Г	Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency
Ш	specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and
Ш	uncheak the "Expand small pages to paper size" entires in the Adaha "Drint" dialog. When using Aerobat
Ш	uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat
Ш	6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.
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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990

Open to Public

ΑI	For the	2013 calendar year, or tax year beginning	and	ending		
В	Check if applicable	C Name of organization			D Employer identifi	ication number
	Addres	HUMANE SOCIETY OF HURO	N VALLEY			
	Name change				38-1	474931
	Initial return	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone numbe	er
	Termir ated		·			662-5585
	Ameno return	City or town, state or province, country, and	ZIP or foreign postal code	•	G Gross receipts \$	5,557,126.
	Applic tion	WIN WUDOK' HT 40102			H(a) Is this a group r	
	pendir	F Name and address of principal officer: TAIN	YA HILGENDORF		for subordinates	s? Yes X No
		SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No
			◀ (insert no.)	or 527	If "No," attach a	list. (see instructions)
		e: ► WWW.HSHV.ORG			H(c) Group exemption	
		<u> </u>	sociation Other	L Year	of formation: 1896	M State of legal domicile; MI
Pa	art I	Summary	mii			
9	1	Briefly describe the organization's mission or most	significant activities: THE	HUMANE	SOCIETY OF	HUKON
Jan	1 .	VALLEY IS PASSIONATE ABOU				
Activities & Governance		Check this box if the organization discor	•			ssets. 12
Ĝ		Number of voting members of the governing body			<u>3</u>	12
ళ		Number of independent voting members of the gor Total number of individuals employed in calendar y				118
ij		Total number of individuals employed in calendar y				1126
ŧ		Total unrelated business revenue from Part VIII, co				354.
Ă		Net unrelated business taxable income from Form				0.
	Ť	Not annotated businesse taxable income norm	000 1, 11110 0 1		Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)			2,244,678.	2,445,365.
ň	1				2,020,546.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4			167,227.	
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			-10,569.	21,584.
		Total revenue - add lines 8 through 11 (must equal			4,421,882.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
es	15	Salaries, other compensation, employee benefits (3,132,796.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line	e 25) 287,9	16.	2 222 456	0.111.111
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d			2,022,156.	
		Total expenses. Add lines 13-17 (must equal Part I			5,154,952.	
	19	Revenue less expenses. Subtract line 18 from line	12		-733,070.	
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year
SSe Bala	20				13,173,959. 2,453,579.	11,941,252.
let/	21		li 00		10,720,380.	
P	art II	Net assets or fund balances. Subtract line 21 from Signature Block	ine 20		10,720,500.	10,441,720.
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the hest of m	ny knowledge and helief it is
		t, and complete. Declaration of preparer (other than office				iy kilowidago alla bollol, it lo
	,		.,			
Sig	n	Signature of officer			Date	
Her		TANYA HILGENDORF, PRES	IDENT/CEO			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai	d	KELLIE GOINES			if self-employ	_{/ed} P00239246
Pre	parer	<u> </u>	PLLC		Firm's EIN	38-1357951
Use	Only	Firm's address P.O. BOX 307				
		SOUTHFIELD, MI 4	8037		Phone no. (2	48)352-2500
Ma	v the IF	RS discuss this return with the preparer shown abo	we? (see instructions)			X Yes No

Other program services (Describe in Schedule O.)

including grants of \$) (Revenue \$

4<u>e</u> Total program service expenses 4,686,702.

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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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			
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		X
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
ıza	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	

