# **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.

# Form **990**

\*\* PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury

A For the 2023 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 16,644,246. 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 WWW.HSHV.ORG J Website: 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 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ο. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 289. 7h **Prior Year Current Year** 4,766,947. 7,290,349. Contributions and grants (Part VIII, line 1h) 8 4,578,810. 4,967,306. Program service revenue (Part VIII, line 2g) 258,295. -93,529. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -44,488. -1,587. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 9,207,740. 12,514,363. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. 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) 6,474,750. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,044,679. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,221,580. 3,606,763. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,696,330. 10,651,442. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -488,590. 1,862,921. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 19,096,523. 21,681,959 Total assets (Part X, line 16) 1,240,480. 1,303,541 21 Total liabilities (Part X, line 26) 三年 17,856,043. 20,378,418 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 PANYA HILGENDORF, PRESIDENT/CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/15/24 P00378651 DAVID LOWENTHAL self-employed Paid DAVID LOWENTHAL Firm's name PLANTE & MORAN, PLLC Firm's EIN 38-1357951 Preparer Firm's address 10 S RIVERSIDE PLAZA Use Only Phone no. (312) 980-2954CHICAGO, IL 60606

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

X Yes

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	HSHV'S MISSION IS TO SUPPORT THE LOVING, RESPONSIBLE CARE OF ANIMALS
	IN OUR COMMUNITY.
	III OOK GOILLONIII.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
_	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	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 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	
	CLINIC - PROVIDE PREVENTIVE AND URGENT VETERINARY SERVICES INCLUDING
	SPAYING AND NEUTERING TO SHELTER ANIMALS AND FOR THE COMMUNITY'S
	COMPANION ANIMALS.
	1 000 100
4b	(Code:) (Expenses \$4,220,198. including grants of \$) (Revenue \$2,001,140. )
	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 \$ 893,046. including grants of \$) (Revenue \$ 173,754.
	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 8,055,282.
	Form <b>990</b> (2023)

			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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III	<u> </u>		
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?			x
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			₩.
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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,			_ <del>_</del> _
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del></del>
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 22	$\vdash$
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	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	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

332003 12-21-23

Form	rt IV   Checklist of Required Schedules <sub>(continued)</sub>	93 <u>T</u>	Р	age 4
Га	Criecklist of Required Scriedules (continued)		V	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7.7
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	۵		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del>                                     </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		_ v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	Ь
	Check if Schedule O contains a response or note to any line in this Part V			
	Check in Contouring Contrained a recipionate of flotte to drift fine in this flat v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

HUMANE SOCIETY OF HURON VALLEY 38-1474931 Page 5 Form 990 (2023) 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, 171 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? X Did the organization have unrelated business gross income of \$1,000 or more during the year? Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 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 X 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 to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 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? 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? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year

11b 12a

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

Is the organization licensed to issue qualified health plans in more than one state? 13a

c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sche

Enter the amount of reserves on hand		
Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
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		

excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.

Section 501(c)(29) qualified nonprofit health insurance issuers.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

Form 990 (2023)

15

16

17

Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 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 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MI 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JONATHAN TREVATHAN - 734 661-3524

Form **990** (2023)

48105

3100 CHERRY HILL ROAD, ANN ARBOR, MI

<u> Page</u> **7** 

#### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per week	box	not cl	ss per	ition more rson is	than o	an	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TANYA HILGENDORF	40.00			.,				225 224	0	16 400
PRESIDENT/CEO	40.00			Х				235,224.	0.	16,482.
(2) MATTHEW SCHAECHER	40.00	-				,,		162 015	0	Г 100
CHIEF OPERATIONS OFFICER	40.00					X		163,815.	0.	5,192.
(3) COURTNEY WHITE DIRECTOR OF SHELTER MEDICI	40.00	1				x		147,142.	0.	16,115.
(4) JACLYN SCHAECHER	40.00							117,112.	0.	10,115.
VP OF DEVELOPMENT AND MARK	40.00	1				x		145,356.	0.	9,290.
(5) JONATHAN TREVATHAN	40.00							143,330.	•	3,230.
CHIEF FINANCIAL OFFICER	10.00	1				x		145,654.	0.	8,780.
(6) AMY HESS	40.00									
VETERINARIAN		1				Х		129,139.	0.	7,211.
(7) WILLIAM KRYSKA	1.00									•
BOARD CHAIR		Х		Х				0.	0.	0.
(8) SCOTT TATRO	1.00									
TREASURER		X		Х				0.	0.	0.
(9) REGAN DAHLE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) LAURIE BUYS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MELONIE COLAIANNE	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(12) DAVID MORAN	1.00	l								
BOARD MEMBER	1	Х						0.	0.	0.
(13) KATE MURPHY	1.00	ļ								
BOARD VICE-CHAIR	1 00	Х		Х				0.	0.	0.
(14) STEPHANIE BARNHILL	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) VENGU LAKSHMINARAYANAN	1.00	3,7							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) COLETTE NELLETT	1.00	v							0.	^
BOARD MEMBER (17) PAUL VAN HOOF	1.00	Х	$\vdash$			$\vdash$		0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
DOIND HERIDEN	L	Λ	L	l		<u> </u>		1 0.	U •	Form <b>990</b> (2022)

Form 990 (2023) HUMANE SO									38-14	1749	931	Page 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		'	—т		
(A)	(B)			(C Posi				(D)	(E)			(F)
Name and title	Average hours per		not c	heck r ss per	more t	than o		Reportable compensation	Reportable compensation	n		mated ount of
	week			id a di				from	from related	- 1		ther
	(list any	ctor						the	organizations	- 1		ensation
	hours for	r dire				ted		organization	(W-2/1099-MIS	C/	fror	m the
	related	stee o	ruste			bensa		(W-2/1099-MISC/	1099-NEC)		•	nization
	organizations below	ıal tru	onal t		ploye	com		1099-NEC)				related
	line)	Individual trustee or director	Institutional trustee	Officer	<ey employee<="" td=""><td>Highest compensated employee</td><td>Former</td><td></td><td></td><td></td><td>organ</td><td>izations</td></ey>	Highest compensated employee	Former				organ	izations
(18) GAUTAM MUTHUSAMY	1.00	=	=	0	¥	Ξω						
BOARD MEMBER		Х						0.		0.		0.
(19) SHARVIL SHAH	1.00											
BOARD MEMBER		Х						0.		0.		<u> </u>
										-		
										$\dashv$		
1b Subtotal								966,330.		0.	63	,070.
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								966,330.		0.	63	,070.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove)	) who	o re	eceived more than \$100,	000 of reportable	!		11
compensation from the organization											Y	es No
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	emple	oyee	e, or	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									[	3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a	-				-			-			_	7.
rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors	plete Schedule	J fo	or su	ıch r	perso	on .					5	<u> </u>
Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ntra	actor	s th	nat received more than \$	100.000 of comp	 ensat	ion from	 1
the organization. Report compensation for	•	•										
(A)				_				(B)		0	(C)	-t:
Name and business	address	NC	NE	<u> </u>			-	Description of s	ervices		ompens	ation
							$\dashv$					
							_					
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	d to t	thos	e list	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	•				0			•				
											Form <b>9</b> 9	<b>90</b> (2023)

Form 990 (2023) HUMANE
Part VIII Statement of Revenue

		Check if Schedule O contains	a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Turiction revenue	business revenue	sections 512 - 514
S S	1	a Federated campaigns	1a	3,799.				
ant		<b>b</b> Membership dues		, -				
င်္ခ ဗြ		c Fundraising events		479,483.				
Ę,			11	,				
ية إق				499,211.				
Sir		e Government grants (contributions		155,211.				
e Hi		f All other contributions, gifts, grants, a		6 207 056				
들 된		similar amounts not included above	.   1f	6,307,856.				
Contributions, Gifts, Grants and Other Similar Amounts		<b>g</b> Noncash contributions included in lines 1a-1f	1g  \$	20,557.	T 000 340			
<u>0</u> <u>6</u>		h Total. Add lines 1a-1f		I	7,290,349.			
				Business Code				
Se	2	a CLINIC		541940	2,542,768.	2,542,768.		
ēŽ		b SHELTER		541940	2,250,784.	2,250,784.		
Program Service Revenue		c CRUELTY RESCUE AND SUPPORT	?	541940	173,754.	173,754.		
ar		d						
go H		e						
ᇫ		f All other program service revenue						
		g Total. Add lines 2a-2f			4,967,306.			
	3	Investment income (including divid	dends, intere	st, and				
		other similar amounts)		242,980.			242,980.	
	4							
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6	a Gross rents 6a						
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		d Net rental income or (loss)						
		1 1	Securities	(ii) Other				
	'	<u> </u>	,946,248.	(ii) Guile.				
		b Less: cost or other basis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ø.			,930,045.	888.				
ğ			16,203.					
ther Revenue		· /			15,315.			15,315.
<u>ت</u> ج		d Net gain or (loss)			13,313.			13,313.
‡	8	a Gross income from fundraising events						
0		including \$ 479,48	I .					
		contributions reported on line 1c).	I .	0.000				
		Part IV, line 18	I .	8,000.				
		<b>b</b> Less: direct expenses		87,439.	TO 420			E0 420
		c Net income or (loss) from fundrais		 I	-79,439.			-79,439.
	9	a Gross income from gaming activit	I .					
		Part IV, line 19	I .					
		<b>b</b> Less: direct expenses						
		c Net income or (loss) from gaming						
	10	a Gross sales of inventory, less retu	rns					
		and allowances	10a	189,363.				
		<b>b</b> Less: cost of goods sold	10b	111,511.				
		c Net income or (loss) from sales of	inventory		77,852.	77,852.		
<sub>ω</sub>				Business Code				
ő a	11	а						
Miscellaneous Revenue		b						
e še		c						
Aisc B		d All other revenue	<del>-</del>					
2		e Total. Add lines 11a-11d						
	12				12,514,363.	5,045,158.	0.	178,856.

