# **Public Disclosure Copy**

# **Form 990**

# \*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\*

## **Public Inspection Requirement**

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury

### Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change HUMANE SOCIETY OF HURON VALLEY Name change 38-1474931 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 3100 CHERRY HILL ROAD 734-662-5585 12,582,051. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 48105 ANN ARBOR, MI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: TANYA HILGENDORF for subordinates? ..... Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.HSHV.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1896 M State of legal domicile: MI Part I Summary Briefly describe the organization's mission or most significant activities: THE HUMANE SOCIETY OF HURON **Activities & Governance** VALLEY IS PASSIONATE ABOUT AND DEDICATED TO PREVENTING THE SUFFERING if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 130 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 1830 Total number of volunteers (estimate if necessary) 6 137. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Current Year Prior Year** 4,143,145. 8,107,901. Contributions and grants (Part VIII, line 1h) 8 4,031,022. 3,820,544. Program service revenue (Part VIII, line 2g) 139,455. 128,041. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 42,529. 49,893. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11  $\overline{12,106,379}$ 8,356,151. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 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) 5,075,778. 5,499,126. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,794,930. 2,629,220. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,870,708. 8,128,346. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 485,443. 3,978,033. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 12,995,225. 18,640,583. 20 Total assets (Part X, line 16) 390,714. 1,705,301. 21 Total liabilities (Part X, line 26) 三年 604,511. 16,935,282 22 Net assets or fund balances. Subtract line 21 from line 20 .... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TANYA HILGENDORF, PRESIDENT/CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/09/21 self-employed P00904574 TINA PETERS TINA PETERS Paid Firm's name ▶ PLANTE & MORAN, PLLC Firm's EIN ▶ 38-1357951 Preparer Firm's address > 2601 CAMBRIDGE COURT, SUITE 500 Use Only Phone no. (248)352-2500 AUBURN HILLS, MI 48326 X Yes

May the IRS discuss this return with the preparer shown above? See instructions

	Check if Schodula O contains a reappage or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
'	HSHV'S MISSION IS TO SUPPORT THE LOVING, RESPONSIBLE CARE OF ANIMALS
	IN OUR COMMUNITY.
	IN OOK COMMONITI:
	Did the annualization and adults are similificant annual and since during the annual birth and another
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
•	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,419,579. including grants of \$) (Revenue \$2,061,343.)
	CLINIC - PROVIDE PREVENTIVE AND URGENT VETERINARY SERVICES INCLUDING
	SPAYING AND NEUTERING TO SHELTER ANIMALS AND FOR THE COMMUNITY'S
	COMPANION ANIMALS.
	1.550.001
4b	(Code:) (Expenses \$2,181,994. including grants of \$) (Revenue \$1,660,994. )
	SHELTER - GIVE TEMPORARY SHELTER AND CARE TO HOMELESS, LOST, ABUSED AND
	ABANDONED ANIMALS; REUNIFY LOST COMPANION ANIMALS WITH THEIR OWNERS;
	ENSURE THE ADOPTION OF HEALTHY AND TREATABLE ANIMALS INTO LOVING HOMES.
4c	(Code:) (Expenses \$ 617,544. including grants of \$) (Revenue \$ 98,207. )
	CRUELTY/RESCUE AND SUPPORT PROGRAMS - INVESTIGATE AND PROSECUTE CRUELTY
	AGAINST ANIMALS AND OFFER 24 HOUR RESCUE OF SICK AND INJURED WILDLIFE
	AND STRAY COMPANION ANIMALS. PROVIDE COMMUNITY EDUCATION, OUTREACH AND
	CRITICAL SERVICES RELATED TO THE PREVENTION OF PET OVERPOPULATION AND
	ABANDONMENT THROUGH TRAP, NEUTER AND RETURN OF FERAL CATS AND
	BEHAVIORAL HELP FOR PET OWNERS. PROVIDE EXTRA SERVICES TO SHELTER
	ANIMALS THROUGH VOLUNTEER PROGRAMS AND SPECIALIZED ANIMAL CARE AND
	ATTENTION.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses   6,219,117.
	Form 990 (2020)

# Form 990 (2020) HUMANE SOCIETY OF HURON VALLEY 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	_X_	
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			37
_	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		х
_	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
ıza	, ,	12a	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza	- 21	_
b	•	12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the control of the latest of the lat	14a		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı <del>-t</del> a		
D	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	1112		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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HUMANE SOCIETY OF HURON VALLEY 38-1474931 Page 4 Form 990 (2020) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 Х 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

						_		
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1					
С	© Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?			1c	Х			

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#### Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 130 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X 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 on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

Form 990 (2020)

If "Yes," complete Form 4720, Schedule O.

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 on Schedule O. See instructions.