Form 990 (2013) HUMANE SOCIETY OF Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or 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		Х
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		х
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 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 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		Х
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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		Х
35a	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Service The number reported in Box 3 of Form 1008. Enter 0- if not applicable 1a 8 8 1b 10 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V					Ш
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in the common proportable gaming (gambling) writings to prize wirmers? 2c. Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. [2a] 118 118 118 118 118 118 118 118						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. 118 2b. X 2a. 118 2c. X 2 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. 2b. If at least one is reported on line 2a, did the organization fall required federal employment tax returns? 2c. 2b. X Note. If the sum of lines 1 and 42 is greater than 250, you may be required to -80 tes instructions) 3c. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. Did the organization in the analyses of the organization in this organization in the first fide a form 950 of the thing year? 3c. Did the organization in a foreign country; level as a bank account, securities account, or other financial account? 3c. Did any taxeline of the Greign country; level as a bank account, securities account, or other financial account? 3c. Did any taxeline party notify the organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 3c. Did any taxeline party notify the organization file Form 8888.7 3c. Did any taxeline face from 950 of the organization file Form 8888.7 3c. Did any contributions that were not tax deductible as charitable contributions? 3c. Did the organization have amal gross receipts that are normally greater than \$100,000, and did the organization solicities and suppress statement that such contributions or gifts were not tax deductible? 3c. Did the organization have a prometin excess of \$5 make party as a contribution and party for gods and services provided to the payor? 3c. X 3c. Did the organization selection and payor to promise that are contributions o	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8			
column to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize withorises? 2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3 In the state on the reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state of the state one is reported on line 2a, did the organization file all required federal employment tax returns? 3 In the state of the organization state of the organization hat at were not tax deductible as charitate or contributions under section 170(c). 4 If 'Yes,' it is not state of the organization in the state of the state of the state of the organization state of the organization the state of the organization of the state	b		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 results. 118	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		(gambling) winnings to prize winners?			1c	Х	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$7,000 or more during the year? 3b If the organization have unrelated business gross income of \$7,000 or more during the year? 3a At any time during the calendary year, did the organization have an inferest 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? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the calendary ear, did the organization have a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, 'to line 5a or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization had 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 gifts were not tax deductible as charatable contributions? 5c If Yes, 'to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions under section 170(c). 5d If If Yes, 'did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5d If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5d If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5d If Yes, 'directly any premiums, directly or indirectly, on a pessonal benefit contract? 5d If the organization received a contri	2a						
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 refile (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 At any time the name of the foreign country ▶		filed for the calendar year ending with or within the year covered by this return	2a	118			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? bif "Yes," has it filed a Form 990T for this year? if "No," to fire 3b, provide an explanation in Schedule O day 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. bif "Yes," either 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. 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. 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. 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. See In filing Foreign Bank and Financial a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
b if Yes, 'has it filed a Form 990-T for this year? If 'No,' to line 3b, 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 over, a financial account in a 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? 5b If 'Yes,' to line 5a or 5b, did the organization the form 8886-1? 6c 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? 6c 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? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). a) bit if ves,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive a payment in excess of \$75 made partly as contribution of organizations provided to the payor? 7 To X X 5 If 'Yes,' indicate that may receive deductible contributions under section 170(c). a) bit the organization nell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8889. b) If 'Yes,' indicate the number of Forms 8282 filed during the year 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 To X 7 To X 9 If the orga		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 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 that the vas or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a Z X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Z X c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b UF "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 in the form 82861 To granization in the annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 6c Did the organization receive apyment in excess of \$75 made party as a contribution or party for goods and services provided to the payor? 7c Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X Y 7b If "Yes," indicate the number of Forms 8282 filed during the year 1b Did the organization feedive a payment in excess of \$75 made party as a contribution of party for which it was required 1c file Form 8282? 7c X 7d Did the organization, during the year, pay premiums on a personal benefit contract? 7e X 7f Did the organization feedive a contribution of qualified intellectual property, did the organization file organization services and	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable 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 8886.7? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible as charitable contributions?" 6a Z If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bill 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? c Did the organization sell, 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 a contribution of qualified intellectual property, did the organization file a Form 1088 c? 7 Yes, "If the organization make a contribution of qualified intellectual property, did the organization file a Form 1089 c? 7 Yes, "If the organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1089 c? 7 Yes, "If the organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1089 c? 8 Sponsoring organization schede on Part VIII, line 12 a Gross income from members or shareholders a Gross income from mem	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο		3b		
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.$	d the s	upporting			
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9	Sponsoring organizations maintaining donor advised funds.					
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12					9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1	10			1			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	, , , , , , , , , , , , , , , , , , , ,	10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15c	11	· · · · · · · ·					
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а		11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a 15c 14a 15c	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		, , , , , , , , , , , , , , , , , , , ,					
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b				?	12a		
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b						
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				77
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eΟ				(0040)

74931 Page **6**

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 or note to any line 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 12			
	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				
	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	Х	
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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
	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		Х
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		
Sec	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 (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	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 finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion: 🕨		
	JONATHAN TREVATHAN - 734 661-3524			
	3100 CHERRY HILL ROAD, ANN ARBOR, MI 48105			

332006 10-29-13 Form **990** (2013)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	box.	not c , unle	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MICHAEL WALSH	1.00	,,		37					0	0
TREASURER	1.00	Х		Х				0.	0.	0.
(2) LAURENCE JONAS BOARD MEMBER	1.00	Х						0.	0.	0.
(3) ALLISON NEFF	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(4) A.J. JONES	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(5) JOHN KOSELKA	1.00	77						0.	0.	•
BOARD VICE-CHAIR	1.00	x		Х				0.	0.	0.
(6) SUSAN KORNFIELD	1.00								<u> </u>	0.
BOARD MEMBER	1,00	x						0.	0.	0.
(7) KATHY POWER	1.00	 						•	•	
SECRETARY		х		х				0.	0.	0.
(8) SHARON ROTHWELL	1.00							-		
BOARD CHAIR		х		Х				0.	0.	0.
(9) ANNE STAEBLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) SCOTT TATRO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) KATE MURPHY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) DIANA KERN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) TOM PIOTROWSKI	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(14) MARK HEUSEL	1.00								_	_
BOARD MEMBER	1 1 1 1	Х						0.	0.	0.
(15) PETER FINK	1.00								_	•
BOARD MEMBER	40.00	Х						0.	0.	0.
(16) TANYA HILGENDORF	40.00			, .				100.010	_	11 500
PRESIDENT/CEO				Х				126,816.	0.	11,533.
		I	l	ı	ĺ		l	1		