332009 12-21-23

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 251,706. 251,706. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,347,175. 4,301,331. 502,258. 543,586. Other salaries and wages 7 Pension plan accruals and contributions (include 131,039. 100,127. 15,400. 15,512. section 401(k) and 403(b) employer contributions) 878,159. 683,595. 88,659. 105,905. Other employee benefits 9 436,600. 333,606. 51,311. 51,683. 10 Payroll taxes Fees for services (nonemployees): Management Legal 61,030. 61,030. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 286,993. 463,296. 152,695. 23,608. column (A), amount, list line 11g expenses on Sch O.) 121,865. 106,714. 15,151. Advertising and promotion 12 165,385. 64,132. 1,421.99,832. Office expenses 13 175,673. 73,433. 5,970. 96,270. Information technology 14 15 Royalties 261,755. 4,125. 261,492. -3,862. 16 Occupancy 41,089. 38,830. 1,086. 1,173. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 379,780. 364,588. 7,596. 7,596. Depreciation, depletion, and amortization 22 226,093. 203,159. 9,447. 13,487. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,186,052. 1,157,026. 10,964. 18,062. MEDS AND SUPPLIES MEMBERSHIP DRIVE EXPENS 417,299. 0. 417,299. 0. 47,152. 20,308. 2,575. MEMBERSHIP DUES 24,269. 28,061. 28,061. d MICROCHIPS О. 0. 32,233. 31,887. 184. 162. e All other expenses 10,651,442. 8,055,282. 1,166,427. 429,733. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance Sheet

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or note	to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,204,339.	1	2,875,264.	
	2	Savings and temporary cash investments			785,621.	2	1,146,466.
	3	Pledges and grants receivable, net	63,625.	3	20,681.		
	4	Accounts receivable, net	163,515.	4	1,813,743		
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substar	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie					
		under section 4958(f)(1)), and persons described in	tion 4958(c)(3)(B)		6		
s	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			96,391.	8	97,719
As	9	B			151,648.	9	119,608.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	10,477,737.			
	b	Less: accumulated depreciation	10b	3,902,131.	6,525,527.	10c	6,575,606.
	11	Investments - publicly traded securities	9,651,885.	11	8,500,939.		
	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		453,972.	15	531,933.	
	16	Total assets. Add lines 1 through 15 (must equal			19,096,523.	16	21,681,959.
	17	Accounts payable and accrued expenses			1,051,174.	17	1,163,531.
	18	Grants payable		18			
	19	Deferred revenue	3,377.	19	4,149.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	ırt IV (	of Schedule D		21	
S	22	Loans and other payables to any current or former	offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substar	ntial c	ontributor, or 35%			
iabi		controlled entity or family member of any of these	perso	ons		22	
_	23	Secured mortgages and notes payable to unrelate	d thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated t	hird p	parties		24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	7-24)	. Complete Part X	105 000		125 261
		of Schedule D		<u> </u>	185,929.		135,861.
	26			TT	1,240,480.	26	1,303,541.
G		Organizations that follow FASB ASC 958, check	c here	e X			
ce		and complete lines 27, 28, 32, and 33.			17 665 055		20 215 510
alar	27	Net assets without donor restrictions	17,665,055.	27	20,215,518.		
B	28	Net assets with donor restrictions	190,988.	28	162,900.		
ŭ		Organizations that do not follow FASB ASC 958	3, che	eck here			
Ϋ́		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equi				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			17 056 042	31	20 270 410
ž	32	Total net assets or fund balances			17,856,043.	32	20,378,418.
	33	Total liabilities and net assets/fund balances			19,096,523.	33	21,681,959.

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,51</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,65		
3	Revenue less expenses. Subtract line 2 from line 1	3		,86		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	17	,85	6,0 <sub>'</sub>	<u>43.</u>	
5	Net unrealized gains (losses) on investments	5		68	2,1	<u>89.</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	2,7	35.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	20	,37	8,4	18.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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 on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?			<b>2</b> b	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,				
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.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	200	

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public

Name of the organization

Employer identification number

HUMANE SOCIETY OF HURON VALLEY 38-1474931 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(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	<del>-</del>					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and			-			
	membership fees received. (Do not						
	include any "unusual grants.")	4143145.	8107901.	6683289.	4766947.	7290349.	30991631.
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	4143145.	8107901.	6683289.	4766947.	7290349.	30991631.
	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)						4817692.
6	Public support. Subtract line 5 from line 4.						26173939.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	4143145.	8107901.	6683289.	4766947.	7290349.	30991631.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	119,082.	101,890.	151.836.	139,877.	242,980.	755,665.
9	Net income from unrelated business	,					100,000
_	activities, whether or not the						
	business is regularly carried on	251.	137.	0.	0.	0.	388.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	27,267.	15,337.	5,120.	4,280.	8,000.	60,004.
11	Total support. Add lines 7 through 10			7,220			31807688.
	Gross receipts from related activities,	etc (see instructio	ns)				,797,983.
	<b>First 5 years.</b> If the Form 990 is for th	•	,				7.2.72000
	organization, check this box and <b>stop</b>			•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	82.29 %
	Public support percentage from 2022					15	79.53 %
	33 1/3% support test - 2023. If the c					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c						
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition		·	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			=	•		
b	10% -facts-and-circumstances test	-	•	*	-		
_	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio						s
	<del>y</del> ==:		,	. ,			(Form 990) 2023

#### 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. 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	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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
4		
1		
2		
_		
За		
3b		
Зс		
4a		
4b		
4c		
F		
5a		
5b		
5c		
- 55		
6		
7		
8		
9a		
01-		
9b		
90		
9c		
10a		
.54		
10b		
	n 990)	2023

Par	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 on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	lb		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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 contained or rectifications, if any, applied to each power during the tax year.	1		
	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,			
Caat		2		
Seci	tion C. Type II Supporting Organizations	$\neg$		
			Yes	No
	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			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion D. All Type III Supporting Organizations	$\neg$	1	
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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			
	, , , , , , , , , , , , , , , , , , , ,	1		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on 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 <b>Part VI</b> the role the organization's			
		3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	5)	
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			
		а		
	Did the activities described on 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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		а		
	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 Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

<u>4</u> 5

6

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
_5	Qualified 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	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2023 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) Underdistributions Pre-2023	(iii) Distributable Amount for 2023		
_1_	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
С	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, 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, line 1; Part IV, Section 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, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: **FUNDRAISING** 2019 AMOUNT: \$ 27,267. 2020 AMOUNT: \$ 15,337. 2021 AMOUNT: \$ 5,120. 4,280. 2022 AMOUNT: \$ 2023 AMOUNT: \$ 8,000.

# Schedule B

(Form 990)

**Schedule of Contributors** 

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

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

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

OMB No. 1545-0047

	HUMANE SOCIETY OF HURON VALLEY	38-1474931					
Organization type (chec	k one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						
	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.					
General Rule							
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin any one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509(a)( contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, aring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one					
contributor, dur literary, or educ	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF						

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$313,065.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>185,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 961,186.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, dudices, and En 1 7	\$173,230.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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
		<b>\$</b>	
(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
		   \$	Schedule R (Form 990) (2023)

Name of organization **Employer identification number** HUMANE SOCIETY OF HURON VALLEY 38-1474931 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)

# Political Campaign and Lobbying Activities

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

2023

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) organizations: Complete Part III.

• Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.		T					
Name of organization				Employer identification number				
HUMANE	SOCIETY OF HURON	VALLEY		38-1474931				
Part I-A   Complete if the org	Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.							
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campai</li> </ol>	ures							
Part I-B   Complete if the org	anization is exempt unde	er section 501(c)(	3).					
1 Enter the amount of any excise tax	incurred by the organization und	ler section 4955		\$				
2 Enter the amount of any excise tax								
3 If the organization incurred a sectio								
4a Was a correction made?								
<b>b</b> If "Yes," describe in Part IV.								
Part I-C Complete if the org	anization is exempt unde	er section 501(c),	except section 5	01(c)(3).				
1 Enter the amount directly expended	I by the filing organization for sec	ction 527 exempt funct	tion activities	\$				
2 Enter the amount of the filing organ		•						
exempt function activities				\$				
3 Total exempt function expenditures		•	•					
line 17b								
4 Did the filing organization file <b>Form</b>								
5 Enter the names, addresses, and er								
made payments. For each organization contributions received that were pro-				•				
political action committee (PAC). If				parate eegregated fama er a				
(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	rom (e) Amount of political				
(a) Name	(b) Address	(6) [	filing organization	1 ' '				
			funds. If none, ente					
				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) 2023

Part II-A Complete if the org	anization is exen				ection under
section 501(h)).					
			Part IV each affiliated	group member's nam	e, address, EIN,
	re of excess lobbying e	. ,			
B Check if the filing organiza	tion checked box A ar	nd "limited control" pro	ovisions apply.		T
	its on Lobbying Exper			<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	uence a legislative bod	lv (direct lobbving)			
c Total lobbying expenditures (add li	•				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
not over \$500,000,		the amount on line 1e.			
over \$500,000 but not over \$1,000		00 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
over \$1,500,000 but not over \$17,		00 plus 5% of the exce			
over \$17,000,000, \$1,000,000.			σο στοι φτησοσήσσοι		
g Grassroots nontaxable amount (en	.t 050/ .f.lin. 15		<u>'</u>		
h Subtract line 1g from line 1a. If zer					
i Subtract line 1g from line 1a. If zero or less, enter -0-					
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720					•
reporting section 4911 tax for this		,			Yes No
	•	eraging Period Under			
(Some organizations t	hat made a section 50		have to complete all o	f the five columns b	elow.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	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:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
_	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	1.5	7 000
	Other activities?	X			7,228.
	Total. Add lines 1c through 1i			1.	7,228.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Dar	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  t III-A Complete if the organization is exempt under section 501(c)(4), section	501(a)(l	5) or cor	tion	
Fai	501(c)(6).	1 30 1 (0)(	oj, di sed	,tion	
	55.(6)(5).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t 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 '				3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year		I		
С	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical	_		
_	expenditures next year?		4		
5 Par	Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information		5		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list\· Part II-	Δ lines 1 a	nd 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	not, raren	, iii 100 i u	114 2 (500	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
PAI	RT 1B: ACTION ALERTS TO ATTEMPT TO DRIVE ANIMAL LOVE	RS TO	ADVOC	ATE ON	<u> </u>
BEI	HALF OF ANIMALS WITH LAWMAKERS, GENERALLY, AND ON SP	ECIFIC	cissu	ES AS	
тнт	EY ARISE.				

PART 11: LOBBYING FIRM - MIDWEST STRATEGY

Schedule C (Form 990) 2023

#### **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 Inspection

Name of the organization

HUMANE SOCIETY OF HURON VALLEY

**Employer identification number** 38-1474931

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Acc	ounts. Complete if the		
		(a) Donor advised funds	(b)	Funds and other accounts		
1	Total number at end of year					
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	riting that the assets held in donor	advised funds			
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	oose conferring	9		
	impermissible private benefit?	······		Yes No		
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form	990, Part IV, lir	ne 7.		
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreati	ion or education) Preservat	ion of a historic	cally important land area		
	Protection of natural habitat	Preservat	ion of a certifie	ed historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a cons	ervation easement on the last		
	day of the tax year.		Г	Held at the End of the Tax Year		
а	Total number of conservation easements		Г	2a		
b				2b		
С	Number of conservation easements on a certified historic structure.			2c		
	Number of conservation easements included on line 2c acquir					
	on a historic structure listed in the National Register	• • •		2d		
3	Number of conservation easements modified, transferred, rele			tion during the tax		
	year		, ,	· ·		
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period		ig of			
	violations, and enforcement of the conservation easements it I	holds?		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, h					
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing con	servation ease	ments during the year		
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section	170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial st	atements that	describes the		
	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Sin	nilar Assets.		
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statem	ent and baland	ce sheet works		
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research	n in furtherance	e of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement	and balance s	heet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research ir	n furtherance o	f public service,		
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
	(m) 4			•		
2	If the organization received or held works of art, historical trea			ovide		
	the following amounts required to be reported under FASB AS		- · ·			
а	Revenue included on Form 990, Part VIII, line 1			\$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023		

332051 09-28-23

Pai	rt III Organizations Maintaining C	ollections of Art	, Histo	orical Tre	asures, o	Other	Simila	<sup>*</sup> Asset	S (contir	าued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing that	make sig	nificant ι	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, his	storical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		te if the	organizatior	answered "	res" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	·	•						_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing t	able:							
									Amoun	t	
	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f		<del></del>	_	7
	Did the organization include an amount on Formation						y?	L	Yes	F	∐ No
	If "Yes," explain the arrangement in Part XIII.  TY Endowment Funds Complete if										
Fai	Trick				(c) Two year		( <b>d)</b> Three y	ooro book	(e) Four	rvooro	hook
4.	Devices in a face of below as	(a) Current year	(D) F	rior year	(C) TWO year	S Dack (	(d) Tillee y	tais Dack	(e) Foul	years	Dack
_	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses								1		
g	End of year balance  Provide the estimated percentage of the curr	cont veer and belones	/line 1e		) hold oo:						
2				j, column (a)	neid as.						
a	Board designated or quasi-endowment Permanent endowment	%	_%								
b		% %									
С	The percentages on lines 2a, 2b, and 2c sho	•									
32	Are there endowment funds not in the posse	•	tion tha	t are held ar	nd administer	ad for the	_				
Ja	organization by:	33011 Of the organiza	lion ina	i are rielu ar	iu auministei	ed for the	•		ſ	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(m) = 1 · · · · · · · · · · · ·								2 (11)		
h	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the								. [00]		
	rt VI Land, Buildings, and Equipm		WITHOUT I	arrao.							
	Complete if the organization answere		, Part IV	, line 11a. S	ee Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Boo	k valu	<u>е</u>
	a acceptance of breakers?	basis (investm			(other)	` '	reciation		(-,		
	Land		•		1,771.				31:	1,7	71.
	Buildings				3,024.	2,6	94,23	33.	4,73		
С	Leasehold improvements				9,031.		05,18			3,8	
d	Equipment				2,649.		66,3			6,3	
	Other				1,262.		36,38			4,8	
	I. Add lines 1a through 1e. (Column (d) must e		X line 1						6,57		

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HUMANE SOCIE  Part VIII Investments - Other Securities	TY OF HURON		-1474931 Page 3
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Col. (b) must equal Form 000, Port V, line 12, col. (B))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
Complete if the organization answered "Yes" o	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	17d. 866 1 61111 666, 1 dit X, iiile 16.	(b) Book value
(1)	- Contracti		(D) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITIE	S		135,861.
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

135,861.