1a Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body detector, trustee, or key employee have a family relationship on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent  10  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other persons.  4 Did the organization become aware during the year of a significant diversion of the organizations assets?  5 Did the organization become aware during the year of a significant diversion of the organizations assets?  5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7a Dried the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there ary officer, director, trustee, or the yemployee is ten in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O  9 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and bran	X
It let re number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body, or lift the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent  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 have a family relationship or a business relationship with any other officers, directors, trustees, or key employees to a management company or other person?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Did the organization organization become the meetings held or written actions undertaken during the year by the following:  The governing body?  Did the organization have with authority to act on behalf of the governing body?  Did the organization have for the process of center of perations are consiste	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated troad authority to an executive committee or similar committee, explain on Schedule 0.  b Enter the number of voting members included on line 14, above, who are independent	s No
body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent  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 employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization and the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Dis 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 on Schedule O  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Y Did the organization have local chapters, branches, or affiliates?  10 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?  10 Did the organization have a written continct of interest policy? If "Yes," got line 13 Did the organization have	
b Enter the number of voting members included on line 1a, above, who are independent b lb ld any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 Did the organization bacome aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders?  7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization ontemporaneously document the meetings held or written actions undertaken during the year by the following:  7 The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization organization seemed to the governing body?  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 on Schedule O  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Your officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  10a Did the organization have a written conflict of interest policy? If "No," go to line 13  10b the organization by the following persons include a review and approval by independent persons, comparization's activation and destruction policy?  11a Has the organization area	
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taxable entity during the year?	
, , ,	х
b in res, and the organization follow a written policy or procedure requiring the organization to evaluate its participation	123
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	
exempt status with respect to such arrangements?	
Section C. Disclosure	
17 List the states with which a copy of this Form 990 is required to be filed ►MI	
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) av	lable
for public inspection. Indicate how you made these available. Check all that apply.	
X Own website Another's website X Upon request Other (explain on Schedule O)	
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financia	
statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	
JONATHAN TREVATHAN - 734 661-3524	
3100 CHERRY HILL ROAD, ANN ARBOR, MI 48105	

# 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.

See instructions for the order in which to list the persons above.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(do	not c				one	Reportable	Reportable	Estimated
	hours per		, unles					compensation	compensation	amount of
	week	-				T	100,	from the	from related organizations	other
	(list any hours for	director				_		organization	(W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization
	organizations	trust	nal tru		oyee	om pe		,		and related
	below	Individual trustee or	Institutional trustee	ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) TANYA HILGENDORF	40.00	1								
PRESIDENT/CEO	0.00			Х				176,651.	0.	9,705.
(2) MATTHEW SCHAECHER	40.00	1							_	
CHIEF OPERATIONS OFFICER	0.00					X		133,378.	0.	3,993.
(3) JACLYN SCHAECHER	40.00									
VP OF DEVELOPMENT AND MARKETING	0.00	<u> </u>				X		116,746.	0.	8,580
(4) COURTNEY WHITE	40.00	1								
DIRECTOR OF SHELTER MEDICINE	0.00					X		110,174.	0.	19,508
(5) AMY HESS	40.00	1								
VETERINARIAN	0.00					X		112,674.	0.	6,699
(6) JONATHAN TREVATHAN	40.00	1						100 00-		
CHIEF FINANCIAL OFFICER	0.00					X		103,027.	0.	7,652
(7) KATE MURPHY	1.00	٠,,		7.7						0
BOARD CHAIR	0.00	Х		Х				0.	0.	0 .
(8) JAMES ADAMS	1.00	.,		37					0	0
BOARD VICE-CHAIR	0.00	Х		Х				0.	0.	0
(9) WILLIAM KRYSKA TREASURER	1.00	₹.		v				0.	0.	0
	0.00	Х		Х				0.	0.	0 .
(10) REGAN DAHLE SECRETARY	1.00	х		х				0.	0.	0 .
(11) LAURIE BUYS	1.00	Α		Λ				0.	0.	0 .
BOARD MEMBER	0.00	х						0.	0.	0 .
(12) MELONIE COLAIANNE	1.00	Α						0.	0.	0 .
BOARD MEMBER	0.00	Х						0.	0.	0 .
(13) MIKE KAPNICK	1.00	^						0.	0.	0 .
BOARD MEMBER	0.00	Х						0.	0.	0 .
(14) JENIFER MARTIN	1.00	25						0.	0.	0.
BOARD MEMBER - PARTIAL YEAR	0.00	x						0.	0.	0.
(15) ERIN MCCANN	1.00								J •	
BOARD MEMBER - PARTIAL YEAR	0.00	x						0.	0.	0 .
(16) DAVID MORAN	1.00	<del> </del>							•	
BOARD MEMBER		х						0.	0.	0 .
(17) SCOTT TATRO	1.00	† <del></del>							•	
BOARD MEMBER		х						0.	0.	0.
032007 12-23-20	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									Form <b>990</b> (2020

Part VII   Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		`		Ι	<b></b> >	
(A)	(B) (C) Average Position							(D)	(E)			(F)	
Name and title	hours per		not c	heck	more	than		Reportable compensation	Reportable compensation		I	timate nount	
	week	offi				or/trus		from	from relate	d		other	
	(list any hours for	irector						the	organization		l .	pensa	
	related	e or d	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	l	om the anizati	
	organizations	truste	nal tru:		oyee	omper		(** =/ *********************************			ı -	d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
(18) AKSHAY VERMA	1.00	=	Ë	70	×	宝 5	요						
BOARD MEMBER	0.00	Х						0.		0.			0.
						-	$\vdash$						
		-											
						$\vdash$							
						-	_						
		_											
1b Subtotal								752,650.		0.	5	6,1	
c Total from continuation sheets to Part VI								752,650.		0.	5	6,1	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but r							no re		000 of reportable			O, I.	<i>.</i> 7 •
compensation from the organization	or miniou to th		11010	u u.	,,,,	,	10 10	, socived more than \$100,	ooo or roportabl				6
												Yes	No
3 Did the organization list any <b>former</b> officer	•	-	кеу е	empl	oye	e, or	r hig	hest compensated emp	oyee on				37
line 1a? If "Yes," complete Schedule J for s								ar componentian from the			3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." con	nplete Schedule	e J f	or su	ıch <u>ı</u>	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for	•	•							•	pensa	tion fro	om	
(A)	the calcinating	oui c	, i i dii	19 W	ICIT	J1 VV1		(B)	our.		((	<b>)</b>	
Name and business	Name and business address NONE Description of services							ervices	C	Compe	nsatio	n	
2 Total number of independent contractors (i	ncluding but p	ot lir	nite	t to	thos	se lie	sted	above) who received mo	ore than				
\$100,000 of compensation from the organi		J. III				)							
											Г	990 <i>(</i>	2000)