Form 990 (2013) HUMANE S	OCIETY	OF	Щ	JRO	NC	V	AL]	LEY	38-1	474	931	Pa	age 8
Part VII Section A. Officers, Directors, Tru		ploy	ees			ighe	st C	compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any	box, un officer		Position (do not check more than or box, unless person is both officer and a director/truste		h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		am	(F) timate nount o other pensa	of	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	<u> </u>		anizati d relat	ion ed
		-											
1b Sub-total							<u> </u>	126,816.		0.	1	1,5	33.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)							<u> </u>	126,816.		0.	1	1,5	
 Total number of individuals (including but compensation from the organization 	not limited to tl	nose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reportab	le			1
3 Did the organization list any former office			e, ke	ey er	nplo	yee	, or	highest compensated e	employee on			Yes	No
line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	sum of reportab	ole co	omp	ensa	atior	n and	d otl				3		X
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con 	accrue compe	nsat	ion f	from	any	unı /	elat	ed organization or indiv			5		X
Section B. Independent Contractors	ripiete Gerieda		07 00	uon į	pere	,,,,,					<u> </u>		
Complete this table for your five highest c the organization. Report compensation for	•	-								npens	ation f	rom	
(A) Name and busines	s address	N	ONI	E				(B) Description of s	services	C	(Comper		n
							\dashv						
2 Total number of independent contractors \$100,000 of compensation from the organ		not lii	mite	d to		se li:	stec	d above) who received r	nore than				
Tronger of compensation nom the organ	4.1011										Form 9	990 (2	2013

Form 990 (2013) HUMANE
Part VIII Statement of Revenue

	L VII	Check if Schedule O cont		or note to any li	ne in this Part VIII			
		Greek ii Gorieddie G cont	ains a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	13,171.				
اوعا	b	Membership dues						
ts,	С	Fundraising events		273,412.				
ia i	d	Related organizations	1d					
ns,		Government grants (contribut	· —					
e j	f	All other contributions, gifts, gran		150 500				
		similar amounts not included abo		158,782.	-			
E B	_	Noncash contributions included in lines		15,466.	2 445 265			
O e	h	Total. Add lines 1a-1f			2,445,365.			
	•	CLINIC		Business Code	1 101 583	1 101 583		
Š		SHELTER		541940	1,101,583. 1,041,675.	1 041 675		
Ser	D	CRUELTY RESCUE	AND SIIP	541940	173,100.	173,100.		
E a	d		THID DOI	341340	173,100.	173,100.		
Program Service Revenue	u							
P.	f	All other program service reve	enile					
					2,316,358.			
	3	Investment income (including			,			
		other similar amounts)			74,560.			74,560.
	4	Income from investment of tax						
	5	Royalties	· <u>·····</u>	>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<u>,</u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	523,409.	2,653.	-			
	b	Less: cost or other basis	100 003	0.				
		and sales expenses	23 606	2,653.				
	C	Gain or (loss)	33,000.	2,055.	36,259.			36,259.
		Net gain or (loss)		·····	30,239.			30,239.
jue	8 а	Gross income from fundraising including \$ 273,4						
Other Revenu		contributions reported on line						
چ ا		Part IV, line 18	•	9,580.				
je	h	Less: direct expenses		68,108.	-			
δ		Net income or (loss) from fund		D	-58,528.			-58,528.
		Gross income from gaming ac	•		,			,
		Part IV, line 19		14,600.				
	b	Less: direct expenses		1,804.				
		Net income or (loss) from gam		>	12,796.			12,796.
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	170,601.				
	b	Less: cost of goods sold	b	103,285.				
ļ	С	Net income or (loss) from sale	s of inventory		67,316.	66,962.	354.	
ļ		Miscellaneous Revenu	ie	Business Code				
	11 a	·						
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d Total revenue . See instructions.			4,894,126.	2 383 320	354.	65,087.
332009 10-29-	12	Total Totoliae. Ode Ilibii deliUlib.		<u></u>	_,_,_,_,	_ , 5 5 5 , 5 4 5 6	JJ = •	Form 990 (2013)

