· ·	, ,		U				(a)(1) Or	Section 508	$\eta(a)(2)$.	
f			ten determination from t	ine IRS tha	atitis a Ty	pe i, Type	II, or Type	e III				
		rganization, check th										
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontributior	n from any	of the follo	owing pers	sons?			
	(i) A person	n who directly or ind	irectly controls, either al-	one or tog	ether with	persons of	lescribed i	in (ii) and (i	ii) below	/,	Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		
h			about the supported or									•
		3	,		()							
. ,	e of supported anization	(ii) EIN	(described on lines 1-9	(iv) Is the o in col. (i) lis governing	sted in your	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S.	ed in the	(vii) Amoun sup	t of mo	netary
			(see instructions))	Yes	No	Yes	No	Yes	No			
				 		.55			- 110			
Total												

 $\ensuremath{\mathsf{LHA}}$ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-1

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not										
	include any "unusual grants.")	4376215.	2137735.	4278106.	2291992.	2244678.	15328726.				
2	Tax revenues levied for the organ-	10,02100	22077001	12,0100							
_	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	4376215.	2137735.	4278106.	2291992.	2244678.	15328726.				
5											
	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)						2747222.				
6	Public support. Subtract line 5 from line 4.						12581504.				
	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
7	Amounts from line 4	4376215.	2137735.	4278106.	2291992.	2244678.	15328726.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	106,367.	89,783.	129,539.	97,648.	110,456.	533,793.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV.)										
11	Total support. Add lines 7 through 10						15862519.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 9	,362,240.				
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)					
	organization, check this box and stop	here					>				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage								
14	Public support percentage for 2012 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14	79.32 %				
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	81.45 %				
16a	33 1/3% support test - 2012. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo					
	stop here. The organization qualifies	as a publicly supp	orted organization				►\X				
b	33 1/3% support test - 2011. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check t	nis box				
	and stop here. The organization qualifies as a publicly supported organization										
17a	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										
b	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										
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□				
18	Private foundation. If the organization										
		<u> </u>			Coho	dule A (Form 990	000 EZ\ 0040				

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	iow, piedoc com	oloto i art II.,				
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 per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
· · · · ·						
6 Total. Add lines 1 through 5						
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						
		#10000	() 0040	(1) 0044	() 0040	(O.T.)
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
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	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organiz	ation,
check this box and stop here						<u></u>
Section C. Computation of Public					1 1	
15 Public support percentage for 2012 (lin					15	<u>%</u>
16 Public support percentage from 2011					16	%
Section D. Computation of Inves					l l	
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the o	•		•		*	
more than 33 1/3%, check this box an						
b 33 1/3 % support tests - 2011. If the o	•			•	•	
line 18 is not more than 33 1/3%, chec			•		ŭ	
20 Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	> L

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number

HUMANE SOCIETY OF HURON VALLEY 38-1474931 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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.

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).

religious, charitable, etc., contributions of \$5,000 or more during the year

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

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

Employer identification number

HUMANE SOCIETY OF HURON VALLEY

38-1474931

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$118,321.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$117,204.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$66,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$60,300.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$80,000.	Person X Payroll

Name of organization

Employer identification number

HUMANE SOCIETY OF HURON VALLEY

38-1474931

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$55,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number**

HUMANE SOCIETY OF HURON VALLEY

38-1474931

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
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		_ _ _ \$	
		_ Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - - - - - - - - -	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		_	
		-	
202452 10 2		Schodula P (Form 6	90 990-F7 or 990-PF) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization Employer identification number HUMANE SOCIETY OF HURON VALLEY 38-1474931 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 Part III 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 Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 Open to Public Inspection

Name of the organization

HUMANE SOCIETY OF HURON VALLEY

Employer identification number 38-1474931

Par	t 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	3.	
		(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 wri	iting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
Par	t II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d 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
а	Total number of conservation easements		2a
b	-		•
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	the organization's accounting for
Dat	conservation easements.	Aut Listariaal Traasuras ar O	that Cimilar Assats
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
ıa	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	·	rice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		• •
	(i) Revenues included in Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		ı gairi, provide
_	the following amounts required to be reported under SFAS 116	· ·	• •
a h	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
D	Accord moladed in Form 550, Fait A		• • <u> </u>