Form 990 (2020) HUMANE
Part VIII Statement of Revenue

		Check if Schedule O c	onta	ains a respo	nse (	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 2	Federated campaigns		1a		13,305.				
ant										
يج ق						364,982.				
Ŧ\$,		Fundraising events				301,302.				
iai iai										
ns,		Government grants (contri								
er S	f	All other contributions, gifts, (		1 1		E 500 614				
현		similar amounts not included				7,729,614.				
d dr	g	Noncash contributions included in li	ines 1	a-1f <b>1g</b>	<u> </u>	2,500.				
<u>8</u> 0	h	Total. Add lines 1a-1f				<b>_</b>	8,107,901.			
						Business Code				
ė	2 a	CLINIC				541940	2,061,343.	2,061,343.		
Σ̈́	b	SHELTER				541940	1,660,994.	1,660,994.		
Program Service Revenue	С	CRUELTY RESCUE AND S	SUPP	ORT		541940	98,207.	98,207.		
an	d									
ğ	е	,								_
Pro		All other program service r	rever	nue						
		Total. Add lines 2a-2f					3,820,544.			
$\overline{}$	3	Investment income (includ					, , .			
	3	•	•	•			101,890.			101,890.
	4	other similar amounts)					101,050.			101,050.
	4	Income from investment of		•						
	5	Royalties								
				(i) Real		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
	С	Rental income or (loss)	6с							
	d	Net rental income or (loss)				<u> </u>				
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	377,3	07.					
	b	Less: cost or other basis								
e		and sales expenses	7b	350,8	73.	283.				
ē	С		7с	26,4	34.	-283.				
ther Revenue		Net gain or (loss)					26,151.			26,151.
ē		Gross income from fundraisin								
퉏		including \$3								
		contributions reported on								
		Part IV, line 18		•	8a	8,750.				
	h	Less: direct expenses			8b					
		Net income or (loss) from f				<b>&gt;</b>	-31,591.			-31,591.
		Gross income from gaming		-	$\overline{}$					-,2.
	Ja	Part IV, line 19	-		9a	6,587.				
	L-				9b					
		Less: direct expenses			_		5,587.			5,587.
		Net income or (loss) from (			<u>`</u>	<b>D</b>	3,307.			3,367.
	10 a	Gross sales of inventory, le				150 070				
		and allowances			10a					
		Less: cost of goods sold			10b		75.007	75 76A	125	
$\rightarrow$	С	Net income or (loss) from s	sales	of inventor	у		75,897.	75,760.	137.	
ø						Business Code				
e e	11 a	·								
ane	b									
eve	С									
Miscellaneous Revenue	d	All other revenue								
_	е	Total. Add lines 11a-11d				<b>&gt;</b>				
	12	Total revenue. See instructio	ns			<b>&gt;</b>	12,106,379.	3,896,304.	137.	102,037.

032009 12-23-20

# Form 990 (2020) HUMANE SOCIETY OF HURON VALLEY Part IX Statement of Functional Expenses

Do not	Check if Schedule O contains a respons t include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	
	, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
	frants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	322,480.	20,428.	302,052.	
	rustees, and key employees	322,400.	20,420.	302,032.	
	compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
-	ersons described in section 4958(c)(3)(B)	4,189,851.	3,482,910.	309,264.	397,677
	Other salaries and wages	4,100,001.	3,402,510.	303,204.	331,011
	ection 401(k) and 403(b) employer contributions)	68,872.	54,347.	7,922.	6,603
	Other employee benefits	571,712.	512,044.	-3,204.	62,872
	Payroll taxes	346,211.	273,194.	39,825.	33,192
	ees for services (nonemployees):	310,2111	27371314	3370231	33,132
	Management				
	egal				
	Accounting	48,550.		48,550.	
	obbying	3,000.		3,000.	
	Professional fundraising services. See Part IV, line 17	3,0001		0,70001	
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	olumn (A) amount, list line 11g expenses on Sch O.)	144,153.	40,444.	97,431.	6,278
	Advertising and promotion	73,304.	63,676.	, , _ , _ , _ , _ , _ , _ , _ , _ , _ ,	9,628
	Office expenses	154,522.	51,501.	25,238.	77,783
	nformation technology	20,521.	14,289.	4,177.	2,055
	Royalties	•			•
	Decupancy	234,501.	223,549.	7,322.	3,630
	ravel	22,700.	22,414.	24.	262
<b>8</b> P	Payments of travel or entertainment expenses				
fc	or any federal, state, or local public officials				
<b>9</b> C	Conferences, conventions, and meetings				
0 Ir	nterest				
<b>1</b> P	Payments to affiliates				
	Depreciation, depletion, and amortization	323,534.	310,594.	6,471.	6,469
3 Ir	nsurance	163,946.	148,851.	7,926.	7,169
al Iii	other expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A)				
	mount, list line 24e expenses on Schedule 0.)	007 607	000 E00	0.700	0.200
_	MEDS AND SUPPLIES	907,687.	888,599.	9,780.	9,308
_	MEMBERSHIP DRIVE EXPENS   MEMBERSHIP DUES	324,054. 135,556.	42,903.	31,828.	324,054
_	ANIMAL REMOVAL OUTSIDE	35,954.	35,954.	31,828.	60,825
_		37,238.	33,420.	3,799.	19
	All other expenses Add lines 1 through 24s	8,128,346.	6,219,117.	901,405.	1,007,824
	otal functional expenses. Add lines 1 through 24e	0,140,340.	0,419,11/•	JU1,4U3.	1,007,024
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
e	ducational campaign and fundraising solicitation.				