(6) (7) (8)

Part	Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				13,871,723.
				1	13,0/1,/23.
	mounts included on line 1 but not on Form 990, Part VIII, line 12:  let unrealized gains (losses) on investments	2a	682,189.		
	Onated services and use of facilities		476,220.	-	
	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)		198,951.		
	dd lines <b>2a</b> through <b>2d</b>			2e	1,357,360.
<b>3</b> S	Subtract line <b>2e</b> from line <b>1</b>			3	12,514,363.
	mounts included on Form 990, Part VIII, line 12, but not on line 1:				
a li	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> (	Other (Describe in Part XIII.)	4b			_
	dd lines <b>4a</b> and <b>4b</b>			4c	0.
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  XII   Reconciliation of Expenses per Audited Financial Stat	tomonto With	Evnances nor D	5	12,514,363.
Part				tetur	[1]
	Complete if the organization answered "Yes" on Form 990, Part IV, line			1	11,349,348.
	otal expenses and losses per audited financial statements			-	11,545,540.
	Onated services and use of facilities	2a	476,220.		
	Prior year adjustments		17072200		
	Other losses				
	Other (Describe in Part XIII.)		221,686.		
e A	dd lines 2a through 2d			2e	697,906.
	Subtract line 2e from line 1			3	10,651,442.
4 4	mounts included on Form 990, Part IX, line 25, but not on line 1:				
	nvestment expenses not included on Form 990, Part VIII, line 7b				
<b>b</b> (	Other (Describe in Part XIII.)	4b			•
	dd lines <b>4a</b> and <b>4b</b>			4c	0.
5 ⊺ Part	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. XIII Supplemental Information	)		5	10,651,442.
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h	and 2h: Part V line 4	· Part `	X line 2: Part XI
	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	•		, rait	A, IIIO Z, I dit Ai,
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
CDEC	CIAL EVENTS DIRECT EXPENSES				07 //0
SPEC	TAL EVENIS DIRECT EXPENSES				87,440.
COST	OF GOODS SOLD				111,511.
TOTA	L TO SCHEDULE D, PART XI, LINE 2D				198,951.
PARI	XII, LINE 2D - OTHER ADJUSTMENTS:				
COCI	L OF COORS SOLD				111 511
COST	OF GOODS SOLD				111,511.
SPEC	CIAL EVENTS DIRECT EXPENSES				87,440.
<u> </u>					J, 1240 •
UNCC	LLECTIBLE ACCOUNTS				22,735.
TOTA	LL TO SCHEDULE D, PART XII, LINE 2D				221,686.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HUMANE SOCIETY OF HURON VALLEY  Part XIII Supplemental Information (continued)	38-1474931 Page 5
Part XIII   Supplemental Information (continued)	

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **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

2023

Open to Public Inspection

Name of the organization					Employer identification number			
HUMANE SOCIETY OF HURON VALLEY						38-1474931		
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     a	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual  art VII) or entity in connection with providuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover aising of ding 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) Did fundraiser have custody or control of contributions?		(iv) Gross receipts   to		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total								
3 List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration	

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

Schedule G (Form 990) 2023

Part II 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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			WALK & WAG		NONE	(add col. (a) through
			2023	COMP. FEAST	0	col. (c)
			(event type)	(event type)	(total number)	COI. (C))
nue						
Revenue	1	Gross receipts	312,762.	174,721.		487,483.
æ						
	2	Less: Contributions	312,762.	166,721.		479,483.
						•
	3	Gross income (line 1 minus line 2)		8,000.		8,000.
		, , , , , , , , , , , , , , , , , , , ,		,		,
	4	Cash prizes	1,000.			1,000.
			,			,
	5	Noncash prizes				
S	Ĭ					
Sus	6	Rent/facility costs	5,085.	13,892.		18,977.
Direct Expenses	Ū	There is a contract to the con	3,000	23,0321		20/3770
Ä	7	Food and beverages		23,939.		23,939.
ie	•	Food and beverages		2373331		2373331
Δ		Entertainment	9,658.	2 000		11,658.
		Other direct expenses	20,200.			31,865.
		Direct expense summary. Add lines 4 through				87,439.
			. ,			-79,439.
Pa	rt I	Net income summary. Subtract line 10 from li  Gaming. Complete if the organization a		000 Part IV line 10 or	oported more than	10,400.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1 3 3 0, 1 att 1 0, iiile 1 3, 01 1	eported more triair	
		Ψ10,000 0111 01111 000 EZ, IIIIC 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				zgo, progressive zgo		
Вe	_	0				
		Gross revenue				
	•	Cook prizes				
es	2	Cash prizes				
Direct Expenses	_	Nanagah nyizaa				
Exp	3	Noncash prizes				
ž		Pont/facility costs				
<u> </u>	4	Rent/facility costs				
	_	Other direct evenesses				
	5	Other direct expenses				
	_	Walterstand labor	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	_	B:	5:			
	1	Direct expense summary. Add lines 2 through	1 5 in column (a)			
	_					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_			· <del>·</del>		
		ter the state(s) in which the organization condu	_			TT
		the organization licensed to conduct gaming ac				X Yes No
<b>b</b> If "No," explain:						
	_					
	_					
		ere any of the organization's gaming licenses re			rear?	Yes X No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 HUMANE SOCIETY OF HURON VALLEY 38-	14749	931	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		%
	o An outside facility	13b		<del>//</del> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
14	cinter 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?	🔲 <b>ነ</b>	Yes	X No
	of If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a			Yes	X No
	retain the state gaming license?	Ш	162	LA NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule 6	G (Form 990)	HUMANE	SOCIETY	OF.	HURON	VALLEY	38-1474931	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation (con	tinued)					
	- Саррення на на	COIII	unueu)					
-								
ī								
-								
_								
-								

# 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.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

HUMANE SOCIETY OF HURON VALLEY

 $\begin{array}{c} \textbf{Employer identification number} \\ 38-1474931 \end{array}$ 

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			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
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			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
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		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	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			
	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			
	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/2	l a l		i

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

Schedule J (Form 990) 2023

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TANYA HILGENDORF (i	)	210,224.	25,000.	0.	6,415.	10,067.	251,706.	0.
PRESIDENT/CEO (ii	i)	0.	0.	0.	0.	0.	0.	0.
(2) MATTHEW SCHAECHER	)	159,227.	4,588.	0.	4,865.	327.	169,007.	0.
CHIEF OPERATIONS OFFICER (i		0.	0.	0.	0.	0.	0.	0.
(3) COURTNEY WHITE	)	142,821.	4,321.	0.	4,635.	11,480.	163,257.	0.
DIRECTOR OF SHELTER MEDICI (ii		0.	0.	0.	0.	0.	0.	0.
(4) JACLYN SCHAECHER	)	141,247.	4,109.	0.	4,399.	4,891.	154,646.	0.
VP OF DEVELOPMENT AND MARK		0.	0.	0.	0.	0.	0.	0.
(5) JONATHAN TREVATHAN	)	131,546.	14,108.	0.	4,392.	4,388.	154,434.	0.
CHIEF FINANCIAL OFFICER (ii	i)	0.	0.	0.	0.	0.	0.	0.
(i	)							
(ii	i)							
(i	)							
(i	i)							_
(i	)							_
(ii	i)							_
(i	)							_
(ii	i)							
(i	)							
(ii	i)							
(i	)							
(i	i)							
(i	)							
(i	i)							
(i								
(i	i)							
(i								
(i								
(i								
(i								
(i								
(ii	i)							

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.
PART I, LINE 7:
CEO ANNUAL BONUS (IF AWARDED) IS DETERMINED ANNUALLY BY THE BOARD OF
DIRECTORS BASED ON PRIOR YEAR PERSONAL PERFORMANCE AS WELL AS
ORGANIZATIONAL OPERATIONAL AND FINANCIAL PERFORMANCE. OTHER EMPLOYEES'
ANNUAL BONUS (IF AWARDED) IS DETERMINED ANNUALLY BY THE CEO BASED ON
INDIVIDUAL PERFORMANCE AS WELL AS ORGANIZATIONAL FINANCIAL PERFORMANCE.

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

# **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name	of the	organizatio	

HUMANE SOCIETY OF HURON VALLEY

Employer identification number

38-1474931

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No (1) (2) (3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

#### Part II Loans to and/or From Interested Persons

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

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

	(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan	(d) Lo fron organi	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) Ap by bo comm	(h) Approved by board or committee?		ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													<u> </u>
(3)													<u> </u>
(4)													<u> </u>
(5)													<u> </u>
(6)													<u> </u>
(7)													
(8)													
(9)													
(10)													
Total						\$							

#### Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Schedule L	(Form 990) 2023 <b>HUMANE</b>	SOCIETY (	OF HURON V	/ALLEY	38-1474	1931	Page 2			
Part IV	Business Transactions Involvi	ing Interested	Persons							
	Complete if the organization answered	"Yes" on Form 990	), Part IV, line 28a,	28b, or 28c.	_	1,,,,,,,	<del></del>			
(a	(a) Name of interested person (b) Relationship between interested (c) Amount of organization organization									
		person and th	ne organization	transaction	transaction		nues?			
		~~~~~		154 646		Yes	No			
	YN SCHAECHER	SPOUSE OF	OFFICER I	154,646	EMPLOYMENT	+	X			
(2)					+	+	+-			
(3)						+	+			
(4)						+	+			
(5) (6)						+	+			
(7)							+			
(8)						<u> </u>	<del>                                     </del>			
(9)										
(10)										
Part V	Supplemental Information	ı				-				
	Provide additional information for response	onses to questions	on Schedule L. Se	e instructions.						
SCH L,	PART IV, BUSINESS T	RANSACTION	S INVOLVI	NG INTEREST	ED PERSONS:					
(A) NA	ME OF PERSON: JACLYN	SCHAECHER	₹							
(B) RE	LATIONSHIP BETWEEN I	NTERESTED	PERSON AN	D ORGANIZAT:	ION:					
SPOUSE	OF OFFICER MATTHEW	SCHAECHER								

Schedule L (Form 990) 2023

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection
Employer identification number

	HUMANE SOCIE	ry of :	HURON VALI	LEY	38-1	L474	931	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermin	•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	20,557.	FAIR MARKET	' VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	-	•					
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of t							v
_	exempt purposes for the entire holding period?					30a		X
	3						37	
31	Does the organization have a gift acceptance p	•	•	•	ions?	31	Х	
32a	·		•	• • •				v
	contributions?					32a		Х
	•							
33	If the organization didn't report an amount in co	oiumn (c) foi	r a type of property	tor which column (a) is chec	cked,			

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

Schedule M (Form 990) 2023

332142 09-11-23

### SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
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 24,000 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:

INDEPENDENT DIRECTORS GATHER INFORMATION OBTAINED FROM A SELECT GROUP OF

PEER ORGANIZATIONS, INCLUDING ANALYZING CEO PAY DATA FROM THEIR 990S AS

WELL AS ORGANIZATION PERFORMANCE TO DETERMINE CEO COMPENSATION. THIS

INFORMATION IS USED TO REVIEW AND APPROVE THE CEO'S COMPENSATION ANNUALLY.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AND DISCLOSURES ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2023

Name of the organization  HUMANE SOCIETY OF HURON VALLEY	Employer identification number 38-1474931
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON UNCOLLECTIBLE ACCOUNTS	-22,735.
FORM 990, PART XII, LINE 2C:	
NO CHANGES FROM PRIOR YEAR.	

#### UNRELATED BUSINESS INCOME

# **CARRYOVER DATA TO 2024**

Name HUMANE SOCIETY OF HURON VALLEY	Employer Identification Number 38-1474931
Based on the information provided with this return, the following are possible carryover amounts t	o next year.
FEDERAL GENERAL BUSINESS CREDIT	101,459
	-
	<del></del>

319341 04-01-23 Α B C D E F G N O Q R S T U V W ABCDEFG NOPQRSTUV

		INE RETAIL SAL	ES POST-2017 1	NOL F	DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	382 Annual Limitation Original Carryover Amount	Total Amount Used	Amount Used for 12/31/21	Amount Used for							
2020	22.	22.	22.								
Dotoil	E Amount S Used for	Amount	Amount	Amount	Amount	Amount	Amount Used for	Amount	Amount	Amount	Amount Used for
Detail Type	B	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
, ·	С —										
							1				

EXTENDED TO NOVEMBER 15, 2024

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							n	OMB No. 1545-0047					
					•	-	ınder secti	ion 6033	3(e))				2022
		For cal		2023 or other tax					_		·	4	2023
Departm Internal I	nent of the Treasury Revenue Service				•		r instructions nay be made pi			nformation. ization is a 501(c)(3).		Open 1 501(c)	to Public Inspection for (3) Organizations Only
Α	Check box if address changed.		Name of	organization (	( Chec	ck box if na	me changed an	ıd see instru	ıctions.	)	<b>D</b> Er	nployer i	identification number
<b>B</b> Exe	mpt under section	Print	HUMA	NE SOC	IETY (	OF HU	RON VAL	LEY					1474931
	501( <b>c</b> )( <b>3</b> )	or Type					). box, see instr	ructions.			E Gr (se	oup exe ee instru	mption number ctions)
=	408(e) 220(e)	.,,,,		CHERR									
	408A530(a) 529(a)529A			own, state or p ARBOR ,		untry, and <i>2</i> <b>48105</b>	ZIP or foreign p	ostal code			F		vack boy if
Ш,	329(a)329A	C Bo		of all assets				21	. 681	L,959.	╣		eck box if amended return.
G Ch	neck organization			(c) corporati		501(c) t		1(a) trust		Other trust	State		ge/university
		,,	X 641	17(d)(1)(A) Ap	plicable er	ntity							
H C	neck if filing only to	o claim		Credit from			efund shown	on Form 2	2439	Elective paym	ent am	ount fi	rom Form 3800
I C	neck if a 501(c)(3)	organiz	ation filin	ng a consolid	ated returr	with a 50	01(c)(2) titleho	lding corp	oration	າ			
<b>J</b> Er	nter the number of	attach	ed Sched	dules A (Forn	n 990-T)							1	
	uring the tax year,		-		-	-		rent-subsid	diary c	ontrolled group?		Ye	s X No
	"Yes," enter the na						ation						
	ne books are in car			THAN T					Telep	phone number	734	661	L-3524
Part											_		1 200
1					=					see instructions)			1,289.
2											2		1 200
3	Add lines 1 and 2	<u> </u>									3		1,289.
4													1,289.
5													1,209.
6											6		
7	Total of unrelated				· ·						7		1 289
8	Specific deduction	on (gene	ວ arally \$1 (	 000 but see	inetruction	e for ever	antione)				_		1,289. 1,000.
9													<u> </u>
10											10		1,000.
11	Unrelated busine										11		289.
	II Tax Com						· · · · · · · · · · · · · · · · · · ·	<b></b>		.,		1	
1	Organizations ta	axable a	as corpo	rations. Mu	Itiply Part	I, line 11 b	y 21% (0.21)				1		61.
2	Trusts taxable a												
	Part I, line 11, fro	m: [	Tax ra	ate schedule	or	Schedu	le D (Form 10	041)			2		
3	Proxy tax. See in										3		0.
4	Other tax amount	ts. See	instruction	ons							4		
5	Alternative minim	ıum tax									5		
6											6		
7				ne 1 or 2, wh	nichever ap	plies					7		61.
Parl													
1a	Foreign tax credit			attach Form	1118; trust	s attach F	orm 1116)	·····	1a		-		
b	Other credits (see		,						1b	61	-		
C	General business								1c	01	-		
d	Credit for prior-ye								1d		٠,		61.
e 2	Total credits. Ad Subtract line 1e f			•							1e 2	1	0.
2 3a	Amount due from								3а				<u> </u>
b	Amount due from								3b				
c	Amount due from								3c				
d	Amount due from								3d				
e	Other amounts de			,					3e				
f		•		,				_			3f		0.
4	Total tax. Add lin	nes 2 ar	nd 3f (see	e instructions	s). 🔲 C	heck if inc	ludes tax prev	viously de	ferred	under			
											4		0.
_5	Current net 965 t	ax liabi	lity paid f	from Form 90	65-A, Part	II, column	(k)				5		0.

Form 990-T (2023)

Part		Tax and Payments (continued)						- 1	age z
		•	ited to the current year	6-					
6 a	•	nents: Preceding year's overpayment credi	· ·	<u>6a</u>		-			
b		ent year's estimated tax payments. Check	····	_  <u>"</u>					
		es		<u>6b</u>		-			
С						-			
d		ign organizations: Tax paid or withheld at s				-			
е		cup withholding (see instructions)				-			
f		it for small employer health insurance pren			101 450	-			
g		tive payment election amount from Form 3			101,459.	4			
h		nent from Form 2439				4			
i		it from Form 4136				4			
j		r (see instructions)					101	4 -	- ^
7		I payments. Add lines 6a through 6j				7	101	.,45	<u> 9.</u>
8	Estin	nated tax penalty (see instructions). Check	if Form 2220 is attached			8_			
9		<b>due.</b> If line 7 is smaller than the total of line				9			
10	Over	payment. If line 7 is larger than the total o	f lines 4, 5, and 8, enter amount over	paid		10		.,45	
11		r the amount of line 10 you want: Credited			Refunded	11	101	.,45	<u> 59.</u>
Part	IV	Statements Regarding Certain A	Activities and Other Information	tion (se	e instructions)				
1	At ar	ny time during the 2023 calendar year, did	the organization have an interest in o	r a signat	ure or other authority			Yes	No
	over	a financial account (bank, securities, or other	ner) in a foreign country? If "Yes," the	e organiza	tion may have to file				
	FinC	EN Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," enter the	ne name o	of the foreign country				
	here								<u>X</u>
2	Durir	ng the tax year, did the organization receive	e a distribution from, or was it the gra	antor of, o	r transferor to, a				
	forei	gn trust?							<u>X</u>
		es," see instructions for other forms the org	-						
3	Ente	r the amount of tax-exempt interest receive							
4	Ente	r available pre-2018 NOL carryovers here	\$ Do not	t include a	ny post-2017 NOL ca	ırryover	r		
	shov	vn on Schedule A (Form 990-T). Don't redu	ce the NOL carryover shown here by	any dedu	ction reported on Par	t I, line	6.		
5	Post	-2017 NOL carryovers. Enter the Business	Activity Code and available post-201	7 NOL ca	rryovers. Don't reduce	Э			
	the a	mounts shown below by any NOL claimed	l on any Schedule A, Part II, line 17 fo	or the tax	year. See instructions	5.			
		Business Activity Cod	de	Ava	ailable post-2017 NOL	. carryo	ver		
				\$					
				\$					
				\$					
				\$					
6 a	Rese	erved for future use							
b		erved for future use							
Part	V	Supplemental Information							
Provide	e any a	additional information. See instructions.							
O:		Under penalties of perjury, I declare that I have examined to correct, and complete. Declaration of preparer (other than				edge and I	belief, it is true,		
Sign Here					N	lay the IR	S discuss this r	eturn wi	ith
пеге	١,		PRESII	DENT/	_		er shown below	•	
		Signature of officer	Date Title		ir	nstruction	s)? X Yes	3	No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTI	IN	_	_
Paid					self-employed				
Prepa	arer			11/15	/24		003786		
Use (		Firm's name PLANTE & MORA			Firm's EIN	3	8-1357	951	L _
\	- · · · y	10 S RIVERS	SIDE PLAZA						
		Firm's address CHICAGO, II	L 60606		Phone no.	(312	) 980-	295	54
							~~	^ T	

Form **990-T** (2023)

# **SCHEDULE A** (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only B Employer identification number Name of the organization HUMANE SOCIETY OF HURON VALLEY 38-1474931 459900 **D** Sequence: C Unrelated business activity code (see instructions) ONLINE RETAIL SALES Describe the unrelated trade or business

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
b 2 3	Gross receipts or sales 5 , 676 .  Less returns and allowances c Balance  Cost of goods sold (Part III, line 8)  Gross profit. Subtract line 2 from line 1c  Capital gain net income (attach Schedule D (Form 1041 or Form	1c 2 3	5,676. 2,955. 2,721.		2,721.
b c 5	1120)). See instructions  Net gain (loss) (Form 4797) (attach Form 4797). See instructions)  Capital loss deduction for trusts  Income (loss) from a partnership or an S corporation (attach statement)	4a 4b 4c 5			
6 7	Rent income (Part IV) Unrelated debt-financed income (Part V)	6 7			
9	Interest, annuities, royalties, and rents from a controlled organization (Part VI)  Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 11 12	Exploited exempt activity income (Part VIII)  Advertising income (Part IX)  Other income (see instructions; attach statement)	10 11 12			
13	Total. Combine lines 3 through 12	13	2,721.		2,721.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562). See instructions			
8	Less depreciation claimed in Part III and elsewhere on return		8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement) SEE S	STATEMENT 1	14	1,432.
15	Total deductions. Add lines 1 through 14		15	1,432.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part	I, line 13,		