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

Schedule D (Form 990) 2012

	t III Organizations Maintaining C	Collections of A			r Othou				Page Z
	•								
3	Using the organization's acquisition, accessi	on, and other record	is, check any or ir	ie ioliowing tria	t are a sig	Jillicant use	OI ILS C	ollectio	nitems
_	(check all that apply): Public exhibition	al .	l Diagnara	vohongo progra					
a		d		xchange progra					
b	Scholarly research	е	Other						
с 4	Preservation for future generations	alloations and avalai	n how thoy further	r the ergonization	on's over	ant nurnoss	in Dort	VIII	
5	Provide a description of the organization's conclusing the year, did the organization solicit of						IIIFait	AIII.	
3	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arran								INU
	reported an amount on Form 990, Pa		ote ii tile organiza	ilon answered	103 101	01111 000, 1 8	,	110 0, 01	
	Is the organization an agent, trustee, custod		liary for contributi	ons or other as	sets not i	ncluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
-	roo, orpianrano amangoment mir antran	and complete are						Amoun	·
С	Beginning balance					1c			
d	Additions during the year								
е	Distributions during the year								
f	Ending balance					1 1			
2a	Did the organization include an amount on F						$lacksquare$	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to I	orm 990, Part	IV, line 10).			
		(a) Current year	(b) Prior year	(c) Two year	s back (d	d) Three years	back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	•	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c should be a sh								
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held	l and administe	red for the	e organizatio	on	Г	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations							3b	
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm								
· u	Description of property	(a) Cost or o	 	st or other	(c) Acc	cumulated	\top	(d) Bool	k value
	Description of property	basis (investr		is (other)	. ,	reciation		(u) 600	N value
	Land	`		22,236.	2.50			2.	2,236.
b	Buildings		7.3	00,863.	5	03,661	. (7,202.
	Leasehold improvements		','	,		,	+	. ,	, =
d	Equipment		7	73,722.	3	73,141		40	0,581.
	Other			93,788.		65,105			8,683.
	I. Add lines 1a through 1e. (Column (d) must e								8,702.

Schedule D (Form 990) 2012

Part VII	Investments - Other Securities. See	Form 990 Part X lin	no 12		rage •
	ption of security or category (including name of security)	(b) Book value		valuation: Cost or end	I-of-year market value
<u> </u>	ial derivatives	. ,	()		,
	y-held equity interests				
(3) Other	, riola oquity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VII	I Investments - Program Related. See	e Form 990, Part X, li	ne 13.		
	(a) Description of investment type	(b) Book value		valuation: Cost or end	l-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX					
	(a) D	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	umn (b) must equal Form 990, Part X, col. (B) line			>	
Part X	Other Liabilities. See Form 990, Part X, lin (a) Description of liability	ne 25.	(b) Pook volue		
1.	<u> </u>		(b) Book value	4	
	deral income taxes			4	
(2)				_	
(3)				-	
(4)				_	
(5)				-	
(6)				-	
(7)				-	
(8)				-	
(9)				-	
(10)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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.

X

Schedule D (Form 990) 2012

Sche	dule D	(Form 990)	2012	HUMANE	SOCIETY	OF	HURON	VAL	LEY	
Par	t XI	Recond	iliation o	f Revenue	per Audited	Fina	ncial Stat	temen	ts W	it
1	Total r	evenue, ga	ains, and oth	ner support per	r audited financ	ial stat	ements			_
2	Amou	nts include	d on line 1 b	out not on Forn	n 990, Part VIII,	line 12	<u>).</u>			
а	Net ur	Net unrealized gains on investments 2a							L	
b	Donate	Donated services and use of facilities 2b							2b	L
С	Recov	Recoveries of prior year grants 2c							2c	L
d	Other	(Describe i	n Part XIII.)						2d	L
е	Add lir	nes 2a thro	ough 2d							
3	Subtra	act line 2e f	from line 1							
4	Amou	nts include	d on Form 9	990, Part VIII, li	ne 12, but not o	on line	1:			

per Audited Financial Statements With Revenue per Return					
audited financial statements	1	4,871,058			
QQQ Part VIII line 12:					

3

5

4c

207,802. 2a 107,129. 2b

2c

134.245.

449,176. 2e

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)

4h

4c 4,421,882

4,421,882.

5,715,816.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX. line 25: 107,129. a Donated services and use of facilities **b** Prior year adjustments 2b

c Other losses 2c 453,735. 2d Other (Describe in Part XIII.)

560,864. Add lines 2a through 2d 2e 5,154,952. Subtract line 2e from line 1 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 **b** Other (Describe in Part XIII.)