Form 990 (2020)
Part X Balance Sheet

<u>rar</u>	τX	Balance Sneet					
		Check if Schedule O contains a response or note t	to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			994,915.	1	2,250,056
	2	Savings and temporary cash investments			496,358.	2	505,857
	3	Pledges and grants receivable, net			22,618.	3	22,970
	4	Accounts receivable, net			443,847.	4	4,430,562
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	d per	sons (as defined			
		under section 4958(f)(1)), and persons described in	n sect	tion 4958(c)(3)(B)		6	
ည	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			44,797.	8	99,704
ĕ	9	B			156,969.	9	180,202
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,566,722.			
	b	Less: accumulated depreciation	10b	3,044,753.	6,438,313.		6,521,969
	11	Investments - publicly traded securities		4,370,903.	11	4,554,409	
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		26,505.	15	74,854	
	16	Total assets. Add lines 1 through 15 (must equal			12,995,225.	16	18,640,583
	17	Accounts payable and accrued expenses			388,129.	17	1,702,515
	18	Grants payable	0 505	18	0.706		
	19	Deferred revenue	2,585.	19	2,786		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Pa			21		
es	22	Loans and other payables to any current or former					
┋╽		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these				22	
-	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1 of Schedule D	7-24).	. Complete Part X		25	
	26	Total liabilities. Add lines 17 through 25			390,714.	26	1,705,301
_	20	Organizations that follow FASB ASC 958, check	hore	X	330,714.	20	1,703,301
န္က		and complete lines 27, 28, 32, and 33.	Here				
ا <u>ت</u>	27				12,546,089.	27	16,925,591
Sala	28	Net assets with donor restrictions			58,422.	28	9,691
	20	Organizations that do not follow FASB ASC 958			30,1221	20	3,032
호		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equi				30	
Ass	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			12,604,511.	32	16,935,282
z	33				12,995,225.	33	18,640,583

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,10					
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,12					
3	Revenue less expenses. Subtract line 2 from line 1	3	3,97					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,60	4,5	<u> 11.</u>			
5	Net unrealized gains (losses) on investments	37	6,3	<u> 15.</u>				
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 on Schedule O)	9	-2	3,5	77.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	16,93	5,2	82.			
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>	<u></u>					
				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 O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	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 separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		х				
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		3a		X			
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	225				
			Form	990	(2020)			

032012 12-23-20

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

		HUMA	NE SOCIETY	OF HURON VA	LLEY			3	8-1474931			
Pa	ırt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.				
The 1 2 3 4	organ	anization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5 6 7	X	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8 9		A community trust describe An agricultural research orgor university or a non-land-guniversity:	ed in <b>section 170(b)(</b> ganization described	in <b>section 170(b)(1)(A)(</b>	ix) operate	-		-	•			
10		An organization that normal activities related to its exemincome and unrelated busin See section 509(a)(2). (Con	npt functions, subjectiess taxable income	t to certain exceptions;	and (2) no i	more than	33 1/3% of its	support fi	rom gross investment			
11 12		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
a b		Type I. A supporting orgathe supported organization organization. You must of Type II. A supporting organization organization organization organization.	on(s) the power to recomplete Part IV, Se anization supervised	gularly appoint or elect a ections A and B. or controlled in connect	majority o	of the direct	ctors or trustee	es of the su	ring			
c	:	control or management o organization(s). You mus  Type III functionally inte its supported organization	t complete Part IV, grated. A supporting	Sections A and C. g organization operated	in connect	ion with, a	and functionall					
d		Type III non-functionally that is not functionally int requirement (see instructional see instructions)	r integrated. A supp egrated. The organiz	orting organization oper ation generally must sat	ated in cor isfy a distri	nnection with the contraction in	vith its support quirement and	-				
e		Check this box if the orgatus functionally integrated, or er the number of supported or suppor	Type III non-function	nally integrated supporti	ng organiza		Type I, Type I	I, Type III				
		vide the following information	•	d organization(s)								
9		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi <b>Yes</b>	nization listed ng document?	(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)			
Tota												
I Of:	ai						1		1			

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

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

Sec	ction A. Public Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3053894.	3333829.	3836743.	4143145.	8107901.	22475512.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3053894.	3333829.	3836743.	4143145.	8107901.	22475512.
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)						427,979.
	Public support. Subtract line 5 from line 4.						22047533.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	3053894.	3333829.	3836743.	4143145.	8107901.	22475512.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	56,549.	64,257.	88,897.	119,082.	101,890.	430,675.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	1,490.	1,067.	1,329.	251.	137.	4,274.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	23,352.	27,321.	24,413.	27,267.		117,690.
11	<b>Total support.</b> Add lines 7 through 10						23028151.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 19	,599,144.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publi					г	
	Public support percentage for 2020 (li					14	95.74 %
	Public support percentage from 2019					15	94.80 %
16a	33 1/3% support test - 2020. If the o						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2019. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			-	•	VI how the organiz	zation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		, —
	organization meets the facts-and-circu						<b>&gt;</b>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2020