	column (C)		16	1,289.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	1,289.
	Denominado Deducation Ant Nation and instructions	Cale		- A (F 000 T) 0000

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Pag	е 2	

Part	III Cost of Goods Sold Enter meth	nod of inventory valuation	on N/A		Page 2
1	Inventory at beginning of year	•	·	1	0.
2	Purchases				0.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)			4	0.
5	Other costs (attach statement)		STATEME	ENT 2 5	2,955.
6	Total. Add lines 1 through 5			6	2,955.
7	Inventory at end of year			7	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line 2		8	2,955.
9	Do the rules of section 263A (with respect to property p				Yes X No
Part	, , ,				
1	Description of property (property street address, city, st	tate, ZIP code). Check i	f a dual-use. See instru	ctions.	
	A				
	B				
	D	Α Ι	В	С	
2	Rent received or accrued	Α	В	C	D
	From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A Deductions directly connected with the income in lines 2a and 2b (attach statement)	through D. Enter here	and on Part I, line 6, co	olumn (A)	0.
5	Total deductions. Add line 4, columns A through D. Er	nter here and on Part I,	line 6, column (B)		0.
Part	(0.0	· · · · · · · · · · · · · · · · · · ·			
1	Description of debt-financed property (street address, c	ity, state, ZIP code). Ch	neck if a dual-use. See i	nstructions.	
	A				
	B				
	D	Α	В	С	D
2	Gross income from or allocable to debt-financed	^		0	<u> </u>
_	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Part	I, line 7, column (A)		0.
	•				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A three				0.
_11_	Total dividends-received deductions included in line	10			0.

Schedi <b>Part</b>	ule A (Form 990-T) 2023  VI Interest, Annu	₃ uities. Ro	ovalties, and Re	ents Fro	m Contro	lled O	rganization	<b>S</b> (s	ee instruct	ions)		Page 3
· art			- , a.i.o.o, a.i.a i ic		5511410		xempt Contro	,				
	Name of controlle organization	d	<b>2.</b> Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified nents made	5. Pathat is	art of coluing included rolling organs income are are are are are are are are are ar	mn 4 in the aniza-	6. Deductions directly connected with income in column 5	
(1)								LIOIT	3 gr033 iric	JOITIC		
(2)												
(3)												
(4)												
			No	nexempt (	Controlled O	ganizati	ons					
7	ir		Net unrelated acome (loss) e instructions)	come (loss) pa		that is included in the controlling of		cluded in the			1. Deductions directly connected with income in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ent	er he	umns 6 and 11. re and on Part I, 3, column (B).
Totals									0.			0.
Part			of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization <sub>(s</sub>	ee ins	tructions)			
	<b>1.</b> Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected	4. Set- (attach st		' I	and set-asides (add cols 3 and 4)
(1)											_	
(2)											_	
(3)											$\dashv$	
(4)					Add amou	ınte in						Add amounts in
Totals					column 2 here and or line 9, colu	Enter n Part I,						column 5. Enter here and on Part I, line 9, column (B).
Part	VIII Exploited E	xempt A	ctivity Income,	Other 1	han Adve	ertising	Income	see in	structions)			<u> </u>
1	Description of exploite								,			
2	Gross unrelated busin	ess incom	e from trade or busir	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from	n unrelated	trade or business. S	Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete					
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12		<u></u>	<u></u>				7		

Schedule A (Form 990-T) 2023

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting two	or more periodicals on a c	consolidated basis.		
	A				
	В 🔲				
	c 🗌				
	D				
Enter a	amounts for each periodical listed above in the corresp	onding column.			
		A	В	С	D D
2	Gross advertising income				
	Add columns A through D. Enter here and on Part I,	line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part I,	line 11, column (B)			0.
	Advantation unit (loss) Outstand the Office the				
4	Advertising gain (loss). Subtract line 3 from line				
	For any column in line 4 showing a gain,     complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greater of				
Dard	Part II, line 13	e and Turnetana			0.
Part	X Compensation of Officers, Director	s, and trustees (Se			4.0
	4 Name	0 T:		3. Percentage	4. Compensation
	1. Name	2. Title	'	f time devoted	attributable to unrelated business
1)				to business %	unrelated business
2)				%	
<del>2)</del> 3)				%	
4)					
			<b>I</b>	%I	
7)				%	
	. Enter here and on Part II, line 1			<u>%</u>	0.
		uctions)		%	0.
Total	. Enter here and on Part II, line 1  XI Supplemental Information (see instru	uctions)			0.
Total	. Enter here and on Part II, line 1  XI Supplemental Information (see instru	uctions)		<b>%</b>	0.
Total	. Enter here and on Part II, line 1  XI Supplemental Information (see instru	uctions)		%	0.
Total	. Enter here and on Part II, line 1  XI Supplemental Information (see instru	uctions)		% 	0.
Total	Lenter here and on Part II, line 1  XI Supplemental Information (see instru	uctions)		%i	0.
Total	. Enter here and on Part II, line 1  XI Supplemental Information (see instru	uctions)		% 	0.
Total	. Enter here and on Part II, line 1  XI Supplemental Information (see instru	uctions)		%	0.
Total	. Enter here and on Part II, line 1  XI Supplemental Information (see instri	uctions)		%	0.
Total	. Enter here and on Part II, line 1  XI Supplemental Information (see instri	uctions)		% 	0.
Total	. Enter here and on Part II, line 1  XI Supplemental Information (see instru	uctions)		%	0.
Total	. Enter here and on Part II, line 1	uctions)		% 	0.
Total	Enter here and on Part II, line 1  XI Supplemental Information (see instri	uctions)		%	0.
Total	Enter here and on Part II, line 1  XI Supplemental Information (see instru	uctions)		% 	0.
Total	Enter here and on Part II, line 1  XI Supplemental Information (see instri	uctions)		% 	0.
Total	. Enter here and on Part II, line 1  XI Supplemental Information (see instru	uctions)		% 	0.

Schedule A (Form 990-T) 2023

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
OFFICE EXPENSES		1,432.
TOTAL TO SCHEDULE A, PART	II, LINE 14	1,432.
FORM 990-T (A) CO	ST OF GOODS SOLD - OTHER COSTS	STATEMENT 2
FORM 990-T (A) CO	ST OF GOODS SOLD - OTHER COSTS	STATEMENT 2  AMOUNT
	ST OF GOODS SOLD - OTHER COSTS	

# Form **3800**

**General Business Credit** 

Go to www.irs.gov/Form3800 for instructions and the latest information. You must include all pages of Form 3800 with your return.

OMB No. 1545-0895

2023

Attachment 22

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Identifying number

HU	MANE SOCIETY OF HURON VALLEY			38-	1474931
Α	Corporate Alternative Minimum Tax (CAMT) and Base Erosion Anti-Abuse Tax (	BEAT). A	re you both (a) an "app	olicable	
	corporation" within the meaning of section 59(k)(1) for the CAMT, and (b) an "application"	able taxpa	yer" within the meaning	g of	
	section 59A(e) for the BEAT? See instructions			🔲 Y	es X No
Pa	section 59A(e) for the BEAT? See instructions  Int I Current Year Credit for Credits Not Allowed Against Tenta	itive Min	imum Tax (TMT)		
	Go to Part III before Parts I and II. See instructions.				
1	Non-passive credits from Part III, line 2: combine column (e) with non-passive amour	nts from co	lumn		
	(g). See instructions			1	
2	Passive credits from Part III, line 2: combine column (f) with passive amounts				
	in column (g). See instructions	2			
3	Enter the applicable passive activity credits allowed for 2023. See instructions			3	
4	Carryforward of general business credit to 2023. See instructions for statement to a			4	
	Check this box if the carryforward was changed or revised from the original reported	d amount			
5	Carryback of general business credit from 2024. See instructions			5	
	Add lines 1, 3, 4, and 5			6	
Pa	rt II Allowable Credit				
7	Regular tax before credits:				
	• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or				
	1040-NR, line 16; and Schedule 2 (Form 1040), line 2.				
	• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 1;				
	or the applicable line of your return.			7	61.
	• Estates and trusts. Enter the sum of the amounts from Form 1041,				
	Schedule G, lines 1a and 1b, plus any Form 8978 amount included on				
	line 1d; or the amount from the applicable line of your return.				
8	Alternative minimum tax:				
	■ Individuals. Enter the amount from Form 6251, line 11.				0
	• Corporations. Enter the amount from Form 4626, Part II, line 13.			8	0.
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.				
_					61.
9	Add lines 7 and 8			9	01.
	F	ا مدا			
	Foreign tax credit			-	
	Certain allowable credits (see instructions)			40.	
C	Add lines 10a and 10b			10c	
44	Not income toy. Cubtract line 100 from line 0. If your civin lines 10 through 15 and	ontor 0 or	lina 16	44	61.
• • •	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and 6	enter -u- or	Time 16	11	01.
10	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	61.		
12	Thet regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	·   '2	01.	-	
13	Enter 25% (0.25) of the excess, if any, of line 12 (line 11 for corporations) over				
13		13			
14	\$25,000. See instructions  Tentative minimum tax:	10		-	
•	Individuals. Enter the amount from Form 6251, line 9.				
	Corporations. Enter -0	14			
	Estates and trusts. Enter the amount from Schedule I	. [			
	(Form 1041), line 52.				
15	Enter the greater of line 13 or line 14			15	
16	Subtract line 15 from line 11. If zero or less, enter -0-			16	61.
17	Enter the <b>smaller</b> of line 6 or line 16			17	
-	C corporations: See the line 17 instructions if there has been an ownership change				
	reorganization.	,	, <del></del>		
	Panarwark Paduction Act Natice, see congrets instructions				Form <b>3900</b> (2023)

LHA 314401 01-11-24

Form 3800 (2023) Page 2

Pa	rt II Allowable Credit (continued)		-
Not	e: If you are not required to report any amounts on line 22 or line 24 below, skip lines 18 through 25 and enter -0- on lir	ne 26.	
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of Part III, column (e), with the sum of the non-passive activity credit amounts in Part IV, line 3, column (e) plus column (f)	22	
23	Passive activity credit from line 3 of Part III, column (f) plus the sum of the		
	passive activity credit amounts in Part IV, line 3, column (e) plus column (f)		
24	Enter the applicable passive activity credit allowed for 2023. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	61.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	61.
30	Enter the general business credit from line 5 of Part III: combine column (e) with non-passive amounts in column (g). See instructions	30	101,520.
31	Reserved	31	
32	Passive activity credits from line 5 of Part III: combine column (f) with passive amounts in column (g). See instructions 32		
33	Enter the applicable passive activity credits allowed for 2023. See instructions	33	
34	Carryforward of business credit to 2023. Enter the amount from line 5 of Part IV, column (f), and line 6 of Part IV, column (g). See instructions for statement to attach  Check this box if the carryforward was changed or revised from the original reported amount	34	
35	Carryback of business credit from 2024. Enter the amount from line 5 of Part IV, column (e). See instructions	35	
36	Add lines 30, 33, 34, and 35	36	101,520.
37	Enter the <b>smaller</b> of line 29 or line 36	37	61.
38	Credit allowed for the current year. Add lines 28 and 37.  Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36; see instructions) as indicated below or on the applicable line of your return.		