Form 990 (2013) HUMANE SOCIET Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the 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,	120 240	41 505	06 944	
_	trustees, and key employees	138,349.	41,505.	96,844.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,529,892.	2,379,612.	110,186.	40,094.
7	Other salaries and wages Pension plan accruals and contributions (include	4,343,034.	4,319,014.	110,100.	40,034.
8	section 401(k) and 403(b) employer contributions)	15,107.		15,107.	
•	The state of the s	422,650.	376,745.	27,226.	18,679.
9 10	Other employee benefits	207,199.	175,340.	23,245.	8,614.
11	Payroll taxes Fees for services (non-employees):	201,133.	173,340.	23,243.	0,011.
	Management				
	Legal				
	Accounting	27,100.		27,100.	
	Lobbying				
e	Duefore level for due lebe a condess. On a Deat IV. Hay 47				
f	Investment management fees	6,703.		6,703.	
g		•			
Ū	column (A) amount, list line 11g expenses on Sch O.)	114,167.	72,443.	41,724.	
12	Advertising and promotion	175,694.	157,276.		18,418.
13	Office expenses	111,946.	53,791.		58,155.
14	Information technology	37,192.	37,192.		
15	Royalties				
16	Occupancy	185,180.	161,258.	23,922.	
17	Travel	16,005.	15,949.	56.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	37,744.	36,409.		1,335.
20	Interest	101,629.	93,499.	4,065.	4,065.
21	Payments to affiliates	006 250	060 560	11 155	
22	Depreciation, depletion, and amortization	286,359.	269,568.	11,175.	5,616.
23	Insurance	86,100.	69,424.	16,676.	
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 Schodule (A)				
а	amount, list line 24e expenses on Schedule 0.) MEDS AND SUPPLIES	585,721.	536,624.	44,017.	5,080.
a b	MEMBERSHIP DRIVE EXPENS	108,061.	550,024	,,	108,061.
C	ANIMAL REMOVAL OUTSIDE	86,290.	86,290.		
d	MICROCHIPS	66,686.	66,686.		
-	All other expenses	78,864.	57,091.	1,974.	19,799.
25	Total functional expenses. Add lines 1 through 24e	5,424,638.	4,686,702.	450,020.	287,916.
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 (2013)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			541,831.	1	556,648.
	2	Savings and temporary cash investments			1,235,377.	2	1,354,903.
	3	Pledges and grants receivable, net			339,987.	3	383,781.
	4	Accounts receivable, net			25,069.	4	92,214.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa		' ' I			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	•	~ · · · ·			
Ŋ		employees' beneficiary organizations (see instr).			6		
Assets	7	Notes and loans receivable, net			115,130.	7	0.
As	8	Inventories for sale or use			3,054.	8	44,535.
	9				95,482.	9	106,628.
	1	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,266,767.			
	b		10b	8,266,767. 1,209,266.	7,248,702.	10c	7,057,501.
	11	Investments - publicly traded securities			7,248,702. 3,466,824.	11	7,057,501. 2,254,716.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	102,503.	15	90,326.		
	16	Total assets. Add lines 1 through 15 (must equ		13,173,959.	16	90,326. 11,941,252.	
	17	Accounts payable and accrued expenses			374,722.	17	396,188.
	18	Grants payable		18			
	19	Deferred revenue				19	38,278.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	officer	rs, directors, trustees,			
≝		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			2,078,857.	23	1,065,066.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D				25	
	26				2,453,579.	26	1,499,532.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			10 504 600		10 204 515
anc	27	Unrestricted net assets			10,594,609.	27	10,384,515.
Bal	28	Temporarily restricted net assets			125,771.	28	57,205.
pu	29					29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶└──			
ō		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds	T-		30		
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			10 500 200	32	10 441 500
2	33	Total net assets or fund balances			10,720,380.	33	10,441,720.
	34	Total liabilities and net assets/fund balances			13,173,959.	34	11,941,252.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,89		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,42		
3	Revenue less expenses. Subtract line 2 from line 1	3			12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,72		
5	Net unrealized gains (losses) on investments	5	26	9,2	54.
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	-1	7,4	02.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	10,44	1,7	20.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		LX
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	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:				
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	U			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or guidita, explain why in Schodula O and describe any stone taken to undergo quah guidita		26	1	I

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HUMANE SOCIETY OF HURON VALLEY