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						<u> </u>
6 Total. Add lines 1 through 5				<u> </u>		
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						<del> </del>
c Add lines 7a and 7b						<del>                                     </del>
8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(a) 2010	(6) 2017	(6) 2018	(u) 2019	(e) 2020	(i) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
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 VI.)				<u>                                     </u>		<u>                                     </u>
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
check this box and stop here	•		,	•	. , . , .	·
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>20</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
<b>b 33 1/3% support tests - 2019.</b> If the						
line 18 is not more than 33 1/3%, chec	ck this box and <b>st</b>	t <b>op here.</b> The orga	ınization qualifies a	as a publicly suppo	orted organization	
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hov and sec inc	etructions	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
<i>a</i> -		
9b		
0-		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2		
366	tion of Type it Supporting Organizations		V	N.
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	_ '		
	and the management of gamentons		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	<b>)-</b>		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	<b>^</b> 1		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		0.5		
<b>L</b>	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or the employees organization of the feet describe in the rule fole played by the organization in this redard.			

Part '	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 [	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations may		•	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
<b>2</b> R	lecoveries of prior-year distributions	2		
3 0	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
<b>5</b> D	Depreciation and depletion	5		
<b>6</b> P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
<b>2</b> A	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	subtract line 2 from line 1d.	3		
<b>4</b> C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
8 M	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
<b>1</b> A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 M	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	τν	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	on D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organi	zations, in excess of income from activity			2	
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other	distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive			
	(provid	de details in Part VI). See instructions.			8	
9	Distrib	outable amount for 2020 from Section C, line 6			9	
10	Line 8	amount divided by line 9 amount			10	
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distrib	outable amount for 2020 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2020 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2020				
а	From	2015				
b	From	2016				
С	From	2017				
d	From	2018				
е	From	2019				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2020 distributable amount				
i	Carry	over from 2015 not applied (see instructions)				
j_	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2020 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2020 distributable amount				
С	Rema	inder. Subtract lines 4a and 4b from line 4.				
5	Rema	ining underdistributions for years prior to 2020, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than z	ero, explain in Part VI. See instructions.				
6	Rema	ining underdistributions for 2020. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part V	/I. See instructions.				
7	Exces	ss distributions carryover to 2021. Add lines 3j				
	and 4					
8	Break	down of line 7:				
		s from 2016				
b	Exces	s from 2017				
С	Exces	s from 2018				
d	Exces	s from 2019				
е	Exces	s from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental I Part IV, Section A, I line 1; Part IV, Secti	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, ion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 3a, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING	
2016 AMOUNT: \$	23,352.
2017 AMOUNT: \$	27,321.
2018 AMOUNT: \$	24,413.
2019 AMOUNT: \$	27,267.
2020 AMOUNT: \$	15,337.

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

38-1474931

2020

Name of the organization Employer identification number

HUMANE SOCIETY OF HURON VALLEY

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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 space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person **Payroll** 215,827. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person **Payroll** 185,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **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 Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	990 990.EZ or 990.DE\/2020\

Name of organization **Employer identification number** SOCIETY OF HURON VALLEY 38-1474931 HUMANE Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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 (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 (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 (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 C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
	HUMANE	SOCIETY OF HURON	VALLEY		38-1474931
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		<b></b> ►\$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b>▶</b> \$	
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				1/2
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	<u>)(3).</u>
	Enter the amount directly expended	, ,	·	***************************************	
2	Enter the amount of the filing organ				
	exempt function activities				
3	Total exempt function expenditures				
	line 17b				
4	3 3				
5	Enter the names, addresses and en made payments. For each organiza				
	contributions received that were pro	•			•
	political action committee (PAC). If			·	5 5
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

# Schedule C (Form 990 or 990-EZ) 2020 HUMANE SOCIETY OF HURON VALLEY 38-14749 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(i	o)
the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3	3,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		Х		
j Total. Add lines 1c through 1i			3	3,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	), or sec	tion	
501(c)(6).			ı	
501(c)(6).			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section	ne prior year? on 501(c)(5	2 3 5), or sec	etion	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year? on 501(c)(5	2 3 5), or sec	etion	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year? on 501(c)(5 "No" OR (	2 5), or sec (b) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	ne prior year? on 501(c)(5 "No" OR (	2 5), or sec (b) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	ne prior year? on 501(c)(5 "No" OR (	2 5), or sec (b) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ne prior year? on 501(c)(5 "No" OR (	2 3 5), or sec (b) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ne prior year? on 501(c)(5 "No" OR (	2 3 5), or sec (b) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year	ne prior year? on 501(c)(5 "No" OR (	2 3 5), or sec (b) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year	ne prior year? on 501(c)(5 "No" OR (	2 3 5), or sec (b) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ne prior year? on 501(c)(5 "No" OR (	2 3 5), or sec (b) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year	ne prior year? on 501(c)(5 "No" OR (	2 3 5), or sec (b) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?	ne prior year? on 501(c)(5 "No" OR (	2 3 5), or sec (b) Part I	etion	
Mere substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)	ne prior year? on 501(c)(5 "No" OR (	2 3 5), or sec (b) Part I 2 2b 2c 3	etion	
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#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HUMANE SOCIETY OF HURON VALLEY

**Employer identification number** 38-1474931

Pa			imilar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. <b>(a)</b> Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised	a idilus	(w) i dilde and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets hel	d in donor advised f	unds
Ū	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing conserva	ation easements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation	easements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	• •		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footness.	ote to the organization's	financial statements	that describes the
Dai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art Historical Tres	euros or Otho	r Similar Assots
I a	Complete if the organization answered "Yes" on Form		asures, or other	Ollilla Assets.
			nue statement and h	palanaa ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			erance or public
h	service, provide in Part XIII the text of the footnote to its finan			noe shoot works of
D	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurthera	nce of public service,
	provide the following amounts relating to these items:			<b>•</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1			<b>L</b> .
2		neuroe or other similar as		
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP ASP			iii, provide
_	the following amounts required to be reported under FASB AS	~		<b>•</b>
a	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X			
IJ	ASSERT INCIDITED IN FULL BOOK FAIL A			🕶 🛡