Add lines **4a** and **4b**

Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) 5 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 X, LINE 2: THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER

PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). THE INTERNAL REVENUE SERVICE HAS CLASSIFIED THE ORGANIZATION AS AN ORGANIZATION THAT IS

NOT A PRIVATE FOUNDATION. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE

UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS

TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE

ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT

WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)
TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE
ORGANIZATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2012 AND 2011,
THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD
REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL
STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING
JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS
IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX
EXAMINATIONS FOR YEARS PRIOR TO THE 2009 FISCAL YEAR.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENTS DIRECT EXPENSES 56,175.
COST OF GOODS SOLD 78,070.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 134,245.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 78,070.
SPECIAL EVENTS DIRECT EXPENSES 56,175.
UNCOLLECTIBLE ACCOUNTS 319,490.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 453,735.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Employer identification number Name of the organization HUMANE SOCIETY OF HURON VALLEY 38-1474931 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Internet and email solicitations □ Solicitation of government grants
 □ b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) have custody fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

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

38-1474931 Page 2 Schedule G (Form 990 or 990-EZ) 2012 HUMANE SOCIETY OF HURON VALLEY 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 WALK & WAG (add col. (a) through 2012 COMP. FEAST 3 col. (c)) (event type) (event type) (total number) Revenue 204,161. 84,547. 69,106. 357,814. 1 Gross receipts 204,161 47,936. 81,347. 333,444. 2 Less: Contributions 3,200. 21,170. 24,370. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 2,000. 2,000. Rent/facility costs 2,626. 16,084. 3,420. 22,130. 7 Food and beverages 2,360 2,360. 8 Entertainment 17,346. 5,14429,685. Other direct expenses 56,175 10 Direct expense summary. Add lines 4 through 9 in column (d) -31,805. 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs **5** Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 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? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990-EZ) 2012 HUMANE SOCTETY OF HURON VALLEY 38-1	L4/4	93 <u>1</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Y	es/	└── No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	\	es/	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
	An outside facility	13b		<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Y	/es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	└── Ƴ	es/	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	TTIV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii	and (v)	, and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informatio	n (see in	struct	ions).

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization HUMANE SOCIETY OF HURON VALLEY **Employer identification number**

38-1474931

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan (d) Loan to or from the organization?		(e) Original principal amount (f) Balance due		(g) In default?		(h) Approved by board or committee? (i) Writ agreem		ritten ment?		
			То	From			Yes	No	Yes	No	Yes	No
otal					> \$							
Part III Grants or A	esistance Rer	efiting Inter	<u>asta</u>	d Pa	renne				•		•	

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

Complete if the organization answered Tes On Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions In	volving Interested Persons.	1001	30-14/4	1751	raye
	vered "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
ADODAH KEDA	ENTLY WENDED OF DI	04 175	EMPT OWNERS	Yes	N
EBORAH KERN	FAMILY MEMBER OF DI	84,1/5	EMPLOYMENT		Х
					F
					F
Part V Supplemental Information	1 litional information for responses to questions	an Cohadula I (aca	inaturationa)		
· · · · · · · · · · · · · · · · · · ·	S TRANSACTIONS INVOLVIN	·		<u> </u>	
A) NAME OF PERSON: DEBO					
B) RELATIONSHIP BETWEE	N INTERESTED PERSON AND	ORGANIZAT	TION:		
AMILY MEMBER OF DIANA 1	KERN, BOARD MEMBER				
C) AMOUNT OF TRANSACTION	ON \$ 84,175.				
D) DESCRIPTION OF TRANS	SACTION: EMPLOYMENT COM	MPENSATION	FOR DEBORA	I	
ERN, MARKETING DIRECTO	R				
E) SHARING OF ORGANIZA	TION REVENUES? = NO				

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.

2012
Open to Public Inspection

Name of the organization

HUMANE SOCIETY OF HURON VALLEY

Employer identification number 38-1474931

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

AND SAVING THE LIVES OF VULNERABLE ANIMALS IN OUR COMMUNITY. LAST YEAR

WE HELPED OVER 10,000 ANIMALS THROUGH A WIDE BREADTH OF UNIQUE,

HIGH-QUALITY ANIMAL SERVICES FOCUSED ON PROTECTION, RESCUE, CARE,

REHABILITATION, ADOPTION, SPAY/NEUTERING, SUPPORT, AND EDUCATION.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT 990 IS REVIEWED IN DETAIL

BY THE FINANCE DIRECTOR. ELECTRONIC VERSION OF THE FORM 990 IS DISTRIBUTED

TO THE BOARD OF DIRECTORS FOR THEM TO REVIEW BEFORE FINALIZING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD OF DIRECTORS ARE REQUIRED TO SIGN A DISCLOSURE AND CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY. IF A CONFLICT ARISES, THE BOARD MEMBER DISCLOSES THE CONFLICT AND ABSTAINS FROM VOTING ON THE ISSUE.