Employer identification number 38-1474931

Ра	rt I	Reason	tor Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
Γhe	organ	ization is not a	a private foundation	because it is: (For lines 1	I 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.)								
3				tal service organization of		in section	170(b)(1)	Δ)(iii).					
4				operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospit	al's nan	ne.
•		city, and state				p.14. 4.000.			(~)(-)()(.,			,
5				benefit of a college or ur	nivoreity o	wood or or	poratod by	a govorni	montal uni	t doscrib	od in		
5		_	· · · · · · · · · · · · · · · · · · ·	-	iiversity of	wiled or of	berated by	a governi	nemai um	i describ	eu III		
_			(b)(1)(A)(iv). (Comple				.==0/1.1/						
6	V			ent or governmental unit									
7	X			eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public des	cribed	in
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8	Щ	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
		income and u	unrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June	30, 197	75.
		See section	509(a)(2). (Complete	e Part III.)									
10		An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1).				
11		An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carry	y out the	purposes	of one	or
		more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2). See sec	tion 509(a	a)(3). Ch	eck the bo	x that	
	describes the type of supporting organization and complete lines 11e through 11h.												
		a Type I				nctionally i		d	TVD	e III - No	n-function	ally inte	arated
е			•	at the organization is not	· =	-	-		• • •			•	•
_		, ,	,	han one or more publicly		,	,	,		•	•		
f			-	ten determination from t		-				/(α)(1) 01	0001101101	, σ (α)(<u>-</u>).	
•		•	rganization, check th	de te en		•			. III				
~			,						owina nor				. —
g		-		organization accepted ar			•					Vac	T No
				irectly controls, either al								Yes	No
		~											\vdash
				n described in (i) above?									\vdash
				person described in (i) of							11g(ii	<u>) </u>	
h		Provide the fo	ollowing information	about the supported org	ganization	(s).							
				<u> </u>	l				(,,!) (a	4b.a			
(i)	Name	of supported	(ii) EIN	(iii) Type of organization						nt of mo	netary		
	orga	anization			in col. (i) lis	document?			(i) organiz U.S.	ed in the	SL	ıpport	
				(see instructions))									
				, , ,	Yes	No	Yes	No	Yes	No			
Fota	al												

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	2,137,735.	4,278,106.	2,291,992.	2,244,678.	2,445,365.	13,397,876.
2	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,137,735.	4,278,106.	2,291,992.	2,244,678.	2,445,365.	13,397,876.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,210,942.
	Public support. Subtract line 5 from line 4.						11,186,934.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	2,137,735.	4,278,106.	2,291,992.	2,244,678.	2,445,365.	13,397,876.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	89,783.	129,539.	97,648.	110,456.	74,560.	501,986.
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					1.0	13,899,862.
12	Gross receipts from related activities,						,434,142.
13	First five years. If the Form 990 is for	-			•		
<u>C</u>	organization, check this box and stor						>
	ction C. Computation of Publ						00 40
14	Public support percentage for 2013 (14	80.48 %
15	Public support percentage from 2012					15	79.32 %
16a	33 1/3% support test - 2013. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the d	•		•			
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		s >

Schedule A (Form 990 or 990-EZ) 2013

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	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		, , , , , , , , , , , , , , , , , , ,	, ,	, ,		.,
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and stop here	· ·		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

chedule A (Form 990 or 990-EZ) 2013 HUMANE SOCIETY OF HU	JRON VALLEY 38-14/4931 Pa
	red by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instruct	ions).

** 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.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number

2013

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. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

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) (2013)

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 its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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		\$149,095.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$57,601.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$131,677.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HUMANE SOCIETY OF HURON VALLEY

38-1474931

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
(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
		 	90. 990-EZ. or 990-PF) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HIMANE SOCIETY OF HIRON VALLEY

Employer identification number 38-1474931

Pai	t I Organizations Maintaining Donor Advised F		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		22004
	, ,	(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 writin	ng that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's exclusive and the organization are the organization the organization	_	
6	Did the organization inform all grantees, donors, and donor advise		
•	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization (c		,
	Preservation of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for land for land for education of land for education or education of land for education of land for education or education of land for education or educati		storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	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			l l
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired after		- I
	listed in the National Register		
3	Number of conservation easements modified, transferred, release		
	year ▶		
4	Number of states where property subject to conservation easeme	ent is located	
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hold	ds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and $ \\$	enforcing conservation easements d	luring the year
7	Amount of expenses incurred in monitoring, inspecting, and enfor	rcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ea	asements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's	s financial statements that describes	the organization's accounting for
_	conservation easements.		
Pai	t III Organizations Maintaining Collections of Ar		itner Similar Assets.
	Complete if the organization answered "Yes" to Form 990,		
1a	If the organization elected, as permitted under SFAS 116 (ASC 95)		
	historical treasures, or other similar assets held for public exhibition		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes		
b	If the organization elected, as permitted under SFAS 116 (ASC 95		
	treasures, or other similar assets held for public exhibition, educa	tion, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		• •
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treasure		al gain, provide
_	the following amounts required to be reported under SFAS 116 (A		Δ. Φ.
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2013