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):  a		rt III Organizations Maintaining Co	ollections of Ar				Othe	r Simi		ets (continu		<i>: -</i>
collection items (sheek all that apply): a				-						(OOTTERN)	<u>ieu)</u>	_
a Public exhibition d	Ŭ		ori, aria otrici recora	3, 0110010	arry or the i	ollowing that	marc 5	igiiiioa	110 000 01 10	J		
b Scholarly research c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to se solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX. line 21.  1b is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX. line 21.  1c Beginning balance  1c Beginning balance  1d Beginning balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  2a Beginning of year balance  5 Donatistions  6 Not investment earnings, gains, and losses  6 Grants or scholarships  6 Contributions  6 Not investment earnings, gains, and losses  9 End of year balance  9 Cher expenditures for facilities  1 Administrative expenses  9 End of year balance  10 Unrelated organizations  9 Part XIII in influence processes on of the organization that are held and administered for the organization  9 Part XIII in influence uses of the organization in that are held and administered for the organization  9 Part XIII in influence uses of the organization is required on Schedule R?  1 Provide the estimated percendage on line 2a, 2b, and 2c should equal 100%.  2a	а		d		l nan or exc	hange progra	ım					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?  Part IVI Excorw and Custodial Arrangements. Complete if the organization answered 'Yea' on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part XIII and complete the following table:												
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X iii.e. 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X iii.e. 21.  1b Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X iii.e. 21.  1c Beginning belance  1 Beginning belance  2 Distributions during the year  1 Ending belance  2 Distributions during the year  1 Ending belance  2 Distributions during the year  1 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  1a Beginning of year belance  2 Distributions organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2 Provide the testinated percentage of the current year is the organization answered "Yes" on Form 990, Part X, line 10.  3 Beginning of year belance  4 Administrative expenditures for facilities and programs  5 End of year belance  5 Contributions  6 Other expenditures for facilities  6 Other expenditures for facilities  7 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  2 Provide the destinated percentage of the current year end balance (line 1g, column (a)) held as:  2 Provide the advorment them 5 organization is led as required on Schedule R7  3 Describe in the practication as were develored to schedule R7  4 Describe in Part XIII in enfloyed uses of the organization is led as required on Schedule R7  5 Description		· ·	·	ш	Otrici							_
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  I a Is the organization an angent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X?  I a Is the organization an agent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X line 11 to 15 to 1			allections and explain	how th	ev further th	ne organizatio	n's ever	mnt nu	nnse in Pa	rt XIII		
to be sold for raise funds rather than to be maintained as part of the organization's collection?										ii t Aiii.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Ves	•									Ves		No.
Teported an amount on Form 990, Part X, line 21.   Teves   T	Par											10
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				oto ii tiio	organizatio	ii aiisworca	103 011	11 01111	550, T alt IV	7, III C 3, OI		
no Form 980, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   Id.	1a			iary for o	contributions	s or other ass	ets not	include	d			_
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	··u									Ves		No.
c Beginning balance d Additions during the year e Distributions during the year f Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment ▶ 96 c Term endowment Politics in that are held and administered for the organization by:  (ii) Related organizations (iii) Related organizations	h									100	ш.	•
c Beginning balance d Additions during the year 1 Ending balance 2a Distributions during the year 1 Ending balance 2a Distributions during the year 1 Ending balance 2a Distributions during the year 1 Ending balance 2b Distributions during the year 1 Ending balance 2c Distributions during the year 2d Distributions during the year 2d Distributions during the year   19   19   19   19   19   19   2d Distributions   2d Distribution		ii 163, explain the arrangement iii art xiii a	and complete the for	lowing to	abic.					Amount		_
d Additions during the year    Ending balance   11	_	Reginning halance						1	_	Amount		_
e Distributions during the year f   Ending balance   2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No   No   If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   Part V   Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.    1a Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years												_
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [b) Contributions  c Net investment earnings, gains, and losses d Grants or scholarships  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment    Mean been provided on Part XIII  Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment    Mean been provided on Part XIII  Mean												_
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f											_