	<ul> <li>Individuals. Schedule 3 (Form 1040), line 6a.</li> <li>Corporations. Form 1120, Schedule J, Part I, line 5c.</li> <li>Estates and trusts. Form 1041, Schedule G, line 2b.</li> </ul>	38	61.

ک <sub>Page</sub>

Part III Current Year General Business Credits (GBCs) (see instructions). If there is more than one credit amount to report on lines 1a through 1zz, line 3, or lines 4a through 4z, enter the number of items you have for that line in column (c) and complete Part V.

(a) Current year credits from:	(b) Elective payment or transfer registration number	(c) # items	(d) Pass-through or transfer credit entity EIN	(e) Credits from non-passive activities	(f) Credits from passive activities	(g) Credit transfer election amount (enter amounts transferred out as a negative amount)	(h) Gross elective payment election amount	(i) Net elective payment election amount	(j) Combine columns (e), (f), and (g), less column (i)
1a Form 3468, Part II									
<b>b</b> Form 7207									
<b>c</b> Form 6765									
d Form 3468, Part III									
e Form 8826									
f Form 8835, Part II									
g Form 7210									
<b>h</b> Form 8820									
i Form 8874									
j Form 8881, Part I									
k Form 8882									
I Form 8864 (diesel)									
<b>m</b> Form 8896									
<b>n</b> Form 8906									
o Form 3468, Part IV									
<b>p</b> Form 8908									
<b>q</b> Reserved (45Z)									
r Form 8910									
s Form 8911, Part II									
t Form 8830									
u Form 7213, Part II									
v Form 3468, Part V									
w Form 8932									
x Form 8933									
y Form 8936, Part II									
<b>z</b> Reserved									
aa Form 8936, Part V									
<b>bb</b> Form 8904									
cc Form 7213, Part I									
dd Form 8881, Part II									
ee Form 8881, Part III									
<b>ff</b> Form 8864, line 8									
gg Reserved (1gg)									
hh Reserved (1hh)									
ii Reserved (1ii)									
jj Reserved (1jj)									
zz Other credits									
2 Add lines 1a through 1zz 314403									Form <b>3800</b> (2023)

Part III Current Year General Business Credits (GBCs) (see instructions). If there is more than one credit amount to report on lines 1a through 1zz, line 3, or lines 4a through 4z, enter the number of items you have for that line in column (c) and complete Part V. (continued)

	lines 4a through 4z, enter the number of items you have for that line in column (c) and complete Part V. (continued)									
C	(a) urrent year credits from:	<b>(b)</b> Elective payment or transfer registration number	(c) # items	(d) Pass-through or transfer credit entity EIN	(e) Credits from non-passive activities	(f) Credits from passive activities	(g) Credit transfer election amount (enter amounts transferred out as a negative amount)	(h) Gross elective payment election amount	(i) Net elective payment election amount	(j) Combine columns (e), (f), and (g), less column (i)
3	Form 8844									
4	Specified credits:									
а	Form 3468, Part VI	PJ001230013N			101,520.			101,520.	101,459.	61.
b	Form 5884									
С	Form 6478									
d	Form 8586									
е	Form 8835, Part II									
f	Form 8846									
g	Form 8900									
h	Form 8941									
i	Form 6765 ESB credit									
j	Form 8994									
k	Form 3468, Part VII									
I	Reserved (4I)									
m	Reserved (4m)									
z	Other specified credits									
5	Add lines 4a through 4z				101,520.			101,520.	101,459.	61.
6	Add lines 2, 3, and 5				101,520.			101,520.	101,459.	61.

Form **3800** (2023)

Breakdown of Aggregate Amounts on Part III for Facility-by-Facility, Multiple Pass-Through Entities, etc. Part V (see instructions) (e) (i)
Carryover of passive activity credit (b) Elective payment or (c) Pass-through or (d) Current year credits (h) Net elective Current year credits (g) (f) (a) from passive activity Gross elective Line number Credit transfer transfer registration transfer credit from non-passive before passive payment election payment election from Part III election amount allowable in number activities activity entity EIN amount amount current year credit limitation 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38

# **Investment Credit**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to your tax return. Go to www.irs.gov/Form3468 for instructions and the latest information.

HUMANE SOCIETY OF HURON VALLEY

38-1474931

Identifying number

	t I Facility Information (see instructions)
	, (commence)
Α	Check this box if you have petitioned for provisional emission rates and have also received written approval from a certified
	third-party verifier or a letter from the IRS
1	Description of the facility ROOF MOUNTED SOLAR ON HUMANE SOCIETY OF HURON VALLEY
	PROPERTY.
2 a	IRS-issued registration number for the facility: PJ001230013N
b	Type of facility (solar, geothermal, etc.): SOLAR
3	Location of facility, including coordinates (latitude and longitude).
а	Address of the facility (if applicable): 3100 CHERRY HILL ROAD
	ANN ARBOR,MI 48105
b	Coordinates (if applicable). Latitude: + 42.308166 Longitude: - 083.656158
	Enter a "+" (plus) or "-" (minus) sign in the first box.
4	Date construction began (MM/DD/YYYY): 12/08/2022
5	Date placed in service (MM/DD/YYYY): 07/20/2023
6	Is the facility part of an expansion of an existing closed-loop biomass or open-loop biomass facility?  Yes X No
7	Does the project produce a net output of less than 1 megawatt (MW) alternating current (ac), or equivalent thermal energy?
а	X Yes.
b	No.
	Not applicable, the facility doesn't produce electricity.
с 8	Does the project satisfy the prevailing wage and apprenticeship requirements?
a	Yes, and sections 48C(e)(5) and (6) apply, and it was declared as provided per Notice 2023-18.
b	Yes, and either (i) section 48(a)(9)(B)(ii) applies if construction began before January 29, 2023; or (ii) sections 48(a)(10) and
	(11) apply.
С	No.
d	X Not applicable.
9	Does the property qualify for a domestic content bonus credit per section 45(b)(9)(B)?
а	Yes, and section 48(a)(9)(B) is satisfied (10% bonus). Attach the required information.
b	Yes, and section 48(a)(9)(B) is not satisfied (2% bonus). Attach the required information.
С	$oxed{X}$ No.
10	Does the project qualify for an energy community bonus credit per section 48(a)(14)?
а	Yes, and section 48(a)(9)(B) is satisfied (10% bonus).
b	Yes, and section 48(a)(9)(B) is not satisfied (2% bonus).
С	$\overline{X}$ No.
11	Does the project qualify as a solar or wind facility in connection with low-income communities bonus credit per section 48(e)(2)?
а	Yes, and the facility is located in a low-income community per section 45D(e) (10% bonus).
b	Yes, and the facility is located on Indian land per section 2601(2) of P.L. 102-486 (10% bonus).
С	Yes, and the facility is part of a qualified low-income residential building project facility per section 48(e)(2)(B) (20% bonus).
d	Yes, and the facility is part of a qualified low-income economic benefit project facility per section 48(e)(2)(C) (20% bonus).
е	If "Yes" to 11a, 11b, 11c, or 11d, enter your 48(e) Control Number:
f	$\overline{X}$ No.
12	Enter the nameplate capacity or storage capacity.
. <u>–</u> а	X Solar energy property or facility nameplate capacity: kilowatt (kW) direct current (dc)
b	Small wind energy property or facility nameplate capacity: kW
C	Wind energy property or facility nameplate capacity: kW
d	Energy storage power capacity rating kW, and energy storage capacity, if applicable, associated with
u	
_	the energy property or facility: kWh (hour)
e	Solar or wind nameplate capacity is 5MW ac or more
f Fan F	Not applicable.  Paperwork Reduction Act Notice, see separate instructions.  Form 3468 (2023)
ror F	Paperwork Reduction Act Notice, see separate instructions.

P	ar	t I Facility Information (see instructions)	(cont	inued)			
13		Enter the nameplate capacity, alternating current (ac) for		lectricity generating ene	rgy pro	operties or facilities in kW.	
	а	X Solar energy property:1	<u>50.</u>				
	b	Wind energy property:					
	С	Other:					
	d	Not applicable.					
14		Are you claiming the investment credit as a lessee base	ed on a	a section 48(d) (as in effe	ect on	November 4, 1990) election?	Yes X No
		If "Yes," complete lines 14a through 14e. If you acquire	d mor	e than one property as a	a lesse	e, attach a statement showing	the the
		information below separately reported for each property					
	а	Name of lessor:					
	b	Address of lessor:					
		Description of property:					
		Amount for which you were treated as having acquired					
_		Income inclusion amount reported for tax year under R	egulat	ions section 1.50-1	: <b>::</b> :	tion Duction Credit	\$
		t II Qualifying Advanced Coal Project Cro				tion Project Great	
		on A - Qualifying Advanced Coal Project Credit Unde	r Sec	tion 48A (see instructio	ns)		
1	а	Enter the qualified investment in integrated gasification					
		combined cycle property placed in service during the					
		tax year for projects described in section $48A(d)(3)(B)(i)$	1a				
_		Multiply line 1a by 20% (0.20)			1b		
2	а	Enter the qualified investment in advanced coal-					
		based generation technology property placed in					
		service during the tax year for projects described in					
		section 48A(d)(3)(B)(ii)	2a		۵.		
_		Multiply line 2a by 15% (0.15)			2b		
3	а	Enter the qualified investment in advanced coal-					
		based generation technology property placed in					
		service during the tax year for projects described in	За				
	h	section 48A(d)(3)(B)(iii)  Multiply line 3a by 30% (0.30)			3b		
		on B - Qualifying Gasification Project Credit Under S			30		
		Enter the qualified investment in qualified gasification	ectioi	(See Instructions)			
•	u	property placed in service during the tax year for					
		which credits were allocated or reallocated after					
		October 3, 2008, and that includes equipment that					
		separates and sequesters at least 75% of the					
		project's carbon dioxide emissions	4a				
	b	Multiply line 4a by 30% (0.30)			4b		
5		Enter the qualified investment in property other than					
		in 4a above placed in service during the tax year	5a				
	b	Multiply line 5a by 20% (0.20)			5b		
6		Enter the applicable unused investment credit from coo	perati	ives (see instructions)	6		
7		Add lines 1b, 2b, 3b, 4b, 5b, and 6. Report this amount			ı	7	
Р		t III Qualifying Advanced Energy Project				see instructions)	
1	а	Enter the qualified investment in advanced energy					
		project property placed in service during the tax year	1a				
	b	If you checked the box in Part I, line 8a, and it's					
		consistent with your 48C application per Notice					
		2023-18, enter 30%. If you checked the box in Part I,					
		line 8c, enter 6%	1b	%			
	С	Multiply line 1a by line 1b			1c		
		Enter your 48C Allocation control number					
		Is the facility in a section 48C energy community censu	s trac	t? Ses N	o .		
2		Enter the applicable unused investment credit from coo	perati	ives (see			
		instructions)			2		
3		Add lines 1c and 2. Report this amount on Form 3800,	Part II	I, line 1d			
							Form <b>3468</b> (2023)

Part IV Advanced Manufacturing Investment	Credit	Under Section 4	8D	(see instructions)		<u> </u>
a Check the box below that applies to your advanced						
manufacturing investment project.						
Semiconductor manufacturing facility						
Semiconductor equipment manufacturing facility						
<b>b</b> Enter the basis in qualified property as part of an						
advanced manufacturing facility, placed in service						
during the tax year	1b					
c Multiply line 1b by 25% (0.25)			1c			
2 Enter the applicable unused investment credit from cod						
instructions)			2			
Add lines 1c and 2. Report this amount on Form 3800,					3	
Part V Reserved for Future Use						
1 Reserved for future use					1	