	t III Organizations Maintaining C	ollections of A				or Oth	er Simi	lar Asse			age Z
3	Using the organization's acquisition, accession										
3	(check all that apply):	on, and other record	, criec	K arry Or tire	Tollowing the	al ale a	sigrimcarii	. use of its	Collectic	iii iteii	13
_	Public exhibition	ند.	. \Box	l aan ar aya							
a		d			hange progr	ams					
b	Scholarly research	е	• 🗀	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co							ose in Pa	rt XIII.		
5	During the year, did the organization solicit or								٦.,		٦
Do	to be sold to raise funds rather than to be ma								<u> Yes</u>		<u> No</u>
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	n answered	"Yes" to) Form 99	u, Part IV,	line 9, or		
	<u> </u>		diam (far	oontribution		acata na	t includes	<u> </u>			
ıa	Is the organization an agent, trustee, custodia								Yes		٦,,,
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								⊔ res		⊔ No
b	in res, explain the arrangement in Part Allia	and complete the id	niowing	table.				1	Amaun		
_	Deginning belongs						10		Amour		
	Beginning balance										
	Additions during the year										
f	Distributions during the year						1				
22	Ending balance Did the organization include an amount on Fo							<u> </u>	Yes	\top	No
	If "Yes," explain the arrangement in Part XIII.										์
Pai											
		(a) Current year		rior year	(c) Two yea			vears back	(e) Fou	r vears	hack
12	Beginning of year balance	(a) ourient year	(5)	nor year	(6) 1110 300	10 buon	(4) 111100	youro buon	(6) 1 34	, youro	buon
h	Contributions										
C	Net investment earnings, gains, and losses										
4	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end haland	L Se (line 1	a column (a)) hold as:						
a	Board designated or quasi-endowment	•	%	g, coluitii (a)) ricia as.						
h	Permanent endowment	%									
C	Temporarily restricted endowment										
·	The percentages in lines 2a, 2b, and 2c shou	-									
32	Are there endowment funds not in the posses	· · · · · · · · · · · · · · · · · · ·	ation the	at are held a	and administ	ered for	the organ	ization			
ou	by:	solon of the organiz	ation th	at are riole t	ara darriiriiott	3100 101	ino organ	Zation		Yes	No
	(i) unrelated organizations								3a(i)		
	rest in the second seco								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm		311110111	idiido.							
	Complete if the organization answered). Part I\	/. line 11a. S	See Form 990). Part X	. line 10.				
	Description of property	(a) Cost or o			t or other		Accumulat	ed	(d) Boo	k valu	
	2000,200,000,000,000	basis (investr		. , ,	(other)		epreciation		(=, 500		-
	Land	<u> </u>			6,381.				3	6,3	81.
	Buildings				8,347.		590,0	61.	6,71		
	Leasehold improvements			,	•		- , -				
	Equipment			84	7,354.		544,5	20.	30	2,8	34.
	Other				4,685.		74,6			-	0.
	. Add lines 1a through 1e. (Column (d) must ed		X, colur		_			. •	7,05	7,5	01.

7,057,501. Schedule D (Form 990) 2013

Ochicadic D (i	01111 330/ 2010			 	-
Part VII	Investments -	Other Securitie	S.		

(a) Decorin	Complete if the organization answered "Yes" oftion of security or category (including name of security)		11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost	
• •		(b) Book value	(c) iviethod of valuation: Cost	or end-or-year market value
	al derivatives		+	
	-held equity interests			
Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	to Form 990 Part IV line	11c See Form 990 Part Y line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)	· · ·	• •	.,	,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
				- L
	ımn (b) must equal Form 990, Part X, col. (B) line	e 15.)		🕨
	Other Liabilities.			▶
	Other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part X,	line 25.
Part X	Other Liabilities.			▶ line 25.
Part X	Other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part X,	▶ line 25.
Part X	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X,	▶ line 25.
Part X	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X,	▶ line 25.
. (1) Fed (2)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X,	▶ line 25.
(1) Fed (2) (3)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X,	• I
(1) Fec (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X,	▶ line 25.
(1) Fec (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X,	▶ line 25.
(1) Fec (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X,	▶ line 25.
(1) Fee (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X,	▶ line 25.
(1) Fec (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	to Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	

Liability for uncertain tax positions. 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

Schedule D (Form 990) 2013

Part XI	Recond	ciliation o	of Revenue	per Audited	Financial	Statements	With I	Revenue	per Return.

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,351,150.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	269,254.		
b	Donated services and use of facilities	2b	14,573.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	173,197.		
е	Add lines 2a through 2d			2e	457,024.
3	Subtract line 2e from line 1			3	4,894,126.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,894,126.
Pa	Retu	ırn.			

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	5,629,810.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	14,573.		
b	Prior year adjustments	. 2b			
С		0.0			
d	Other (Describe in Part XIII.)	. 2d	190,599.		
е	Add lines 2a through 2d			2e	205,172.
3	Subtract line 2e from line 1			3	5,424,638.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,424,638.

Part XIII Supplemental Information.

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 TAXING AUTHORITIES.