b If *Ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Beginning of year balance (a) Contributions (b) Contributions (c) Net investment earnings, gains, and losses (d) Grants or scholarships (e) Chief expenditures for facilities and programs (e) Contributions (f) Contributions (	) 2a								·   [	Ves		— No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Cal Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back		_						•	∟		Ħ'	10
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years												_
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		Затрыя							ee vears had	k (a) Four	rears ha	—— rk
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	12	Reginning of year halance	•	(6) 1	nor year	(C) TWO your	3 Duck	(4) 1111	oc yours buc	,K (C) Tour	ycars ba	<u> </u>
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment												_
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												_
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	4											—
and programs f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												—
f Administrative expenses g End of year balance  Permanent endowment	-											
g End of year balance												—
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	'											—
a Board designated or quasi-endowment ▶		•	ont voor and balance	lino 1	, column (c)	) hold oo:						—
b Permanent endowment ▶			ent year end balance		j, coluititi (a)	I) Helu as.						
Tem   Part   Tem   Part   Tem   Part   Pa	_		20									
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Are the related organizations (iv) Related organizations (iv) Are the related organizations (iv) Related organizations (iv) Related organizations (iv) Are the related organizations		· · · · · · · · · · · · · · · · · · ·										
Are there endowment funds not in the possession of the organization that are held and administered for the organization  by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  311,771.  b Buildings  7,928,867.  2,354,933.  5,573,934.  c Leasehold improvements  d Equipment  4 Double of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1a Land  1a Land  1a Land  1a Land  1a Land  1b Land  1a Land	C											
Ves   No   (i)   Unrelated organizations   3a(i)	2-	, ,	•	tion tha	t ara bald an	ad administar	ad far th		oization			
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (b) Cost or other depreciation  1a Land 1311,771. 1b Buildings 7,928,867. 2,354,933. 5,573,934. c Leasehold improvements d Equipment 1,008,690. 689,820. 318,870. e Other	Sa	•	SSION OF THE Organiza	lion ina	t are rielu ai	iu auministen	eu ioi ii	ie orga	lization	Г	V00 N	<u> </u>
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  7,928,867. 2,354,933. 5,573,934.  c Leasehold improvements  d Equipment  90, Part IV, line 11a. See Form 990, Part X, line 10.  (b) Cost or other basis (other)  311,771. 311,771.  311,771.  4 In		-									165 1	10
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  basis (other)  Cultural depreciation  1a Land  Buildings  7,928,867.  1a Land  Cultural depreciation  1b Buildings  7,928,867.  1c Leasehold improvements  d Equipment  Other  Other  Other  1 1,008,690.  1 317,394.												—
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Buildings  C Leasehold improvements  d Equipment  Other  Other  Other  Other  Other  Other  And Buildings, and Equipment  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  311,771.  311,771.  311,771.  4 Land  5 Land  6 Equipment  7,928,867.  1,008,690.  689,820.  318,870.  317,394.	h									-		—
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	<i>1</i>	· · · · · · · · · · · · · · · · · · ·	-							[30]		—
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation           1a Land         311,771.         311,771.           b Buildings         7,928,867.         2,354,933.         5,573,934.           c Leasehold improvements         1,008,690.         689,820.         318,870.           e Other         317,394.         317,394.	Pai			WITHELILL	urius.							—
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         311,771.         311,771.         311,771.           b Buildings         7,928,867.         2,354,933.         5,573,934.           c Leasehold improvements         1,008,690.         689,820.         318,870.           e Other         317,394.         317,394.				Part IV	line 11a S	60 Form 990	Part X	line 10				
ta Land         311,771.         311,771.           b Buildings         7,928,867.         2,354,933.         5,573,934.           c Leasehold improvements         1,008,690.         689,820.         318,870.           e Other         317,394.         317,394.         317,394.										(d) Book	value	_
1a Land       311,771.       311,771.         b Buildings       7,928,867.       2,354,933.       5,573,934.         c Leasehold improvements       1,008,690.       689,820.       318,870.         e Other       317,394.       317,394.		Description of property	( )			I			I	(u) book	value	
b Buildings       7,928,867.       2,354,933.       5,573,934.         c Leasehold improvements       1,008,690.       689,820.       318,870.         e Other       317,394.       317,394.	10	Land	<del>-                                    </del>	,		· / I	- 40			311	771	_
c Leasehold improvements       1,008,690.       689,820.       318,870.         e Other       317,394.       317,394.							2	354	933			
d Equipment       1,008,690.       689,820.       318,870.         e Other       317,394.       317,394.					,,,2	<del>5,557.</del>	4,	<i></i>	733.	3,313	, , , , , ,	<u></u>
e Other 317,394. 317,394.					1 00	8 690		689	820	31 ผ	870	<del></del>
					31	7 394	'	,	520.	317	39/	<u>.</u>
				V activi								