Part VI Energy Credit Under Section 48						
Section A - Geothermal Energy Credit (see instructions)		,				
<b>a</b> Enter the basis of property using geothermal energy						
placed in service during the tax year	1a					
<b>b</b> If you checked the box in Part I, line 7a or 8b, enter						
30%. If you checked the box in Part I, line 7b or 8c,						
enter 6%	1b	%				
c Multiply line 1a by line 1b			1c			
d If you checked the box in Part I, line 9a, enter 10%. If						
you checked the box in Part I, line 9b, enter 2%.						
Otherwise, go to line 1f	1d	%				
e Multiply line 1a by line 1d			1e			
f If you checked the box in Part I, line 10a, enter 10%.						
If you checked the box in Part I, line 10b, enter 2%.						
Otherwise, go to line 2	1f	%				
g Multiply line 1a by line 1f			1g			
2 Add lines 1c, 1e, and 1g					2	
Section B - Solar Energy Credit (see instructions)						
a Enter the basis of property using solar illumination						
(including electrochromic glass) or either solar energy						
property or solar facility placed in service during the		220 400				
tax year	3a	338,400.				
<b>b</b> If you checked the box in Part I, line 7a or 8b, enter						
30%. If you checked the box in Part I, line 7b or 8c,		20				
enter 6%	3b	30%		101 520		
c Multiply line 3a by line 3b			3с	101,520.		
Caution: Property described under section 48(a)(3)(ii) does not be a section of a silicon or a silicon or a section of a section of a silicon or a section of a silicon or a section of a silicon or a section of a s						
facility in connection with low-income community bonus cred						
completing Section B for a section 48(a)(3)(ii) property, skip li	nes sa trir	ough sj, and				
go to line 3k.						
d If you shooked the box in Dort L line 11e or 11h enter						
d If you checked the box in Part I, line 11a or 11b, enter						
d If you checked the box in Part I, line 11a or 11b, enter 10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I,						
10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a,						
10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus						
10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 3j	34	021				
10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 3j and enter -0- (zero), and then go to line 3k	3d	%				
10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 3j and enter -0- (zero), and then go to line 3k		%				
10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 3j and enter -0- (zero), and then go to line 3k  e Enter the nameplate capacity you were allocated in the allocation letter	3d 3e	%				
10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 3j and enter -0- (zero), and then go to line 3k		%				
10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 3j and enter -0- (zero), and then go to line 3k	3e	%				
10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 3j and enter -0- (zero), and then go to line 3k		%				
10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 3j and enter -0- (zero), and then go to line 3k	3e	%				

	m 3468 (2023)	Li,	- d\				Page 4
	art VI Energy Credit Under Section 48 (con		eu)				
Se	ction B - Solar Energy Credit (see instructions) (continue						
	i Multiply line 3a by line 3h	3i		-			
	j If Part I, line 12a, is more than the entry on line 3e, ente						
	3i. Otherwise, enter the amount from line 3f		I	3	j		
	k If you checked the box in Part I, line 9a, enter 10%. If						
	you checked the box in Part I, line 9b, enter 2%.						
	Otherwise, go to line 3m	3k	9/				
	I Multiply line 3a by line 3k		 I	31	I		
	m If you checked the box in Part I, line 10a, enter 10%.						
	If you checked the box in Part I, line 10b, enter 2%.						
	Otherwise, go to line 4	3m	•				
	n Multiply line 3a by line 3m			3r	•		101 500
4	Add lines 3c, 3j, 3l, and 3n					4	101,520
	ction C - Qualified Fuel Cell Property (see instructions)		T				
5	a Enter the basis of property using qualified fuel cell property placed in service during the tax year that was acquired after 2005 and before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after 2005 and before October 4, 2008	5a					
	<b>b</b> Multiply line 5a by 30% (0.30)	5b					
	c Enter the applicable kilowatt capacity of property on						
	line 5a (see instructions)	5с					
	d Multiply line 5c by \$1,000	5d					
	e Enter the smaller of line 5b or line 5d		· · · · · · · · · · · · · · · · · · ·	5e	e		
	f Enter the basis of property using qualified fuel cell						
	property placed in service during the tax year that is						
	attributable to periods after October 3, 2008	5f					
	g If you checked the box in Part I, line 7a or 8b, enter						
	30%. If you checked the box in Part I, line 7b or 8c,						
	enter 6%	5g	%	6			
	h Multiply line 5f by line 5g	5h					
	i If you checked the box in Part I, line 9a, enter 10%. If						
	you checked the box in Part I, line 9b, enter 2%.						
	Otherwise, go to line 5l	5i	9/	<u>6</u>			
	j Multiply line 5f by line 5i	5j					
	k Reserved for future use			5k	<		
	I If you checked the box in Part I, line 10a, enter 10%.						
	If you checked the box in Part I, line 10b, enter 2%.						
	Otherwise, go to line 5n	51	9/	<u>6</u>			
	m Multiply line 5f by line 5l	5m					
	<b>n</b> Add lines 5h, 5j, and 5m	5n					
	o Enter the applicable kilowatt capacity of property on						
	line 5f (see instructions)	50					
	<b>p</b> Multiply line 50 by \$3,000	5р					
	<b>q</b> Enter the smaller of line 5n or line 5p			50	9		
6	Add lines 5e and 5q					6	
Se	ction D - Qualified Microturbine Property (see instruction	ns)					
7	a Enter the basis of property using microturbine property						
	placed in service during the tax year that was acquired						
	after 2005, and the basis attributable to construction,						
	reconstruction, or erection by the taxpayer after 2005	7a					
	<b>b</b> If you checked the box in Part I, line 7a or 8b, enter 10%. If						
	you checked the box in Part I, line 7b or 8c, enter 2%	7b	%	ó			
	c Multiply line 7a by line 7b	7с					
	d If you checked the box in Part I, line 9a, enter 10%. If						
	you checked the box in Part I, line 9b, enter 2%.						
	Otherwise, go to line 7g	7d	9/	ó			

Page 5 Form 3468 (2023)

Part VI Energy Credit Under Section 48 (continued)								
Section D - Qualified Microturbine Property (see instruct	ons) (c	ontinued)						
e Multiply line 7a by line 7d	7e							
f Reserved for future use			7f					
g If you checked the box in Part I, line 10a, enter 10%.								
If you checked the box in Part I, line 10b, enter 2%.								
Otherwise, go to line 7i	7g	%						
h Multiply line 7a by line 7g	7h							
i Add lines 7c, 7e, and 7h	.,		7i					
j Enter the applicable kilowatt capacity of property on								
line 7a (see instructions)	7j							
k Reserved for future use	7k							
I Multiply line 7j by \$200			71					
8 Enter the smaller of line 7i or line 7l					8			
Section E - Combined Heat and Power System Property	(see ir	structions)						
Caution: You can't claim this credit if the electrical capacity	of the	property is more than 50	mega	awatts or has a mechanic	al ene	ergy		
capacity of more than 67,000 horsepower or an equivalent of	ombin	ation of electrical and me	chani	cal energy capabilities.				
<b>9 a</b> Enter the basis of property using combined heat and								
power system placed in service during the tax year	9a							
<b>b</b> If the electrical capacity of the property is measured in:								
<ul> <li>Megawatts, divide 15 by the megawatt capacity.</li> </ul>								
Enter 1.0 if the capacity is 15 megawatts or less.								
<ul> <li>Horsepower, divide 20,000 by the horsepower.</li> </ul>								
Enter 1.0 if the capacity is 20,000 horsepower or less	9b							
c Multiply line 9a by line 9b	9с							
<b>d</b> If you checked the box in Part I, line 7a or 8b, enter								
30%. If you checked the box in Part I, line 7b or 8c,								
enter 6%	9d	%						
e Multiply line 9c by line 9d	·;·····		9e					
f If you checked the box in Part I, line 9a, enter 10%. If								
you checked the box in Part I, line 9b, enter 2%.								
Otherwise, go to line 9h	9f	%						
g Multiply line 9c by line 9f	·······		9g					
h If you checked the box in Part I, line 10a, enter 10%.								
If you checked the box in Part I, line 10b, enter 2%.								
Otherwise, go to line 10	9h	%						
i Multiply line 9c by line 9h			9i					
10 Add lines 9e, 9g, and 9i					10			
Section F - Qualified Small Wind Energy Property (see in	struction	ons) T		Τ				
11 a Enter the basis of property using small wind energy								
property placed in service during the tax year that								
was acquired after October 3, 2008, and before 2009								
and the basis attributable to the construction,								
reconstruction, or erection by the taxpayer after								
October 3, 2008, and before 2009								
<b>b</b> Multiply line 11a by 30% (0.30)	11b		44.					
c Enter the smaller of line 11b or \$4,000	 T	 I	11c					
d Enter the basis of property using small wind energy								
property placed in service during the tax year that is								
attributable to periods after 2008	11d							
e If you checked the box in Part I, line 7a or 8b, enter								
30%. If you checked the box in Part I, line 7b or 8c,	44.	0.4						
enter 6%	11e	%	444					
f Multiply line 11d by line 11e			11f					

Part VI Energy Credit Under Section 48 (continued) Section F - Qualified Small Wind Energy Property (see instructions) (continued) g If you checked the box in Part I, line 11a or 11b, enter 10%. If you checked the box in Part I, line 11c or 11d, enter 20%. However, if you checked the box in Part I, line 11f; or Part I, line 12e (in relation to lines 11a, 11b, 11c, or 11d), you don't qualify for the bonus credit. In that situation, enter 0% here, go to line 11m and enter -0- (zero), and then go to line 11n ..... 11g h Enter the nameplate capacity you were allocated in the allocation letter 11h i If the entry on Part I, line 12b, equals the entry on line 11h, multiply line 11d by 11g and go to line 11m. Otherwise, continue to line 11j 11i j If the entry on Part I, line 12b, is more than the entry on line 11h, divide line 11h by Part I, line 12b ....... 11j k Multiply line 11g by line 11j 11k I Multiply line 11d by line 11k m If Part I, line 12b, is more than the entry on line 11h, enter the amount from line 11l Otherwise, enter the amount from line 11i ..... 11m n If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 11p o Multiply line 11d by line 11n ..... 110 **p** If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 12 **q** Multiply line 11d by line 11p 11q Add lines 11c, 11f, 11m, 11o, and 11q Section G - Waste Energy Recovery Property (see instructions) 13 a Enter the basis of property using waste energy recovery placed in service during the tax year ...... 13a b If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, 13b c Multiply line 13a by line 13b ..... d If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 13f 13d e Multiply line 13a by line 13d ..... 13e f If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%. Otherwise, go to line 14 13f g Multiply line 13a by line 13f 13a Add lines 13c, 13e, and 13g ...... Section H - Geothermal Heat Pump Systems (see instructions) 15 a Enter the basis of property using geothermal heat pump systems placed in service during the tax year 15a b If you checked the box in Part I, line 7a or 8b, enter 30%. If you checked the box in Part I, line 7b or 8c, enter 6% c Multiply line 15a by line 15b ..... 15c d If you checked the box in Part I, line 9a, enter 10%. If you checked the box in Part I, line 9b, enter 2%. Otherwise, go to line 15f e Multiply line 15a by line 15d ..... 15e f If you checked the box in Part I, line 10a, enter 10%. If you checked the box in Part I, line 10b, enter 2%.