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND

HAS CONCLUDED THAT AS OF DECEMBER 31, 2013 AND 2012, THERE ARE NO

UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE

332054 09-25-13

Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)
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 2010 FISCAL YEAR.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENTS DIRECT EXPENSES 69,912.
COST OF GOODS SOLD 103,285.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 173,197.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 103,285.
SPECIAL EVENTS DIRECT EXPENSES 69,912.
UNCOLLECTIBLE ACCOUNTS 17,402.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 190,599.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

Open To Public Inspection

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990

Name of the organization HUMANE	SOCIETY OF HURON V	ALL	EY			Employer ide 38-1474	ntification number 931
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, li	ne 17.	. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) pursi	ion of ion of fundra (includerofess	non-govern govern dising of ding of dional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees (Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	to (or	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
- Total			•				
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is e	exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2013

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.

		of fundraising event contributions and gre	oss income on Form 990	-EZ, lines 1 and 6b. List	<u> </u>	ts greater than \$5,000.					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events					
			WALK & WAG			(add col. (a) through					
			2013	COMP. FEAST	1	col. (c))					
(I)			(event type)	(event type)	(total number)	601. (6))					
Revenue											
eve	1	Gross receipts	213,801.	48,994.	20,197.	282,992.					
ш											
	2	Less: Contributions	213,801.	41,494.	18,117.	273,412.					
	3	Gross income (line 1 minus line 2)		7,500.	2,080.	9,580.					
	4	Cash prizes		3,890.	150.	4,040.					
	5	Noncash prizes	2,259.	1,102.	3,142.	6,503.					
ses											
ens	6	Rent/facility costs	0.								
Direct Expenses											
ğ	7	Food and beverages	1,109.	19,184.	2,837.	23,130.					
Dire		-									
	8	Entertainment	2,100. 20,305.			2,100.					
	9	Other direct expenses	20,305.	7,592.	4,438.	32,335.					
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	68,108.					
	11	Net income summary. Subtract line 10 from li			_	-58,528.					
Pa	rt I	III Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than						
		\$15,000 on Form 990-EZ, line 6a.									
ā			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add					
Revenue			(u) Billigo	bingo/progressive bingo	(b) Other gaming	col. (a) through col. (c))					
3eV											
_	1	Gross revenue									
S	2	Cash prizes									
SUS											
Direct Expenses	3	Noncash prizes									
벙											
)ire	4	Rent/facility costs									
_											
	5	Other direct expenses									
			Yes %	Yes %	Yes %						
	6	Volunteer labor	└── No	└── No	└── No						
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>						
	_										
		ter the state(s) in which the organization opera	_								
		the organization licensed to operate gaming ac				Yes No					
b If "No," explain:											
		10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \ Yes \ No									
			· · · · · · · · · · · · · · · · · · ·	-		163 110					
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-							
			· · · · · · · · · · · · · · · · · · ·	-							

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 HUMANE SOCTETY OF HURON VALLEY 38-1	4/45	13 <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?	Y	'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 ▶ \$			
	<u> </u>			
	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?	. L Y	'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	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	nes 9, 9	b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			

SCHEDULE L

Transactions With Interested Persons

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the average at

Name or th	e organization H	IUMANE	so	CIETY OF	' HU	JRON	VA	LLEY				-	749		on nu	mber
Part I	Excess Bene															
	Complete if the	organizatior I						line 25a or 25t	o, or	Form 990-EZ, P	art V,	line 40	Jb.	1,-1	0	-110
1 (a) Nar	me of disqualified p	person	(b) Relationship between disqualified person and organization					(0) De	escription of tran	sactio	n				cted?
				person and or	guinz	411011								Y	es	No
															-	
-																
2 Enter	the amount of tax i	incurred by	the o	rganization mar	agers	or disc	qualifie	ed persons du	ring	the year under						
												> \$				
3 Enter	the amount of tax,	if any, on li	ne 2, a	above, reimburs	sed by	the or	ganiza	ition				▶ \$				
Part II	Loans to and	d/or Fron	n Int	erested Per	sons											
I dit ii	Complete if the						Dort	V lino 38a or l	Eorn	a QQQ Dart IV lin	o 26:	or if th	o orac	nizati	on	
	reported an amo	•					, rait	v, iii ie ooa oi i	OIII	1990, Fait IV, III	le 20,	OI II LI	ie orga	ııızatı	OH	
(a) Name of	(b) Relatio		(c) Purpose	(d) Lo	oan to or	(6	e) Original	(f) Balance due	(a) In	(h) Ap	proved ard or	(i) W	/ritten
	ested person	with organi						ncipal amount		'/		default?		committee?		ment?
					То	From					Yes	No	Yes	No	Yes	No
					<u> </u>											
Total		1			1			> \$								
Part III	Grants or As	sistance	Ber	nefiting Inte	reste	d Pe	rson									
	Complete if the	organizatior	ansv	vered "Yes" on	Form	990, Pa	art IV,	line 27.								
(a) N	ame of interested p	person	((b) Relationship			(c) Amount of		(d) Type) Purp		f
				interested pers the organiza		nd		assistance		assistan	ce			assista	ance	
			_	trie Organiza	ation											
			-													
			-									+				
			+									+				
			+									+				
												\dashv				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