FORM 990, PART VI, SECTION B, LINE 15: INFORMATION OBTAINED FROM NATIONAL SALARY SURVEYS THROUGH SOCIETY OF ANIMAL WELFARE ASSOCIATES (SAWA) AND OTHER ORGANIZATIONS (I.E. OPPORTUNITY KNOCKS, ETC.) IS USED TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE BOARD REVIEWS AND APPROVES COMPENSATION ANNUALLY. THE LAST REVIEW WAS CONDUCTED IN 2012.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AND DISCLOSURES ARE MADE

AVAILABLE TO THE PUBLIC UPON REQUEST.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization HUMANE SOCIETY OF HURON VALLEY	Employer identification number 38-1474931
LOSS ON UNCOLLECTIBLE PLEDGES	-319,490.
FORM 990, PART XII, LINE 2:	
THIS PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.	

Form 8868 (Rev. 1-2013)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Expression (Not Autom	xtension. a	complete only Part II and check th	s box		▶ X	
Note. Only complete Part II if you have already been granted an						
If you are filing for an Automatic 3-Month Extension, complete			illou i oiiii	0000.		
Part II Additional (Not Automatic) 3-Month E			nal (no c	opies nee	ded)	
/ talling / tall			•	•	see instructions	
Type or Name of exempt organization or other filer, see instru	uctions	Litter mer				
print	Linbloye	Employer identification number (EIN) o				
File by the HUMANE SOCIETY OF HURON VAL	LEY			38-1474931		
due date for Number, street, and room or suite no. If a P.O. box, s		tions	Social or	Social security number (SSN)		
11119 your 2100 CHEDDY HITH DOAD	see mstruc	tions.	Social Se	curity riurib	er (SSIN)	
inchustions	faraian ada	lyana ana inaty lationa	<u> </u>			
City, town or post office, state, and ZIP code. For a fan ANN ARBOR, MI 48105	ioreign add	iress, see instructions.				
ANN ARBON, MI 40105						
					011	
Enter the Return code for the return that this application is for (fil	le a separa	te application for each return)			0 1	
	1	I			 -	
Application	Return	Application			Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01				08	
Form 990-BL		Form 1041-A				
Form 4720 (individual)		Form 4720				
Form 990-PF		Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 990-T (trust other than above) 06 Form 8870					12	
STOP! Do not complete Part II if you were not already grante	d an autor	natic 3-month extension on a pre	viously file	ed Form 886	<u> </u>	
KAREN HAWVER				_		
 The books are in the care of	LL RO	AD - ANN ARBOR, MI	4810	5		
Telephone No. ► 734 661-3524		FAX No. 🕨				
• If the organization does not have an office or place of busines	ss in the Ur	nited States, check this box			▶ Ш	
• If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole (group, check this	
box ▶ . If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs o	f all memb	ers the exte	nsion is for.	
	NOVEM	BER 15, 2013				
5 For calendar year 2012 , or other tax year beginning		, and endir	ng			
6 If the tax year entered in line 5 is for less than 12 months,	check reas	on: Initial return	Final	eturn		
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS NEEDED TO	OBTAI	N THIRD PARTY INFO	RMATI	ON NEC	ESSARY	
TO FILE A COMPLETE AND ACCURA	TE RE	TURN				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any				
nonrefundable credits. See instructions.	, .	8a \$			0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and estimated				
tax payments made. Include any prior year overpayment a	•					
				\$	0.	
previously with Form 8868			8b	Ι Ψ		
previously with Form 8868.	avment wit	th this form if required by using				
c Balance due. Subtract line 8b from line 8a. Include your p	•	th this form, if required, by using	80		0.	
c Balance due. Subtract line 8b from line 8a. Include your p. EFTPS (Electronic Federal Tax Payment System). See instr	ructions.		8c	\$	0.	
c Balance due. Subtract line 8b from line 8a. Include your p. EFTPS (Electronic Federal Tax Payment System). See instr Signature and Verifica	ructions. tion mus	st be completed for Part II	only.			
c Balance due. Subtract line 8b from line 8a. Include your post EFTPS (Electronic Federal Tax Payment System). See instract Signature and Verificat Under penalties of perjury, I declare that I have examined this form, include the state of	ructions. tion must	st be completed for Part II	only.			
c Balance due. Subtract line 8b from line 8a. Include your p. EFTPS (Electronic Federal Tax Payment System). See instr Signature and Verifica	ructions. tion mus ding accomp form.	st be completed for Part II	only.	f my knowled		