Form 3468 (2023)

15f

Otherwise, go to line 16

Page 7 Form 3468 (2023)

Part VI Energy Credit Under Section 48 (con	tinue	d)				<b>.</b>
Section H - Geothermal Heat Pump Systems (see instruction	ons) (d	continued)				
g Multiply line 15a by line 15f			15	g		_
<b>16</b> Add lines 15c, 15e, and 15g					16	
Section I - Energy Storage Technology Property (see instr						
17 a Enter the basis of property using energy storage						
technology placed in service during the tax year	17a					
<b>b</b> If you checked the box in Part I, line 7a or 8b, enter						
30%. If you checked the box in Part I, line 7b or 8c,						
enter 6%	17b	%				
c Multiply line 17a by line 17b			170	c		
Caution: For lines 17d through 17j, the energy storage techn						
installed in connection with a solar or wind energy property u						
48(a)(3)(A)(i), or 48(a)(3)(A)(vi) that qualifies for the low-income						
under section 48(e) to also qualify for the bonus credit. If the		•				
technology property is not installed in connection with such s		_				
property, then skip lines 17d through 17j, and go to line 17k.	Joiai o	· will chargy				
d If you checked the box in Part I, line 11a or 11b, enter						
10%. If you checked the box in Part I, line 11c or 11d,						
enter 20%. However, if you checked the box in Part I,						
line 11f; or Part I, line 12e (in relation to lines 11a,						
11b, 11c, or 11d), you don't qualify for the bonus						
credit. In that situation, enter 0% here, go to line 17j						
, , , , , , , , , , , , , , , , , , , ,	17d	%				
and enter -0- (zero), and then go to line 17k	174	70	2			
e Enter the nameplate capacity you were allocated in the						
allocation letter for the solar or wind energy property in	474					
connection with the energy storage technology	17e		1			
f If the relevant entry on Part I, line 12a, line 12b, or						
line 12c, equals the entry on line 17e, multiply line						
17a by line 17d and go to line 17j. Otherwise,	476					
continue to line 17g	17f		-			
g If the relevant entry on Part I, line 12a, line 12b, or						
line 12c, is more than the entry on line 17e, divide						
line 17e by Part I, line 12a, line 12b, or line 12c	17g		-			
h Multiply line 17d by line 17g	17h		-			
i Multiply line 17a by line 17h	17i		-			
j If the entry for the solar or wind energy property in con		•				
storage technology on Part I, line 12a, line 12b, or line						
entry on line 17e, enter the amount from line 17i. Other						
from line 17f			17	'i		
<b>k</b> If you checked the box in Part I, line 9a, enter 10%. If						
you checked the box in Part I, line 9b, enter 2%.						
Otherwise, go to line 17m	17k	%	5			
I Multiply line 17a by line 17k			17	1		
<b>m</b> If you checked the box in Part I, line 10a, enter 10%.						
If you checked the box in Part I, line 10b, enter 2%.						
	17m	%				
n Multiply line 17a by line 17m			17ı	n		
<b>18</b> Add lines 17c, 17i, 17l, and 17n					18	

Page 8

Pa	Part VI Energy Credit Under Section	on 48 (continued)					
Sec	ection J - Qualified Biogas Property (see ins	tructions)					
19	9 a Enter the basis of property using biogas p	placed in					
	service during the tax year	19a					
	<b>b</b> If you checked the box in Part I, line 7a or						
	30%. If you checked the box in Part I, line	7b or 8c,					
	enter 6%		%				
	c Multiply line 19a by line 19b			19c			
	d If you checked the box in Part I, line 9a, e		····				
	If you checked the box in Part I, line 9b, e						
	Otherwise, go to line 19f		%				
	e Multiply line 19a by line 19d		$\overline{}$	19e			
	f If you checked the box in Part I, line 10a,		····				
	If you checked the box in Part I, line 10b,						
	Otherwise, go to line 20		%				
	g Multiply line 19a by line 19f			19g			
20					2	20	
	ection K - Microgrid Controllers Property (s						
	1 a Enter the basis of property using microgrid						
-	placed in service during the tax year	I					
	<b>b</b> If you checked the box in Part I, line 7a or						
	30%. If you checked the box in Part I, line						
	enter 6%	21b	%				
	c Multiply line 21a by line 21b			21c			
	d If you checked the box in Part I, line 9a, e	nter 10%. If					
	you checked the box in Part I, line 9b, ent						
	Otherwise, go to line 21f	21d	%				
	e Multiply line 21a by line 21d			21e			
	f If you checked the box in Part I, line 10a,	enter 10%.					
	If you checked the box in Part I, line 10b,	enter 2%.					
	Otherwise, go to line 22	21f	%				
	g Multiply line 21a by line 21f			21g			
22						22	
Sec	ection L - Qualified Investment Credit Facilit						
23 8	3 a Enter the basis of property using investme	ent credit					
	facility property placed in service during the	ne tax year 23a					
ı	<b>b</b> If you checked the box in Part I, line 7a or	8b, enter					
	30%. If you checked the box in Part I, line	7b or 8c,					
	enter 6%	23b	%				
(	c Multiply line 23a by line 23b		L	23c			
Cau	aution: For property other than that described	under section 45(d)(1), the property					
doe	oes not qualify for the wind facility in connection	on with low-income community bonus					
cre	redit under section 48(e). Skip lines 23d throug	jh 23j, and go to line 23k.					
(	d If you checked the box in Part I, line 11a of						
	10%. If you checked the box in Part I, line	-					
	enter 20%. However, if you checked the b line 11f; or Part I, line 12e (in relation to lin	·					
	11b, 11c, or 11d), you don't qualify for the	•					
	credit. In that situation, enter 0% here, go						
	and enter -0- (zero), and then go to line 23	k 23d	%				
•	e Enter the nameplate capacity you were all	I					
	the allocation letter						
1	f If the entry on Part I, line 12c, equals the	entry on line					
	23e, multiply line 23a by 23d and go to lin	-					
	Otherwise, continue to line 23g	23f					
9	<b>g</b> If the entry on Part I, line 12c, is more than	n the entry					
	on line 23e, divide line 23e by Part I, line 1						
- 1	h Multiply line 23d by line 23g	23h					
		23i					

Page 9 Form 3468 (2023)

	t VI Energy Credit Under Section 48 (cor	ntinue	ed)				Page
	on L - Qualified Investment Credit Facility Property		,				
	If Part I, line 12c, is more than the entry on line 23e, er						
•	23i. Otherwise, enter the amount from line 23f			23j			
k	If you checked the box in Part I, line 9a, enter 10%. If						
	you checked the box in Part I, line 9b, enter 2%.						
		23k	%				
ı	Multiply line 23a by line 23k		•	23i			
	If you checked the box in Part I, line 10a, enter 10%.						
	If you checked the box in Part I, line 10b, enter 2%.						
	- · · · · · · · · · · · · · · · · · · ·	23m	%				
n	Multiply line 23a by line 23m			23n			
	Add lines 23c, 23j, 23l, and 23n					24	
	on M - Clean Hydrogen Production Facilities as Ene						
	ion: If you choose to treat specified clean hydrogen pro				vou cannot also take the	e cred	it
	section 45V or 45Q.		p. op o	, c c. cy	, you cannot also take an		•
	Enter the basis of property placed in service during						
	the tax year for the facility that is designed and						
	reasonably expected to produce qualified clean						
	hydrogen per section 45V(b)(2)(A)	25a					
h	If you checked the box in Part I, line 8b, enter			1			
-	6%. If you checked the box in Part I, line 8c,						
	enter 1.2%	25b	%				
c	Multiply line 25a by line 25b			25c			
	Enter the basis of property placed in service during	 		200			
u	the tax year for the facility that is designed and						
	reasonably expected to produce qualified clean						
	hydrogen per section 45V(b)(2)(B)	25d					
е	If you checked the box in Part I, line 8b, enter	230		-			
٠	7.5%. If you checked the box in Part I, line 8c,						
		25e	%				
f	Multiply line 25d by line 25e			25f			
	Enter the basis of property placed in service during	 		201			
9	the tax year for the facility that is designed and						
	reasonably expected to produce qualified clean						
	hydrogen per section 45V(b)(2)(C)	25g					
h	If you checked the box in Part I, line 8b, enter			1			
•	10%. If you checked the box in Part I, line 8c,						
	enter 2%	25h	/				
i	Multiply line 25g by line 25h			25i			
i	Enter the basis of property placed in service during						
,	the tax year for the facility that is designed and						
	reasonably expected to produce qualified clean						
	hydrogen per section 45V(b)(2)(D)	25i					
k	If you checked the box in Part I, line 8b, enter			1			
	30%. If you checked the box in Part I, line 8c,						
	enter 6%	25k	/				
1	Multiply line 25j by line 25k			251			
m	Reserved for future use	25m					
n	Reserved for future use	25n		1			
0	Reserved for future use			250			
p	Reserved for future use	25p					
q	Reserved for future use			25q			
26	Add lines 25c, 25f, 25i, and 25l					26	

Page 10 Form 3468 (2023)

Par	t VI Energy Credit Under Section 48 (con	tinue	ed)				
Secti	on N - Totals and Credit Reduction for Tax-Exempt E	Bonds	(see instructions)				
27	Add Part VI, lines 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22,						
	24, and 26	27	101,520.				
28	If proceeds of tax-exempt bonds were <b>not</b> used to						
	finance your facility, skip line 29, and go to line 30.						
29 a	Divide. Sum, for the tax year and all prior tax						
	years, of all proceeds of tax-exempt						
	bonds (within the meaning of section						
	103) used to finance the qualified facility	29a					
	Aggregate amount of additions to the						
	capital account for the qualified facility,						
	for the tax year and all prior tax years,						
	as of the close of the tax year						
b	Multiply line 27 by line 29a	29b					
С	Multiply line 27 by 15% (0.15)	29c					
d	Enter the smaller of line 29b or line 29c	29d					
	Subtract line 29d from line 27	29e	924				
30	If proceeds of tax-exempt bonds were used to finance y		• •	20	101,520.		
31	amount from line 29e. Otherwise, enter the amount from Enter the applicable unused investment credit from coo			30	101,520.		
31		•	•	31			
32	Add lines 30 and 31. Report this amount on Form 3800					32	101,520.
	t VII Rehabilitation Credit Under Section 4					UL	
	Was there a prior 170(h) deduction on this property?	$\overline{}$	Yes No				
	If "Yes" to line 1a, then provide the prior NPS number						
	Check this box if you are electing under section 47(d)(5					nt for	the
	tax year in which paid (or, for self-rehabilitated property						
	all later tax years. You may not revoke this election with	out IF	RS consent				
d	Enter the dates for the 24- or 60-month measuring period	od.					
	Beginning date:						
	End date:						
е	Enter the adjusted basis of the building as of the begin	ning d	ate above (or the first da	y of yo	our holding		
	period, if later)					\$	
f	Enter the amount of the qualified rehabilitation expendi	tures	incurred, or treated as in	curred	l, during the		
	period on line 1d above		I	1		\$	
_	Enter the amount of qualified rehabilitation expenditures		1 1 100( (0.10)	4.			
	For pre-1936 buildings under the transition rule, multipl			1h			
i	For certified historic structures under the transition rule		. ,	4:			
	20% (0.20)  For certified historic structures with expenditures paid (			1i			
,	and not under the transition rule, multiply line 1g by 4%			1j			
	<b>Note:</b> This credit is allowed for a 5-year period beginning			-,			
	the qualified rehabilitated building is placed in service.	.g	io tax your triat				
k	If you completed line 1i or 1j, enter the assigned NPS p	roiect	number or the				
	pass-through entity's employer identification number	. 5,550					
	and the date the NPS approved the Request for Certific	cation	of Completed				
	Work		•				
2	Enter the applicable unused investment credit from coo	perat	ives (see instructions)	2			
3	Add lines 1h, 1i, 1j, and 2. Report this amount on Form	3800	, Part III, line 4k			3	