Complete if the organization answ (a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha organiz	aring
	person and the organization	transaction	transaction	rever	
EBORAH KERN	FAMILY MEMBER OF DI	75,826.	EMPLOYMENT	Yes	X
art V Supplemental Information Provide additional information for	Tresponses to questions on Schedule L (see in the second	nstructions).			
CH L, PART IV, BUSINES	S TRANSACTIONS INVOLVIN	NG INTEREST	ED PERSONS:		
A) NAME OF PERSON: DEBO	ORAH KERN				
B) RELATIONSHIP BETWEEN	N INTERESTED PERSON ANI	ORGANIZAT	ION:		
MILY MEMBER OF DIANA H					
)) DESCRIPTION OF TRANS	SACTION: EMPLOYMENT COM	MPENSATION_	FOR DEBORAL	<u> </u>	
ERN, MARKETING DIRECTOR	R				
E) SHARING OF ORGANIZAT	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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013
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 15A:

INFORMATION OBTAINED FROM COMPENSATION STUDY COMMISSIONED BY

THE BOARD THAT INCLUDED THE SOCIETY OF ANIMAL WELFARE ASSOCIATES (SAWA)

STAFF COMPENSATION SURVEY AND OTHER ORGANIZATIONS (E.G. GUIDESTAR NONPROFIT

COMPENSATION REPORT, CHARITY NAVIGATOR CEO COMPENSATION STUDY, ETC.) IS

USED TO DETERMINE THE COMPENSATION OF THE CEO. THE BOARD REVIEWS AND

APPROVES COMPENSATION ANNUALLY. THE LAST REVIEW WAS CONDUCTED IN 2013.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

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

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

HUMANE SOCIETY OF HURON VALLEY		38-	-1474931	L number
FINANCIAL STATEMENTS AND DISCLOSURES ARE MADE AVAILABLE	то	THE	PUBLIC	UPON
REQUEST.				
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:				
LOSS ON UNCOLLECTIBLE PLEDGES			-1	7,402.
FORM 990, PART XII, LINE 2:				
THIS PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.				

Form 8868 (Rev. 1-2014)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Mo	nth Extension,	complete only Part II and check this	s box		× X	
Note. Only complete Part II if you have already been grante			iled Form	8868.		
 If you are filing for an Automatic 3-Month Extension, c Part II Additional (Not Automatic) 3-Month 			al (no c	onice noo	dod)	
Additional (Not Automatic) 3-19101	TITI EXTENSIO		•	•	<u> </u>	
Type or Name of exempt organization or other filer, see		see instructions				
print	Employer identification number (EIN					
File by the HUMANE SOCIETY OF HURON		38-1474931 Social security number (SSN)				
due date for Number street and room or suite no. If a P.O.	Social se					
return. See 3100 CHERRY HILL ROAD				•		
City, town or post office, state, and ZIP code. I	or a foreign add	dress, see instructions.				
ANN ARBOR, MI 48105						
Enter the Return code for the return that this application is	for (file a separa	te application for each return)			0 1	
	12:	T			Return	
Application						
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ Form 990-BL	01	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF	04	Form 5227			10	
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 g	ranted an autor		iously file	ed Form 886		
JONATHAN TR						
• The books are in the care of ▶ 3100 CHERRY	HILL 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 be	usiness in the Ur	nited States, check this box			▶ 📙	
• If this is for a Group Return, enter the organization's fou						
box Lif it is for part of the group, check this box	3202253	ach a list with the names and EINs o	f all memb	ers the exte	nsion is for.	
4 I request an additional 3-month extension of time unt		BER 15, 2014				
5 For calendar year $\frac{2013}{2000}$, or other tax year beginni			<u> </u>		·	
6 If the tax year entered in line 5 is for less than 12 mor	nths, check reas	son: L Initial return L	l Final ı	return		
Change in accounting period State in detail why you need the extension						
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED	то овтат	N THIRD PARTY INFO	RМАТТ	ON NEC	ESSARY	
TO FILE A COMPLETE AND ACC				011 1120		
8a If this application is for Forms 990-BL, 990-PF, 990-T	, 4720, or 6069,	enter the tentative tax, less any				
nonrefundable credits. See instructions.	, , ,	•	8a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, c	r 6069, enter an	y refundable credits and estimated				
tax payments made. Include any prior year overpayn	nent allowed as	a credit and any amount paid				
previously with Form 8868.			8b	\$	0.	
C Balance due. Subtract line 8b from line 8a. Include y		th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). Se			8c	\$	0.	
<u> </u>		st be completed for Part II	-			
Under penalties of perjury, I declare that I have examined this form it is true, correct, and complete, and that I am authorized to prepar		panying schedules and statements, and to	o the best o	t my knowled	ge and belief,	
			D-1			
Signature Tit	le ► CPA		Date		2000 (D	
				Form 8	3868 (Rev. 1-2014)	