Part VII Investments - Other Securities.		VALLEY	38-14/4931 Page
Complete if the organization answered "Yes" of	on Form 990, Part IV, line (b) Book value		line 12. n: Cost or end-of-year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation	n: Cost or end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" complete if the organization and the organization an	on Form 990, Part IV, line Description	11d. See Form 990, Part X,	line 15. <b>(b)</b> Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" complete if the organization and the organization an		11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [		11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.  Complete if the organization answered "Yes" (a) [		11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" (a) □  (1) (2)		11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" c  (a) [ (1) (2) (3)		11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" c  (a) [ (1) (2) (3) (4)		11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" control (a) [1]  (1)  (2)  (3)  (4)  (5)		11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1)  (2)  (3)  (4)  (5)  (6)		11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" c  (a) [ (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X,	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" c  (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" c  (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" c  (a) [  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description  15.)		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Proposition of liability.	Description  15.)		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Proposition of liability.	Description  15.)		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes	Description  15.)		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)	Description  15.)		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description  15.)		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	Description  15.)		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description  15.)		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description  15.)		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description  15.)		(b) Book value

032053 12-01-20

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Fai	Complete if the experience on any and IV call on Form 000. But IV line 100	ito with	nevenue per ne	tuiii.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements			1	12,873,627.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	12,013,021.
a	Net unrealized gains (losses) on investments	2a	376,315.		
b	Donated services and use of facilities		266,417.		
С	Recoveries of prior year grants		,		
d	Other (Describe in Part XIII.)	1 1	124,516.		
е	Add lines 2a through 2d			2e	767,248.
3	Subtract line 2e from line 1			3	12,106,379.
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.)	nto With	Evnopos por D	5	12,106,379.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents with	Expenses per F	teturi	11.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				8,542,856.
1	Total expenses and losses per audited financial statements			1	0,542,050.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a	266,417.		
b	Prior year adjustments		200,417.		
C	Other losses			1	
d	Other (Describe in Part XIII.)		148,093.		
e	Add lines 2a through 2d		-	2e	414,510.
3	Subtract line <b>2e</b> from line <b>1</b>			3	8,128,346.
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	8,128,346.
Pa	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			; Part )	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional inforn	nation.		
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
	,				
SPI	CIAL EVENTS DIRECT EXPENSES				41,341.
					-
COS	ST OF GOODS SOLD				83,175.
TOT	AL TO SCHEDULE D, PART XI, LINE 2D				124,516.
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
~~	THE OF GOOD GOID				02 175
<u>CO3</u>	T OF GOODS SOLD				83,175.
מסז	CINI EVENDO DIDECO EVDENCEO				11 211
וזמ	CIAL EVENTS DIRECT EXPENSES				41,341.
TINI	COLLECTIBLE ACCOUNTS				23,577.
2110	,0111011111 110000H1D				25,5114
TOT	AL TO SCHEDULE D, PART XII, LINE 2D				148,093.

Schedule D (Form 990) 2020	HUMANE	SOCIETY	OF	HURON	VALLEY	38-1474931	Page 5
Schedule D (Form 990) 2020  Part XIII   Supplemental Inform	mation (con	tinuod)					
	(COII)	unueu)					
		<del></del>			<u></u>	 <del></del>	
-							

#### **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" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

lame of the organization	ame of the organization Employer identification number						
HUMANE SOCIETY OF HURON VALLEY							931
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-govern govern dising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
otal			•				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							gistration

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 HUMANE SOCIETY OF HURON VALLEY 38-1474931 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events WALK & WAG NONE (add col. (a) through 2020 COMP. FEAST col. (c)) (event type) (event type) (total number) 259,732. 114,000. 373,732. Gross receipts 259,732 105,250. 364,982. 2 Less: Contributions 8,750. 8,750. Gross income (line 1 minus line 2) 1,000. 1,000. 4 Cash prizes 5 Noncash prizes Direct Expenses 243. 243. Rent/facility costs 9,091. 1,007. 8,084. 7 Food and beverages 13,100. 12,500. 600. 8 Entertainment 14, 442. 2,465. 16,907. Other direct expenses 40,341. 10 Direct expense summary. Add lines 4 through 9 in column (d) -31,591. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 6,587. 6,587. Gross revenue 1,000. 1,000. 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses X Yes90.00 % Yes % % Yes 6 Volunteer labor No 1,000. 7 Direct expense summary. Add lines 2 through 5 in column (d) 5,587. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: MI

a	a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:	X Yes	No No
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?      If "Yes," explain:	Yes	X No

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Schedule G (Form 990 or 990-EZ) 2020

Sche	edule G (Form 990 or 990-EZ) 2020 HUMANE SOCIETY OF HURON VALLEY 38	-1474931	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	X No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	. ISB	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► JACLYN SCHAECHER		
	Address ► 3100 CHERRY HILL ROAD - ANN ARBOR, MI 48105		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization  \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address N		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	make in the state program (in man)	Yes	X No
h	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  \$\bar{\bar{\bar{\bar{\bar{\bar{\bar{\b		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III. linos 0. (	)h 10h
· u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rait III, IIIIes 9, 8	<i>5</i> 0, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule 6	G (Form 990 or 990-EZ)	HUMANE	SOCIETY	OF	HURON	VALLEY	38-1474931	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (con	tinued)					
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### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

HUMANE SOCIETY OF HURON VALLEY 38

 $Employer\ identification\ number\\ 38-1474931$ 

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
		5a		X
b	, ,	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) TANYA HILGENDORF	(i)	176,651.	0.	0.	3,554.	6,151.	186,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
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·	(ii)							_
	(i)							
	(ii)							
	(i) (ii)							
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	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### **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.

► Go to www.irs.gov/Form990 for the latest information.

2020 Open to Public Inspection

OMB No. 1545-0047

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 14,000 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 11B:

ELECTRONIC VERSION OF FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS

BEFORE FINALIZING. COMMENTS AND QUESTIONS ARE ACCEPTED BEFORE FILING. CHIEF

FINANCIAL OFFICER REVIEWS IN DETAIL.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD OF DIRECTORS ARE REQUIRED TO SIGN A DISCLOSURE AND CONFLICT OF

INTEREST POLICY STATEMENT ANNUALLY. IF A CONFLICT ARISES, THE BOARD MEMBER

DISCLOSES THE CONFLICT AND ABSTAINS FROM VOTING ON THE ISSUE.

FORM 990, PART VI, SECTION B, LINE 15:

INFORMATION OBTAINED FROM 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.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

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Name of the organization HUMANE SOCIETY OF HURON VALLEY	Employer identification number 38-1474931
AND DISCLOSURES ARE MADE AVAILABLE TO THE PUBLIC UPON REQU	EST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON UNCOLLECTIBLE ACCOUNTS	-23,577.

# **CARRYOVER DATA TO 2021**

Bessed on the information provided with this return, the following are possible carryover amounts to next year.  FEDERAL POST-2017 NET OPERATING LOSS - ONLINE RETAIL SALES 22	Name HUMANE SOCIETY OF HURON VALLEY	Employer Identification Number 38-1474931
FEDERAL POST-2017 NET OPERATING LOSS - ONLINE RETAIL SALES 22	Based on the information provided with this return, the following are possible carryover amounts to next year.	
	FEDERAL POST-2017 NET OPERATING LOSS - ONLINE RETAIL	SALES 22.
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